

1985

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A review of the effects of maternal alcoholism on children: Implications for child mental health

Abstract

Children of alcoholics are a neglected population whose needs are not clearly apparent nor understood (Kern et al., 1981). In our society there are nearly thirty-six million family members of alcoholic persons (Kellennann, 1974) of which approximately twenty eight million are children of alcoholics (Deckman & Downs, 1982). Furthermore, there are an estimated seven million children under the age of twenty in the United States who are living with an alcoholic parent (Woodside, 1983). Yet, resources to meet the needs of these children are lacking (Hindman, 1975; Kellennann, 1974).

A REVIEW OF THE EFFECTS OF MATERNAL ALCOHOLISM
ON CHILDREN:
IMPLICATIONS FOR CHILD MENTAL HEALTH

A Research Paper
Presented to
The Department of Educational Administration
and Counseling
University of Northern Iowa

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

by
Pamela Sue Maxwell
December 1985

This Research Paper by: Pamela Sue Maxwell

Entitled: A Review Of The Effects Of Maternal Alcoholism
On Children: Implications For Child Mental Health

has been approved as meeting the research paper requirement for the
Degree of Master of Arts.

10/21/1985
Date Approved

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10/24/85
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Children of alcoholics are a neglected population whose needs are not clearly apparent nor understood (Kern et al., 1981). In our society there are nearly thirty-six million family members of alcoholic persons (Kellermann, 1974) of which approximately twenty-eight million are children of alcoholics (Deckman & Downs, 1982). Furthermore, there are an estimated seven million children under the age of twenty in the United States who are living with an alcoholic parent (Woodside, 1983). Yet, resources to meet the needs of these children are lacking (Hindman, 1975; Kellermann, 1974).

Alcoholism is a family disease. Children of an alcoholic parent may be four times more likely to become future alcoholics (Woodside, 1983) perpetuating the cycle onto future generations. Thus, children of alcoholic mothers are at high risk for developing alcohol related problems and becoming future alcoholics (Deckman & Downs, 1982; DiCicco, Davis & Orenstein, 1984; Goodwin, 1971; Kern, Tippman, Fortgang & Stewart, 1977; Schuckit, 1984). Most of these children suffer from emotional, behavioral (Hughes, 1977) and mental problems (Steinhausen, Nestler & Huth, 1982); however, the majority may not develop such problems until adulthood (Deckman & Downs, 1982). Whether in the embryonic period of parental life (Steinhausen et al., 1982), aged 6 or 76, young and adult children of alcoholic mothers experience problems which are unique to living with an alcoholic parent (Woodside, 1983).

The purpose of the paper was first, to review the literature regarding the detrimental effects of maternal alcoholism on children and, second, to provide implications for the mental health of these children. By recognizing how alcoholism takes an indirect toll on this population society can further develop services to meet their needs.

The Perpetuating Cycle

There is extensive agreement that alcoholism is connected to familial factors, both genetic and environmental influences. Research provided support for both views, and many researchers agreed that the eventual answer will lie in the combination of genetic and environmental factors (Goodwin, 1971).

It is possible that some women alcoholics carry a heavier genetic loading for alcoholism before they develop the disease (Schuckit, 1984). This in turn might be passed on to their children as an overall increased risk for alcoholism or a more acute course of the disorder (Schuckit, 1984). Furthermore, family studies indicated that about five percent of mothers and sisters of alcoholics are themselves alcoholics (Goodwin, Schulsinger, Knop, Mednick & Guze, 1977) and alcoholism was most prevalent in the maternal families of patients with alcoholic mothers (Schuckit, 1984).

Bohman, Sigvardsson & Cloninger (1981) reported that adopted daughters of alcoholic biological mothers were three time more likely to become future alcoholics than those of nonalcoholic

mothers. In a similar light, Schuckit, Goodwin & Winokur (1972) concluded that children were more at risk for future alcoholism when it was their biological parent who was the alcoholic. Sixty percent of the alcoholic half siblings had an alcoholic parent in contrast to twenty percent of the nonalcoholic half siblings.

