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another
generation of
co-dependency

BY
ANN W. SMITH

Grandchildren of Alcoholics i

GRANDCHILDREN OF ALCOHOLICS

***Another Generation
of Co-dependency***

Ann W. Smith

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Introduction

I have always believed that there is more to chemical dependency than just the effects on the consumer of the chemical. This belief has been based on growing up in a family where, with the exception of my own parents, alcoholism is a common occurrence. In my 14 years of working with chemically dependent persons and their families it has become increasingly clear that once the chemical has been removed and the brief period of relief exhausted, there remains a family system that has become very skilled at adapting to dysfunction and has no tools with which to cope with a lack of crises. Therefore, a crisis is quickly recreated with new addictions or compulsions, physical and/or emotional illness or even relapses in an effort to maintain the status quo.

My work in an intensive treatment program for Adult Children of Alcoholics and my teaching about codependency have introduced me to many individuals whose present lives are strikingly similar to ACoAs but who have not been able to identify the dysfunction or any obvious symptom in their family of origin. This group very often is made up of Grandchildren of Alcoholics (GCoAs), many of whom have never been told and do not know that there was addiction in a grandparent or even several grandparents.

They do not feel justified in their pain and current life problems and therefore do not seek help. A few have fortunately been exposed to ACoA self-help and treatment through their own recovery in Alcoholics Anonymous. However, they report feeling out of place without a real "story" to tell. Many GCoAs question "How did I get this messed up in such a good family?"

My concern for this as yet unidentified group of hurting people is the motivation behind this book. In addition, it would be dishonest not to acknowledge my hope for personal validation through the study of the experiences of other Grandchildren of Alcoholics.

My personal search and, more recently, my contacts with other Grandchildren have made me aware of our strong fear of disloyalty to our parents who were so invested in trying to make it different for us. On behalf of all GCoAs, I want to recognize that effort and express our appreciation for the obstacles they, our parents, had to overcome as Adult Children of Alcoholics to raise us the best way they knew how. Admitting that it could have been better does not negate the efforts that were made. The proof of the existence of co-dependency in our families is shown in the lives of GCoAs, who, like their ACoA counterparts, are in varying degrees of dysfunction in their adult lives.

My goals in writing this book are numerous. However my primary aim is to serve as an advocate for Grandchildren, giving them the validation that, *Yes, there was something wrong. No, it is not your fault*, and, *Yes, it is okay to talk about it*.

My apologies for introducing another "label" I know of no other way to bring this group of people out of hiding and into recovery.

Chapter 1

Co-Dependency: A Multigenerational View

When I reflect on the changes that have occurred in our perceptions of chemical dependency and its effect on the family since the early years in the treatment field, I am overwhelmed with how fast and far we have come. I'm sure many professionals, myself included, would like to attribute this solely to our genius and expertise, however most will admit that what we do know, we have learned from our clients and/or our own personal growth. Our willingness to listen, observe and change with our clients is one of the things that makes us special.

It was not that long ago when the phrase “Who wouldn't drink with a wife like that?” was representative of the prevailing belief regarding the family of the alcoholic. The time period itself depends upon what part of the country we are in, and in some areas, these attitudes may still exist. At that time, treatment programs were designed to insulate the chemically dependent person from those “crazy people” at home, and

other than an occasional referral to Al-Anon, no effort was made to address family issues.

As we became more knowledgeable of the recovery process for the alcoholic, we were conscious that it was advantageous to teach the family to support the newly recovered person in maintaining sobriety, i.e., be supportive of AA attendance, don't bring up the past, be patient, etc. Through efforts to educate the family and prevent the sabotaging of the alcoholic's recovery, we began to spend more time with spouses. They, themselves, began to teach us about what we now call codependency.

This initial contact with spouses was for me, and I suspect for many other professionals, the beginning of a dramatic change in the way I viewed the disease of alcoholism. Our previous simplistic belief that once the chemical is removed, it would just be a matter of time before things improved at home, began to dissolve. The question of why someone would stay in an abusive marriage with no apparent payoff, the panic that appeared in the spouse when the alcoholic got sober, the extreme low self-worth, depression, total addiction to another person, could not be explained that easily. Upon closer examination, the fact that most spouses came from either alcoholic or dysfunctional families themselves provided a more plausible explanation.

