

Family of Origin Addiction Patterns Amongst Counseling and Psychology Students

Fred T. Ponder and John R. Slate

Fred T. Ponder, Texas A&M University-Kingsville
John R. Slate, Sam Houston State University

Abstract

In this investigation, the authors surveyed graduate students ($n = 129$) in counseling and psychology regarding the extent to which addiction was present in their families. A high percentage of respondents, particularly females, reported that their families had alcoholism/drug addiction present. A statistically significant difference was yielded between the self-reported presence of alcoholism/drug addiction between Hispanic and Anglo females. Hispanic females reported a higher percentage of their families having alcoholism/drug addiction (86%) than was reported by Anglo females (78%). Implications of these findings are discussed.

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Many occupational/career theorists believe that many people choose careers that have some relationship to their needs and personalities Herr, Cramer & Niles (2004). Because the family system is the primary teacher as well as the first conveyor of culture, families are instrumental in the early socialization of their children. A question that arises, because the family has such a profound and important role in the formation of the individual, is the extent to which, if any, that growing up in an alcoholic/addict family forms structures which may guide persons into the helping professions such as counseling and/or psychology? That is, by growing up in a dysfunctional family might this process guide people into a profession wherein they might find answers to their personal questions, and where they might identify with individuals who have significant mental health and relationship problems?

Though considerable disagreement exists on what constitutes alcohol abuse, alcohol dependence, drug abuse, and drug dependence, trends appear to be present among various ethnic groups (Doweiko, H., 2006). Personal attitudes and experiences regarding alcohol and drug use and abuse within the nuclear family may have an impact on the way future practitioners view models of identification. It is difficult to determine an adequate percentage of children who are growing up in an alcohol/drug addicted home. The range varies considerably because these data are often unreliable. In 2002 the National Institute on Alcohol Abuse and Alcoholism published a study (Grant, 2002) that indicated that around 25% of children will grow up in an addictive home. Others, too, have concluded that this 1 in 4 ratio is an appropriate estimate (Silverstein,

1990). Children who grow up in addictive homes have a high likelihood that they may grow up suffering from lifelong problems (Parsons, 2003).

Some researchers (Mathews, 1990) have indicated that there may be a significant effect in career choice made by individuals who grew up in addictive homes. Some researchers (Mathews, 1990) have indicated that many of those persons who go into the helping professions probably come from these addictive homes. People from differing racial/ethnic groups have different patterns of alcohol/drug use as well as the use in very different amounts, and different drugs of choice (Watts, 1989). The understanding of these racial/ethnic differences in the use and prevalence of substance abuse is becoming increasingly important to policy (McKenry, 1991) as the numbers of racial/ethnic persons increase in the American population. Of some importance to note that various members of the same ethnic group may vary considerably depending on subgroups and place of origin (McKenry, 1991).

A myriad of descriptors as well as concepts exist to describe the plight of individuals who grow up in an alcoholic/drug addicted home. This study is not intended to list nor evaluate a collection of these constructs, however a few of the concepts specifically will be explored. The fact is that growing up in an addicted home has many negative consequences with some of them being severe.

A major question regards whether factors are present in the early developmental years which might motivate the adult child of an alcoholic/addict to want to go into any of the helping fields which might allow them to help and care for others. The concept of co-dependency (Doweiko, 2006) is now well known in which some of the major ideas are one who helps others at the expense of their own welfare.

Many of the dynamics of an alcoholic family include high levels of conflict which range from verbal abuse to physical and sexual abuse according to many authors (e.g., Johnson, 2001). Similarly, along with increased conflict comes a decrease in family closeness and togetherness. It is plausible that children who have been involved and witnessed these problems may experience poor communication and hesitate to share concerns over parent's alcohol use. Children from alcoholic families tend to have more unresolved conflict, fighting, blaming and arguing within the family (Johnson, 2001), although it is unclear if this arguing/ fighting is a coping skill which a child might utilize while a parent is drinking.