Kern et al. (1981), seeing the possibility of a high rate in the metabolism of alcohol and the evidence of depressed zinc levels in adult alcoholics, examined zinc levels in children of alcoholics to see if deficiencies were present. The data showed that the zinc levels were significantly lower for children with an alcoholic parent than children of nonalcoholic parents. Even though the predisposition to alcoholism does exist, it is probable that living with an alcoholic parent influences future alcoholism in their children (Cloninger, Bohman & Sigvardsson, 1981; Woodside, 1983).

Fetal Alcohol Syndrome

Research, since the discovery in 1973 of the fetal alcohol syndrome, has shown that offspring of alcoholic women who drink heavily during pregnancy are at high risk for physical and mental deficiencies (Hindman, 1977; Streissguth, 1977). Comparing the offspring of alcoholic mothers to the offspring of matched controls indicated that offspring of alcoholic mothers had a seventeen percent mortality rate, compared to two percent of the controls (Jones & Smith, 1974).

Fetal alcohol syndrome is characterized by growth deficiency, malformation, retardation and mental deficiency as well as learning problems (Jones & Smith, 1973). Most startling of all, when given the WISC at age seven, forty-four percent of the survivors had an IQ below 79, compared to eleven percent of the controls (Jones & Smith, 1974). The same children were also behind their controls on tests of academic achievement, reading, arithmetic and spelling.

Streissguth (1977) suggested that these children are further handicapped by the unpredictable environment provided by the alcoholic. Even children who have been raised entirely in excellent foster homes have remained as affected as those raised by their own mothers (Streissguth, 1977).

Neglect and Abuse

Several studies revealed that parents with alcohol problems have a high potential for neglecting and abusing their children (Woodside, 1983). Personality characteristics associated with child abusers were similar to those characteristics which described alcoholic persons (Hindman, 1977). Low self-esteem and low frustration tolerance as well as role reversals, dependency and lack of understanding of the needs and abilities of children were identified characteristics which are common to both the alcoholic and the abuser (Hindman, 1977). In addition Hindman (1977) has found a link between the fetal alcohol syndrome and child abuse. The birth defects and growth deficiencies which occur in some

children of women who drink during pregnancy may make the child more susceptible to neglect and abuse by the parent.

There was a significant relationship between alcohol and child abuse as well as a high generational incidence (Behling, 1979). Of 51 instances of reported child abuse, sixty-nine percent of one or both of the child abusing parents also abused alcohol; sixty-three percent of the abused children had at least one grandparent who was alcoholic, and ninety-two percent of the parents, who were abused themselves, reported that their own parents abused alcohol. Furthermore, there was considerable evidence of emotional neglect and inconsistency in care (Hindman, 1977).

Not all alcoholics abuse or neglect their children, although the majority have difficulties in child rearing (Hindman, 1975). It seemed that alcoholism was more frequently associated with neglect rather than abuse (Kammeier, 1971).

Childhood Development

Children of alcoholics did not fit into any easily recognizable personality type (Kern et al., 1977; Rimmer, 1982). However, they were usually exposed to certain common themes of familial interaction that may affect development and differentiate many of them from most children or nonalcoholics (Kern et al., 1977). In a sample of child psychiatric patients, Chafetz, Blane & Hill (1971) found that children of alcoholics were not more likely to be emotionally disturbed; yet they often experienced unstable

family situations manifested by parental quarreling and fighting. As a result of an unstable family situation, certain psychological and emotional problems were likely to arise (Cork, 1969). Research indicated that the majority of these children experience severe emotional and behavioral problems, school and social problems, and underlying personality disturbances (Cork, 1969; Kern et al., 1981).

Emotional and Behavioral Problems

Fine et al. (1976) compared children of alcoholic parents with children whose parents had psychiatric disorders and found that children of alcoholics reflected more emotional detachment, dependency and social aggression. They were less able to concentrate, more preoccupied with their inner world than reality and more prone to emotional upset, fearful and anxious. Cork (1969) interviewed 115 children of alcoholics who discussed ways they felt hurt by the alcoholic's drinking. The majority of children stated their relationships both at home and outside had been influenced and expressed feelings of being rejected and unloved by one or both of their parents. They were also lacking in self confidence, unsure of themselves and afraid and anxious about the future. They were resentful of the sober parent who they perceived ignored them and felt extremely affected by the parental conflict.