The term “co-dependency” within the addiction field applies to spouses or any intimate partner, children and adult children of alcoholics. More recently it has included the chemically dependent person who has obviously lived around the dynamics of the same family system. A broader view would encompass anyone living in a dysfunctional family system, which encourages dependent relationships. The original term co-dependent reflected the belief that family members became sick along with (Co) the chemically dependent person. My

personal definition of co-dependency is that it is a condition, actually a state of being, that results from adapting to dysfunction (possibly addiction) in a significant other. It is a learned response to stress, which over a person's lifetime can become a way of being, rather than an appropriate means of survival. It is most evident when the co-dependent is removed from the stressor and they respond to their environment as if the threat of harm were still there.

In families where there is physical or even verbal abuse, it is necessary to develop rules for conduct to protect oneself from assault. This is a very sensible thing to do. One such rule might be - don't express anger or disagree or someone will get hurt. Other seemingly dysfunctional rules like, don't trust, don't be vulnerable or get close, don't touch, may also be born of necessity and be very functional rules in a particular family system.

These rules however do not prepare us for the world of intimacy and healthy relating. Unfortunately, those who are born into a system where survival rules are necessary, are not aware, nor are they told, that these rules don't apply to life outside of this family. The obvious result is that the patterns continue. Co-dependents find other co-dependents to relate to, and live in a constant state of crisis, either internally or externally. They are not choosing to be in dysfunctional relationships, they are just naturally attracted to and by other chemically dependent and co-dependent people. In this way, through family rules, belief systems and behavior patterns, co-dependency is passed on to further generations, even when the chemical dependency is not.

Many of us have heard others ask the question "Why do I identify with Adult Children of Alcoholics when my parents didn't drink?" The answer lies not in the family's addiction or lack of it, but in the co-dependent family dynamics which are

subtly passed on from one generation to the next. It is interesting that even in families where chemical dependency is openly acknowledged, there remains total denial of the effect this may have had on the family. The following quote from a grandchild of an alcoholic shows this quite clearly:

“My maternal Grandfather was alcoholic and when drunk would threaten his children with a gun and dare them to get off the sofa. I never knew him. He died when my mother was 15. My father came home drunk once when I was a baby and my mother said she would not have her children growing up around a drunk. To my knowledge Dad never abused alcohol after that. Our family problems did not seem to be related to alcoholism.” Adult children of alcoholics, being the survivors that they are, find ways to overcome unimaginable abuses and hurts as children. Each wants to believe he/she can overcome these horrors of childhood. They attempt to control the uncontrollable, in this case, even prevent alcoholism. They must work very hard to convince themselves that the past is behind them and will not affect their children, even convincing their children there is nothing wrong.

This denial is reflected frequently in the belief that we must be around the actual drinking or chemical use in order to be affected by it. Many families, where alcoholism is present, have lived through periods of sobriety where the stress actually increased with the abstinence. Divorce, separation, even the death of the drinking person, does not remove the co-dependent dynamics from the family system. Without the identifiable stressor to explain the dysfunction of the family system, the problem goes underground. It is no longer discussed or focused on outwardly. Other scapegoats or problems may be found, but it lives on and will undoubtedly return in the lives of the children or grandchildren.

Consequences for Adult Children of Alcoholics

Not all children of alcoholics are affected by the disease in the same way. As Robert Ackerman states in his book, *Children Of Alcoholics*, it may depend on the degree (i.e., severity), the type of alcoholic parent and the individual perception of the child. We cannot assume that all ACoAs share all of the same characteristics. I do believe we can assume that being raised in an alcoholic or chemically dependent home leaves the majority of ACoAs handicapped in some fairly predictable ways, and without some form of treatment, will affect their parenting of their own children later on.

*LOW Self-worth

It is impossible to live in an environment of emotional neglect and, at best, inconsistent nurturing and come out feeling good about yourself. The evidence of low self-worth in the ACoA depends somewhat on their role in the family.