Lambie and Sias (2005) articulated how the unpredictable and unstable home life leaves Children of Alcoholics feeling the need to isolate themselves from friends and peers to spare feelings of embarrassment. It is suspected that the lack of stability in the home negatively affects children of alcoholics' ability to trust others which affect the child's ability to create and maintain friendships. Beesley and Stoltenburg (2002) noted that adult children of alcoholics reported a higher need for control while experiencing significantly less relationship satisfaction.

Due to the secretive nature of alcoholism, children on alcoholics may want help but may feel guilt and fear if they seek out assistance. Lambie and Sias (2005) stated that direct attention to educators and professional school counselors to increase their knowledge of the behaviors and symptoms of children of alcoholics and be accessible, active listeners, and interact with children to foster an inviting environment to offer assistance and referrals to those children who might otherwise go un-noticed.

Often children of alcoholics may witness or be victims of abuse; hence may react by running away as a possible way to cope and regain control over their life. Johnson (2001) indicated that alcoholic families tend to experience more traumatic events due to conflict in home which negatively affects children's self-esteem, anxiety levels, school success, both physical and mental health. These vulnerabilities create many areas in which a child may spend much time contemplating parents drinking. Often children of alcoholics may witness or be victims of abuse in the home and therefore may react by running away from home as a possible opportunity to regain control over their life.

Fruehstorfer and Veronie (2001) documented that some children of alcoholics tend to take on the "Hero" role in which a child assumes the "care-taking" responsibilities in response to the alcoholic guardian's neglect of certain behaviors characteristic of a parent or guardian. Although research studies are scarce on addressing the feelings of being alone, scared nervous, angry and/or frustrated due to parental choice to continue drinking, estimates are that over 6 million children live with a parent or other caretaker who is addicted to drugs, alcohol, or both Johnson & Pandina (1991) In fact, parental alcohol consumption in the home increases the risk of child abuse and/or neglect reports by 300% (Doweiko, 2006). In addition, researchers Johnson & Pandina (1991) have suggested that parental alcohol use leads to the disruption of natural, everyday nurturing processes and may culminate in physical and/or emotional abuse or neglect of the child.

Although literature does not specifically address being caught in the middle of parents who were arguing or fighting due to one of them having a drinking problem, studies suggest that children of parents who abuse substances have higher rates of emotional difficulties, poor behavior control, increased likelihood of behavioral and emotional disorders, and more temperamental difficulties which are characteristics that place these children at a greater risk of child abuse (Walsh, MacMillan, & Jamieson, 2003). Parents who abuse substances not only place their children in direct harm when under the influence of drugs and alcohol, there is also the increased risk of indirect harm due to a pronounced lack of supervision.

Literature indicates that parental alcohol drinking affects children's lives by forcing children to responsible and guilty. Researchers have documented that children who are exposed to parental depression or other mental illness, single-parent households, and other familial stressors are lead to a greater risk of child neglect. Children living with family members who abuse alcohol are more likely to experience an unstable and unpredictable life. Ultimately, these children are also forced to carry the emotional burden of their alcoholic parent and hold feelings of guilt, self-blame, and embarrassment (Anda, Whitfield, Felitti, Chapman, Edwards, Dube, & Williamson, 2002).

Literature regarding the child's emotional response to divorce amongst parents who have a drinking problem are sparse; however, researchers (Dube, 2005) have demonstrated that parental alcoholism does have a correlation with factors of emotional abuse, physical abuse, sexual abuse, battered mother, illicit drug use, mental illness, household member incarcerated, household member attempted suicide, and parental separation or divorce (Anda et al., 2002). When conflict is high, it is more difficult for children to regulate arousal which may exacerbate the fear factor for the child. Repeated exposure to parental conflict in alcoholic families may be linked to adjustment difficulties in children.