Contributing to the emotional problems of such a child is that the behavior of the alcoholic parent, and often that of the nonalcoholic spouse tends to be erratic and inconsistent (Hindman, 1975). Furthermore, the focus of family life is on the alcoholism and children are often neglected, disciplined inconsistently, and given few concrete limits and guidelines for behavior (Hindman, 1975).

Peer Relationships

Many children of alcoholics feel depressed, lonely and are unable to maintain intimate relationships (Black, 1979). Weir (1970) found that children of alcoholic parents have fewer peer relationships and are more likely to be maladjusted than their peers from nonalcoholic homes. Frequently, peer relationships were reported impaired in the children of alcoholics, and there was consistent evidence of a lack of close friendships (Wilson & Orford, 1978). In addition, many families limited outings or group activities and friendships were avoided by both the nonalcoholic spouse and children because they were embarrassed by the presence of alcoholism in the family (Hindman, 1975).

School Problems

As youngsters, children of alcoholics may do poorly in school, be truant, delinquent or use alcohol or drugs (Woodside, 1983). Rimmer (1982) reported a high rate of discipline problems in school for children of alcoholics. They were more likely to be expelled from school, to leave high school prior to graduation and

to receive school counseling for psychological problems (Becker & Miller, 1976).

Children may withdraw as a reaction to their mother's drinking problem and were often completely ignored as having difficulties (Hindman, 1975). In contrast, other children reacted by acting out through vandalism, fighting or other disruptive behavior, in an attempt to get attention at school (Chafetz et al., 1971). However, usually the attention was in the form of punishment rather than treatment resources (Hindman, 1975).

Marcus (1984) found that children of alcoholic mothers scored lower on the Peabody Individual Achievement Test in mathematics, reading recognition, reading comprehension and total test score than control children. Moreover, the children of alcoholic mothers were more frequently placed in special education classes when compared with controls (Chafetz et al., 1971). The academic difficulties, school suspensions and antisocial and delinquent behavior may not appear until late adolescence (Chafetz et al., 1971).

Personality Disturbances

Sons of alcoholic adults show elevated test scores for depression, introversion and schizophrenia (Franks & Thacker, 1979). According to Bosma (1975) children of alcoholic parents may manifest disturbances throughout their development, although they are most symptomatic during first grade and in early adolescence.

Cork (1969) identified underlying personality disturbances in all 115 children she interviewed. She stressed that if any of them turn to alcohol to meet their emotional needs, there was a very good chance they, too, would become alcoholics.

Comparing children with only an alcoholic mother to children with only an alcoholic father, McKenna & Pickens (1983) revealed that the number of alcoholic parents were associated with increased levels of aggression and psychopathology in alcoholic children. They also found that children with only an alcoholic mother did not differ from children with only an alcoholic father.

Role Acquisition and Role Modeling

A central finding that emerged in the studies on children of alcoholic mothers was the child's perception of many confusing and inconsistent expectations (Nardi, 1981; Woititz, 1978). There was uncertainty and confusion concerning both the role the parent was playing and the role the child was enacting (Nardi, 1981). The child found it difficult to anticipate or discern conditions and to play the role the situation demanded (Nardi, 1981). Confusion results when the children's roles are constantly changing, especially when behavior acceptable one day may be punished the next (Woititz, 1978).

Woititz (1978) noted that in some families children assumed pseudo-adult roles, becoming the household caretaker when the parent was drunk. More specifically, Bosma (1975) reported that children often take over adult tasks by performing the cleaning,

housekeeping, cooking and becoming the primary source of nurturance for siblings.

Cork (1969) found that older children were often forced to assume the parental role, caring for younger siblings and parents as well. It was reported that the problems experienced by the child of an alcoholic parent were due to many factors such as the child's imitation of the alcoholic behavior (Kern et al., 1981). Children's observations and modeling of their parents' maladaptive problem solving and coping responses, especially their mother's use of alcohol, may have made them more vulnerable to the effects of stress (Nardi, 1981).