The family Hero (Wegscheider-Cruse, *Another Chance*), may be the most difficult to recognize as a victim of low self-worth due to his tendency to look good on the outside. Catch this person on a bad day, however, when he or she has made a mistake, missed a deadline, disappointed a friend or said an unkind word, and you will see the deep-rooted sense of inadequacy. The hero's constant efforts to please and earn the approval of others, particularly family, are motivated by a very poor self-concept. They and other ACoAs love themselves conditionally, which is to say "I am okay if . . .". They wait for the day when they have "it" all together to begin to appreciate their many accomplishments.

Scapegoats exhibit low self-worth in their outwardly self-destructive behaviors. This is carried into adult life in the form of resistance to authority, defiance and at times uncontrollable

temper or even rage. Often scapegoats become abusive to others, acting out the internal conflict and self-hate. Despite their determination to be different, they may become very much like the alcoholic parent they hate.

The Lost Child suffers from persistent feelings of inadequacy, feeling less than others, lost and alone in a world they don't understand, in fact, are terrified of. They wear their low self-worth both inside and out, often appearing extremely shy and withdrawn. Like the hero, lost children may be quite talented and creative, but cannot enjoy their successes or share them with others.

The Family Mascot seeks constant attention through humor, fragility, illness, etc., which is his or her way of saying "I hurt". Like the scapegoat, this may evoke negative responses from the family so instead of easing the pain and inadequacy, it reinforces it.

Many Adult Children believe that since they do not remember the active drinking, did not witness it personally or were "too young", they should not feel badly about themselves. But child psychologists agree that the first five years of life are crucial to the formation of a healthy and positive concept of self. Much of the damage can occur before the memory of the child.

ACoAs are adept at changing their outsides to convince the world that they are okay, hoping to convince themselves in the process. Improving self-worth is not accomplished from the outside in, however. This leads to the "imposter syndrome", constant fear of being found out for who they really are.

Fortunately, as the efforts to compensate for low self-worth continue, they may become very competent, even successful people. In recovery they will learn not to discount what they are good at and to accept their assets and liabilities equally.

*External Focus

Chemically dependent families foster the idea that if we wait long enough, things will improve without any deliberate action. Living constantly in a stressful environment where feelings of helplessness prevail, leads to the belief that there is no use in trying to change things because it won't do any good. This is often the result of putting a great deal of energy into addressing the wrong problems in the first place. Rarely do family members know exactly what is wrong, and even when they do, they may encounter relatives or professionals who further frustrate their efforts by telling them to be more patient or to get out entirely. They gradually become passive victims to the inevitable progression of the disease, waiting for the spontaneous insight which does not come. Children of alcoholics have many years experience watching the non-alcoholic parent adapt to the insanity in this helpless pattern. Even though children may believe something could have been done, and may even be furious at their parent, the model of passivity stays imbedded in their minds and will be apparent in the manner in which they address life's problems as adults.

ACoAs see themselves as victims of circumstance, unable to exercise any control over the events in their lives. They may, for example, view marriage as something that just works itself out if the right people are together. The solutions to problems in relationships lie with the other person's willingness to change. They are unable to see that their own reactions to problems may be worsening a stressful situation. They believe they have no control over their thoughts or feelings and thus must react automatically with anger, guilt or fear whenever others "provoke" them. The phrase, "He knows how to push my buttons" is a familiar one, suggesting that we have no power over our own reactions to others.

When an ACoA gets up in the morning, he judges the quality

of the day ahead based on what others are doing, thinking, feeling and how “things” are going. They have often been called “hyper vigilant” because of their extreme interest in, and ability to pick up on external cues, e.g., facial expressions, the mood of a room, etc. This skill is developed out of necessity in the alcoholic family, where the family mood totally depends upon what the alcoholic is doing today or did last night.

The external focus of a chemically dependent family leads the ACoA to live in reaction to the world, often holding others responsible for the way they feel or even decisions they make. An absence of choice in jobs, relationships, health matters, etc. leads to repressed anger and a set-up for continued victimization. They are sincerely deluded, and believe that when “things” change, they will be okay.