Although researchers have not specifically addressed children who worry about their parents drinking those individuals who reported growing up with one or more parents who were alcoholics showed a substantial increase in the probability of experiencing most if not all of nine identified adverse childhood conditions (Anda et al., 2002). Those factors included emotional abuse, physical abuse, sexual abuse, battered mother, illicit drug use, mental illness, household member incarcerated, household member attempted suicide, and parental separation or divorce. In addition, depressive disorders in children of alcoholics evaluated in this study appeared to be

due in great part to the adverse childhood experiences of the individual. This situation is particularly true when the adverse childhood experiences were severe and chronic. Researchers (Conners, 2004) have suggested that the risk of drug abuse, suicide attempts in the home, and mental illness were more prevalent in homes where the mother was an alcoholic.

Research studies are scarce when speaking to the area of children who worry about parents drinking and health. When mothers are alcoholics and raising children, there are many obstacles that hinder their ability to meet the physical and emotional needs of their family. Among these obstacles are limited financial resources, unstable housing, domestic violence, legal issues, lack of social supports and problems with other mental health conditions (Conners, 2004). The alcohol problems that a mother has to deal with on a personal level have a tremendous effect on the lives of their children, usually in a negative way.

Although research studies are few when discussing children's feeling of shame and embarrassment to their parent's drinking problem, some literature shows that children tend to avoid social situations and show adjustment problems when faced with a change in their status quo. Parental depression is highly correlated with parental alcohol abuse and maternal depression/substance abuse tends to have a greater effect on children's internalizing problems (depression and self-blame). The relationship between parent-child depressive problems is a strong indicator that children may feel that they were the reason their parent drinks. Children and adolescents who are living in these chaotic conditions may experience feelings of helplessness and may have problems self-regulating affective states (Dube, 2003).

Researchers have indicated that the physical responses a child may demonstrate when exposed to an alcoholic parent. Children of alcoholics (COAs) exhibit physical problems such as difficulty sleeping, crying, and bed wetting (Lambie & Sias, 2005). These physical characteristics are a consequence of experiencing anxiety and depression stemming from living with an alcoholic parent (Lambie & Sias, 2005). An unruly home disrupts the life of the child making it tough to complete tasks such as homework and not being able to receive needed rest resulting in their inability to perform in school (Lambie & Sias).

Child abuse is prevalent within our society and studies reveal that it is often associated with alcohol use and abuse (Widom & Hiller-Sturmhofel, 2001). Alcohol abusing families generally live in a hostile and aggressive environment. Research indicates that Children of Alcoholics experience verbal and physical abuse more often than non-alcoholic families

(Johnson, 2002). Researchers have indicated that alcoholic families are at a higher risk for child abuse and spousal violence causing a decrease in family closeness and increasing conflict, fighting, blaming, and arguing (Johnson, 2002).

Researchers have estimated that 15% of all American females ages 15 to 44 abuse alcohol and other drugs (Connors, Whiteside, Roberts, & Herrell, 2003). In a review of literature, Veroine and Fruehstorfer (2001) cited a study that concluded that 10% of all children were raised in a household where an alcoholic parent was present. According to Grekin, Brennan, and Hammen (2005), 5-10% of the United States population meets the DSM IV TR criteria for alcohol abuse. Children from alcoholic homes lack a sense of trust and reliance on other individuals (Voeronie & Fruehstopfer, 2001). Grant, Rosenfeld, and Cissna (2004) revealed that communication skills of children in alcoholic homes are impaired. Family members encourage children not to talk to people outside the family structure.

Researchers have stated that alcoholic families have diminished communication and problem solving skills among all members in the family unit. These factors can lead to increased conflict with in the family unit (Ellis, Zucker, & Hiram, 1997). Veronie and Fruehstofer (2001) reported that children of alcoholic parents assume greater responsibilities than many of their same aged peers. Children who assume the hero role in the family structure tend to assume responsibility for others in the family and develop in a caregivers capacity.

For COAs, life is unpredictable and inconsistent: Alcoholic parents who fight cause chronic family stress which can lead to aggression, conduct disorder, oppositional defiant disorder and criminality, parental alcohol use disorder and child delinquency. Researchers have suggested that even moderate amounts of parental conflict can wreak havoc on the lives of children (Dotinga, 2006).