Coping

All children of alcoholics are affected by alcoholism and are in need of treatment. Researchers have tended to focus their attention on the child with the behavioral problems (Deckman & Downs, 1982). However, many of the children have assumed the survival roles and appear to be coping well (Black, 1979). Many more children are not aware of the negative effects of their alcoholic upbringing (Black, 1979). It is usually in adulthood when they realize the useless aspect of their coping skills (Chafetz et al., 1971).

According to Woodside (1983) some children may be over controlled "super-copers" who seem to cope very successfully until midlife when as adults they may become ill or depressed. Others, in adulthood may become alcoholic, suicidal, mentally or physically

ill in reaction to the stress of living with an alcoholic parent (Woodside, 1983).

There are many ways children cope with the stress of alcoholism. Black (1979) described three types of copers. The "responsible one" is typically the oldest or only child who helps maintain stability and self worth in the inconsistent home. The "adjustor" follows directions easily, remains flexible and is able to adapt to social situations. The "placator" is generally assumed by children to decrease any guilt feelings that they may have caused their mother to drink. They are more likely to be helpers and sociable in an attempt to smooth over conflict.

Further research has shown that children as young as five years old show the development of a denial system in response to living with an alcoholic parent, by pretending that the drinking is not occurring (Black, 1979). The young child's general response was to avoid, withdraw and ignore the alcoholic parent as well as the nonalcoholic spouse (Black, 1979).

Implications

In a review of the literature there seemed to be common agreement among researchers that children of alcoholic parents are presently receiving little help "to free themselves from the enslavement of alcoholism and to become human beings in their own right" (Kelleman, 1974, p. 10). The neglect of these children is due, in part, to ignorance of the detrimental effects parental alcoholism has on children and appropriate methods for

intervention, lack of organized support, reprisals regarding parental consent and the limited modility of children (Scavnicky-Mylant, 1984).

Despite numerous recommendations for preventive and therapeutic measures, relatively few treatment approaches have been designed to help children of alcoholics (Kern, et al., 1977). Society needs to widen their knowledge of the needs of these children (Hindman, 1975) and treatment facilities need to stop ignoring the implications of the heredity-environment relationship of alcoholism (Kern et al., 1981).

If prevention is to occur among this population, society must provide education about alcoholism as a disease (Deckman & Downs, 1982), develop treatment resources which have a strong outreach component and offer comprehensive medical and psychological care (Hindman, 1975). Most importantly, children's services should be incorporated into the alcoholism treatment setting, emphasizing family involvement in the treatment process and paying particular attention to the possibility of child abuse and neglect (Hindman, 1977). The availability of child care services has been identified as a factor for consideration in a woman's decision to enter and remain in a treatment program (Reckman, Babcock & O'bryan, 1984).

A promising vehicle for early intervention is through the school system. Hindman (1975) emphasized that counseling and education in the schools can provide aid even before the parents are identified as alcoholics. Intervention during the formative

years of children will enable them to develop more effective methods of coping.

Group counseling for adolescents of alcoholic mothers is a valuable and effective tool for overcoming feelings of isolation, improving communication, and providing education concerning alcoholism as well as an atmosphere of support and caring (Deckman & Downs, 1982). DiCicco et al. (1984) suggested that questions focusing on a child's reaction to parental drinking can be strong indicators of distress due to family alcoholism. Inquiring as to whether a parent's drinking has ever caused problems or whether a child has ever wished that his or her parent would drink less are not so intrusive that they produce high rates of denial (DiCicco et al., 1984). They may provide important insights into a child's problems, and are questions that should be routinely asked by counselors.

Conclusion

Children of alcoholic mothers, as youngsters and adults, are a unique population with special problems and specific needs. They suffer developmentally, psychologically and intellectually. They are at high risk to become future alcoholics and perpetuate alcoholism into future generations.

Although nearly seven million children under the age of twenty in our country are living with an alcoholic parent, there are few treatment programs available for them. If providers of human services orient themselves to focus on these children as

primary clients they may be able to help them effectively cope with problems which are unique to living with an alcoholic mother and to prevent them from becoming the next generation of alcoholics.

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