***Unable to Identify or Express Feelings**

Expecting an Adult Child to be able to express feelings would be like expecting all Americans to speak Russian without ever having heard it. Although most of us are aware at some level of our physiological responses to our feelings, learning to label those feelings and express them appropriately is something that requires a degree of training or modeling, normally provided in the family environment. When this modeling is not available or may even be violent or otherwise damaging, children have several alternatives. Although none are chosen consciously, there seem to be patterns that emerge.

One pattern is the ACoA who thinks about feelings and may learn to “fit” in by imitating the responses and behavior of others. They become acutely aware of how they should feel and may even know how to act out this feeling, but may not actually “feel” anything in the active sense of the word. Eventually they shut down and lose touch with their own insides, possibly even losing the physiological responses which

occur spontaneously for others. Their affect and expression may become monotone and numb. An example often given is that of an inability to experience grief at the loss of a loved one. The ACoA who is shut down may be expert at taking care of others who are in pain, but cannot seem to get in touch with his/her own losses.

Some ACoAs give themselves permission to feel certain feelings, for example anger, but not others, vulnerability, sadness, etc. Family scapegoats often look like very angry individuals, but in treatment we discover that for them, anger has become a defense, rather than a feeling. When they are hurt, afraid or sad, they respond with aggressive outbursts. Not only are they using this response to cover pain and keep others at a distance, it may be a pattern which was modeled for the individual by an alcoholic parent and therefore operates instinctively without any thought or choice involved.

Women may fear anger and permit themselves to cry openly but never express anger. Adult children who have lived with inappropriate expression of anger, or no expression at all, are left with a terror of anger, assuming that all anger is rage. They believe that if they begin to express it, they will lose all control and either self-destruct or severely hurt others. They may see rage as a normal reaction to a broken shoelace, rather than an extreme response to tragedy like rape, robbery or abuse.

Regardless of the pattern, the inability to identify and express feelings leads to frustrated attempts at intimacy. If you know how I feel, you know me. If I don't know how I feel, and even if I did, couldn't tell you, we will never be able to connect in an intimate way. Adult children are most comfortable with others who have the same or similar level of ability to feel. The obvious outcome is the marriage of two "half persons" trying to make a whole.

***Cannot Ask For Help**

The rules in a chemically dependent or severely stressed family are designed to protect the individuals and the system from further trauma. Ironically, it is often assumed that if outsiders knew about the problem, no matter how trivial or serious, it would only make things worse. A sad fact is that in many cases this belief is based on reality. We are all aware of the impact of misinformed professionals and family members attempting to address alcoholism and instead prolonging the problem.

Since denial is the major symptom of alcoholism, it is the nature of the illness to cover up the drinking or chemical use, as well as the resulting family difficulties. It is also believed that if we don't acknowledge the problems, they may go away.

The self-esteem of children of alcoholics is very much dependent on the way others view them. It may also depend on the opinions, approval or disapproval of their families. It is very natural for children to be proud of their parents and siblings, however, when they sense that this family is somehow different from others, they begin to protect the family system (for their own self-esteem and that of the family) from the disapproval of the world. Thus secrets and half-truths become a way of survival. Added to this might be the fear of an angry parent or parents should the truth be exposed.

Keeping the “big secret” whether addiction, incest, abuse, etc., is more important than the needs of the child to talk about his/her feelings. There is an underlying belief that if it is not said out loud, it doesn't exist. Siblings may together witness traumatic incidents of violence and will most likely never discuss it, even privately. Repression permits individuals to block out, or forget, painful experiences.

It is a fact of life in a chemically dependent family that if you don't take care of yourself, no one else will. It is also obvious to children that neither parent has energy, emotional or physical, to spare. Whether out of necessity, fear of trusting or just defiance, children of alcoholics learn to care for themselves. Their efforts to do so are appreciated, maybe even rewarded by the family system, (“At least we don't have to worry about Jane”) and thus reinforced. As with any pattern of behavior, the earlier it begins, the less consciously it is performed and the more likely it is to become a way of life.