Researchers have suggested that repeated exposure to parental conflict in alcoholic families may be linked to adjustment difficulties in children. Parents who abuse alcohol or other drugs are more likely to be involved with domestic violence, divorce, unemployment, mental illness and legal problems, their ability to parent effectively is severely compromised. Researchers further agree that parental alcoholism does have a correlation with factors of emotional abuse, physical abuse, sexual abuse, battered mother, illicit drug use, mental illness, household member incarcerated, household member attempted suicide, and parental separation or divorce (Anda et al., 2002).

Researchers Ondersma & Chase (2003) have demonstrated that parental alcoholism has a correlation with factors of emotional abuse, physical abuse, sexual abuse, battered mother, illicit drug use, mental illness, household member incarcerated, household member attempted suicide, and parental separation or divorce (Anda et al., 2002).

Although the literature is sparse when discussing the results of broken promises, researchers agree that broken promises made to children by alcoholic parents may lead to the inability for them to have close relationships. Although the literature in this area is sparse, data provided by the C.A.S.T. indicate that mothers who are alcoholics and substance abusers, put the children at high risk for a range of biological, developmental, and behavioral problems, including for developing substance abuse problems of their own... When mothers are alcoholics and raising children, there are many obstacles that hinder their ability to meet the physical and emotional needs of their family (Connors et al., 2004).

Purpose of the Study

The purpose of this study was to survey master's level graduate students who were in counseling and/or psychology graduate degree programs to find the number and percentage of familial involvement, if any, with alcoholism or other addictions in the student's immediate family of origin. In this study the researchers queried graduate students in programs preparing them to become mental health and school counselors concerning their personal experiences with and beliefs about behaviors exhibited by drinking, drugs, and other addictive members of their families. The belief is that these experiences and beliefs may influence these students' personal and professional attitudes toward alcoholism and alcohol/drug abuse.

Method

Participants

This study was an inquiry of graduate level students, the majority of whom were in training to pursue careers in counseling or psychology (77.4%). A total of 129 usable response packets were received out of 171 questionnaires distributed. This percentage reflects a return rate of 75%, more than sufficient for survey research. All study participants were students at a Southwest university who were enrolled in classes in a Master of Science degree program of counseling or psychology. The majority of respondents were female ($n = 103$, 80.1%).

Participants were predominantly Hispanic ($n = 86$, 67.1%), with 26.1% Anglo-American, 3.7% African-American, and 3.1% indicated the Other category. Regarding gender and ethnic membership, the two largest groups in the study sample were Hispanic females ($n = 67$), and Anglo females ($n = 32$). Only 11 Hispanic males and a total of only 7 Anglo males were present in the study. Most respondents were working on a Master's degree ($n = 119$, 92.5%); the remainder was adding on to an already existing certification to qualify as counselors. Of the three age groups presented, 44.1% of the participants were in the 30 to 45 age range ($n = 57$); 34.8% were below age 30 ($n = 45$); and 21.1% were above the age of 45 ($n = 27$).

Procedures

Two questionnaires were selected to determine participants' responses regarding their parents' alcohol and/or drug related behaviors. The instruments selected were the C.A.S.T. (Camelot Unlimited, 1994), a questionnaire with 30 questions with yes or no responses, and the CASSI, which is a Likert-format scale which addresses parental and family alcohol/drug use. Questions on the C.A.S.T. scale ask participants to respond to their parents' alcohol and/or drug-related behaviors, to focus on issues that are likely to cause interpersonal problems for the alcoholic or addict, but are not likely to indicate a current dysfunctional behavior on the part of the participant (e.g., hiding parent's alcohol, running away because of parental drinking, Pilat & Jones, 1984, 1985). Each participant was asked to indicate whether the questions were true or not by indicating yes or no to each of 30 statements. Each of the 30 survey questions are grouped in one or more of six categories: coping mechanisms developed by children of alcoholics; child actions taken in response to a drinking parent; emotional responses of the child to the drinking parent; physical responses of the child to the drinking parent; characteristics of the dysfunctional family due to a parent drinking; and actions taken by the drinking parent.