As adults, children of alcoholics stop expecting others to want to help and become unable to ask for the simplest of things from others, like a ride to work or a cup of coffee. At the same time they may become compulsive about helping others, even when it is not necessary or deserved.

This pattern of avoidance of identifying, talking about and getting help for personal difficulties leads to the exacerbation of those problems and the need for further denial. It does not seem to matter whether the problems are major and minor, the reaction in adult children of alcoholics is the same.

***Extreme Thinking**

Our ability to make decisions, look at alternatives and act appropriately in difficult situations depends a great deal on the example set for us in our family of origin. Alcoholic families, obviously stressed, have unique ways of coping with the stress of addiction as well as the everyday problems which arise in any family. The most common immediate response to crises in these families is “This isn't happening”, which tends to postpone the problem until it gets a little worse and cannot be avoided. Many times individuals are forced to face growing difficulties because of outside pressure, e.g., school

authorities, bill collectors, etc.

For example, a common stressor in alcoholic families is that of a teenager abusing drugs. In healthy families parents and siblings would be aware of the gradual deterioration of the child. When parental alcoholism is present, teen drug abuse is ignored until the child is in serious legal or health trouble and the authorities intervene and force action. Extreme thinking leads family members to either do nothing or do something crazy.

When a situation must be confronted, the process of decision-making and taking action may be one of blaming, and then drastic or very passive responses.

One ACoA shared, “When we had a problem in our family, the first thing my dad would do was find out whose fault it was. Even if it upset the whole house, he had to blame someone and scream for a while. Nothing was ever talked through or resolved.”

Parents may use aggressive threats as a desperate attempt to demonstrate authority, and instead show the panic and fear which prevail on a daily basis. Lack of follow-through on threats tells the children once more that nothing will change. Fear of expressing opinions and feelings prevents family members from thoroughly discussing and negotiating for change. Silence becomes a communicator of disapproval and anger. The dominant person may use power, even violence, to restore order and once again, the problem goes underground only to resurface at a later date.

This is the modeling which children of alcoholics witness and with this minimal preparation for adult life, they repeat these patterns in their relationships, in the workplace and eventually in their parenting.

Adult Children of Alcoholics as Parents

Although low self-worth, external focus, inability to identify or express feelings, inability to ask for help, and extreme thinking are by no means an exhaustive list, they serve as a framework with which to examine the difficulties ACoAs will experience in trying to be effective parents themselves.

ACoAs with low self-worth approach parenthood with an underlying agenda of creating the family they always wished they had as children. The assumption is that they will feel better about themselves if this is accomplished. They may decide to be different from one or both of their parents. Unless they themselves become chemically dependent or severely dysfunctional in some other way, they may partially accomplish these goals.

Claudia Black's book *It Will Never Happen To Me* is the motto of children coming out of alcoholic homes and represents their determination to do it differently. Unfortunately despite their strong motivation to change family patterns and break the addiction cycle, they have only the images and fantasies of television characters, books they have read or perhaps the seemingly happy homes of neighbors or friends from which to draw information.

In the past “Ozzie and Harriet”, “Donna Reed”, “Father Knows Best” represented the “healthy” people who knew how to do it right. Unfortunately, no one ever noticed that Ozzie never went to work and Adult Children were led to believe that there were perfect families out there who were relatively stress-free. If only they tried hard enough, they could figure out how to do it. Using their intelligence and ability to survive, many ACoAs were able to change the external appearances of their new families so that they did not resemble that of the

ones they grew up in. No one drank, yelled, hit or threatened to leave.

As long as they are in an area requiring an external adjustment, ACoAs are successful, but the one variable they are not able to control is their own inside reaction to their children and spouse.

Virginia Satir in *Conjoint Family Therapy* states:

“If the mates have low self-esteem and little trust in each other, they will expect their child to enhance their self-esteem, to be an extension of themselves and to serve crucial pain-relieving functions in the marital relationship.”

The manifestation of the ACoAs' low self-worth appears in the emotional interactions between parents, and parent to child. The investment in making this family different from their family of origin is a powerful force which requires total family participation. Often there is excessive consciousness of the image projected to those outside the family.