On the CASSI, students respond to items using a Strongly Agree to a Strongly Disagree scale. The CASSI is an instrument in which participants indicate their self-reported degree of involvement in addiction where it was indicated that such behaviors were present.

Results and Discussion

Hispanic females, indicated previously as the largest group, had the highest percentage who reported addiction in their family of origin. A very high percentage of Hispanic females in this

study, 86%, reported that their families had alcoholism/addiction present. Of the Anglo females, 78.12% of them indicated that their families had alcoholism/addiction present. To determine whether these percentages differed between Hispanic and Anglo females, a Pearson chi-square procedure was utilized to address this question. A statistically significant difference was yielded, $\chi^2 (2) = 32.47, p < .001$, revealing that Hispanic females reported a greater degree of alcoholism/addiction present in their families than was reported by Anglo females.

It is interesting to note that all of the participant responses referred to addiction as either alcohol and/or drug addiction. Only two Hispanic females mentioned addiction to Gambling. Addiction to no other substance or process addictions was mentioned by any participant in this study. Though the samples were small, 63.6% of the Hispanic males and 57.0% of the Anglo males reported that their families had alcoholism/addiction present in their families of origin.

A discussion of causal factors in the higher rates of familial alcoholism might include the notion felt by many Hispanics that past discrimination against them might have lead to alienation against the majority society and the use of alcohol/drugs might have been used as a coping mechanism to deal with the discrimination and alienation. Some Hispanics may feel that vestiges of ethnic discrimination still exist thereby giving rise to continuing past coping mechanisms in some of the Hispanic families.

Another plausible reason for the higher rate in the Hispanic family is that often when differing cultures are in close proximity to one another a competition between the cultures comes to exist. When competition exists a victor will eventually emerge. The alcohol/drug use rate may increase in the culture which assumes the role of being the minority culture. The minority culture may perceive that its values, reality and way of life is being threatened and this may lead to developing a wish to escape through the use of alcohol and drugs.

Discrimination against Hispanics has decreased a great deal since the American Civil Rights era in the 1960s and 1970s (citation needed here). This discrimination in the past may have been a factor which helped to bond the Hispanic community closer

together. An assimilation force probably exists in American society wherein those persons from other cultures are pressed to become Americanized.

The cultural conflict phenomena can be seen in Native American communities in the American West where some cultural identity is being lost and where alcoholism/drug addiction rates are very high (Watts, 1989). Another example is in South Louisiana where the Creole French culture is in competition with the larger American culture. Alcoholism rates are high in this area (Dawson, 1998). Other areas around the U.S. and around the world where this factor is present and where are high rates of alcohol/drug abuse exist.

An additional finding is of considerable interest are the numbers where these counseling and psychology students have alcoholism/addiction in their families of origin. As noted as many as a quarter of American children may be growing up in families where addiction is present. With this high rate one might expect to find around a quarter of students who are in the helping professions to have had addiction in their families. This percentage was not the case in this study as more than three-fourths of these counseling/psychology students indicated an addiction background. Clearly, this study suggests the need for further research into this area.

This study may show the impact of the families of origin upon students who have chosen to pursue the helping professions as a career and how their attitudes have been shaped by behaviors of family members who were perceived as having a drinking, drug or addictive problem. The impact of ethnic differences in perceiving problems relating to alcohol use may greatly impact personal adjustment, degree of altruism and the need to seek a profession that would allow the individual to care for and to help others.

Readers are encouraged to be cautious in the extent to which they make generalizations from these findings. These participants came from a single university in the Southwest. Moreover, these findings came from self-report on two quantitatively-based surveys. Finally, the sample size, though adequate, was not a large sample. Thus, until these findings are replicated, readers should be tentative in any generalizations they make from these findings.

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