The message given is “We are a good family” and children (the Grandchildren of Alcoholics) are expected to carry this message to the community through their behavior, appearances and achievements. If children do this well, the self-worth of the parents is enhanced and they have succeeded in overcoming the past, at least temporarily. If they fail, and do not meet the expectations of the ACoA parent, both the parent and child lose self-worth. The child feels an extremely heavy burden internally but is not able to connect this to the low self-worth of the parent. Instead they perceive this as positive interest on the part of the ACoA parent and are grateful for the attention to their activities.

Double Messages

The communication of this conflict to the GCoA is very subtle in the form of excessive expectations and over-concern for the well-being and success of children. Double messages are given since the ACoA parent knows what he/she should say but is unable to live the message or rule himself.

Examples of confusing messages are:

“Be yourself - but do it the right way”,
“You are very, very, very important to me”,
“I care how you feel, but I'll fall apart if you tell me”,
“I know you don't have any problems, but if you ever do, feel free to come to me”.

ACoA parents try very hard to show their love by doing the “right” things and assume that their children will feel the love through the “things” that are done for them. What is obviously lacking is the ability to be intimate, and to actually love freely and openly, expressing this love unconditionally both in words and in outward affection. ACoAs with low self-worth fear the rejection and possible abandonment by their children (or anyone else) and remain well defended, even in their parental role.

The external focus of the ACoA leads to parenting with a “Do as I say, but I can't do it myself” model. ACoA parents may make very affirming statements to their children.

For example: “You deserve a good life. Feelings are okay. You should never allow anyone to abuse you. You can be anything you want to be.”

Their behavior, however, may say something entirely different. Without the necessary self-esteem, they continue to live as

victims of circumstance - too old, too poor, too uneducated, too locked in to make any of the changes they recommend to their children. Frequently their marriages, although externally stable, are spiritually dead, lacking the affection, intimacy and communication they want their children to have. Some may even be abusive or at least neglectful in their relationships. Despite the way they are living, they desperately want their children to do it otherwise. What they model, however, is much more important than what they say. The model is one of waiting for problems to go away, waiting for others to change, waiting for the right set of circumstances to correct the situation, using expressions like “after Christmas . . . when Dad gets a new job . . . in the summer. . . after graduation . . . when we have more money . . .”

Vacations, holidays, and any special event may be expected to make everyone happy and even solve serious marital or other relationship problems. The disappointment that naturally occurs is quickly forgotten in favor of focusing on the next potential “fix”.

In their determination to overcome the pains and hurts of their own childhood, ACoAs learn the language of a healthy family (with the exception of the feeling language) and learn how to show the external appearance of a functional family system, without really living it out themselves. The result is an obviously sincere but futile effort to convince themselves and their children (the Grandchildren of Alcoholics) that they are okay.

Volumes could be written about the impact of an inability to identify and express feelings on the family system. ACoAs enter into relationships with the belief that they can create intimacy in their marriages and in their parent/child relationships by simply resolving to do so. However, since they are unable to experience their own feelings and express

them openly or appropriately, they cannot model or teach their children. They have a sense of how things ought to be and may even verbalize to their children that they ought to express their feelings, but without the ability to demonstrate this skill to their children, the verbal permission is not taken seriously.

The ACoA parent may say “I want to know how you feel” but then pulls away, changes the subject, gives advice or possibly over-reacts to the child when he or she is open about feelings. Children are naturally protective of the feelings of parents and sensing the discomfort or emotional pain of the ACoA parent, the child will learn to express only what is well received by the parent.

For example, if every time a child expresses his hurt feelings to his mother, she looks worried, he won't feel comfortable telling her again. This reaction by a child is unconscious and rarely verbalized.

The ACoA's Inability to Model Appropriate Emotions Though Parenting

The ACoA's desire to be emotionally available and expressive within family relationships may be sensed by the child when the parent sincerely tries to connect. The effort, however, is thwarted by their own recurring fear of rejection and/or abandonment. Instead of expressing the fear openly, the ACoA uses familiar survival skills, once useful in an active alcoholic family, like withdrawal, silence or angry outbursts. Compulsive behaviors such as working, cleaning and caretaking may serve as seemingly healthy ways to repress pain.

In an effort to bring joy to the family, the ACoA parent may use outside family activities to create fun and enjoyment. Generally, ACoAs have not been exposed to healthy fun and

family togetherness as children, and may take even a positive activity to the extreme. “This is good for you. You *will* enjoy it” is not always appreciated children who prefer spontaneity and child-centered activities.

Even family togetherness (seen by the ACoA as a marked improvement over the isolation of the alcoholic family) can be perceived as smothering by their children. The outcome may be occasional laughter and good times, but with an absence of real joy and pleasure in one another's company. The lack of choice and the climate of rigidity may lead children to believe that they need to act “as if this is fun” because Mom or Dad need me to enjoy it.

The inability to ask for help in an ACoA also impacts the way they parent their children and the environment created in the home. It must be remembered that they have a huge emotional investment in “making it different” from their alcoholic family of origin. They must be sure that the family they create in no way resembles the one they came from. The little self-esteem they have depends upon their ability to “pull it off”.

As problems occur in normal family life, the ACoA has an exaggerated reaction, no matter how minor the problem and she will either fix and control the situation, or deny that the problem exists. Talking it over, depending upon others outside of the family, seeking help from friends or professionals represents a public admission of failure. Children of the ACoA are discouraged from pointing out or causing such problems but more importantly they must protect the family image. This need to preserve an image is much more than a superficial desire to look good to the community. The self-esteem of the ACoA parent depends upon keeping the secret that “we too have difficulties”.

Family Secrets

One of the best kept family secrets with ACoA parents is their own family history. Rarely do the grandchildren of alcoholics know that there is alcoholism in the family. Situations and occurrences, which in another family would seem like meaningless events with no emotional charge attached, are to ACoAs shameful and embarrassing. For instance, temporary financial setbacks, health problems, divorce or remarriage may be kept secret for generations in an alcoholic family.

Ironically, in the chemically dependent or co-dependent family system there is less shame attached to being dysfunctional than there is in asking for help. Many recovering alcoholics who are grandchildren of alcoholics never tell their ACoA parent about their recovery. There are several reasons for this fear of disclosure, but among them is the shame of having a problem which they could not control themselves without help.

The tendency to think in extremes, One and Ten, Black and White, Right and Wrong, leads the ACoA parent who wants everything to be okay, to go under-ground with most conflicts. Needing instant approval or forgiveness, they prefer the easier but less complete solutions to problems.

After a serious argument when harsh words were exchanged, the whole family might be treated to a trip to the park or a pizza party. The incident would not be discussed by anyone and the feelings associated would be repressed. When arguments do occur, it is clear that there is a winner and a loser, someone is right (usually the most dominant or abusive) and someone is wrong. It may appear vital to an ACoA parent to prove his/her point and he may persist until the other party gives in, admitting fault.

The issue of blame is one that is a theme in a chemically

dependent family. It also reflects the extreme thinking and low self-worth of the family system. ACoAs continue to seek a scapegoat to explain their own discomfort. Frequently, as in life with active addiction, the family appears to take sides, the same sides, on every issue. There are bad guys and good guys, and everyone knows who they are. Once labeled, it may be very difficult to break out of an expected behavior pattern.

Summary

The damage to children raised in alcoholic homes has become much more widely realized in the field of chemical dependency, and is gaining attention in the general public through the media. However, our own denial has led to the belief that the negative effects are primarily a result of being around drinking behavior. ACoAs who do not become alcoholic themselves are demonstrating that the patterns of behavior and emotional unmanageability continue.

In their sincere efforts to create a family unlike the one they were raised in, Adult Children of Alcoholics eliminate the obvious negative behaviors and create the appearance of health. The absence of unconditional love, open expression of feelings and other necessary ingredients leave their children, the Grandchildren of Alcoholics, without adequate preparation for life, thus repeating the same negative patterns in their adult lives. The characteristics of Adult Children listed above become obstacles to good parenting and contribute to the growth of another generation of co-dependents, the Grandchildren of Alcoholics.