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Abstract
In lieu of an abstract, below is the essay's first paragraph.

Alcoholism, the continued, excessive, and usually uncontrollable use of alcoholic drinks, continues to have many devastating effects on today's society. Some of the devastating consequences of alcoholism include accidental injury or death resulting from drunk drivers, loss of employment, unstable, dysfunctional families, and health problems. Not only does alcohol harm the alcoholic, but it also has a negative impact on the family, causing extreme emotional pain and suffering. With continuous therapy the alcoholic and friends and family of the alcoholic can control the disease of alcoholism.
Alcohol and its Effects on the Alcoholic as well as the Family
By: Jamie Siglow

Alcoholism, the continued, excessive, and usually uncontrollable use of alcoholic drinks, continues to have many devastating effects on today’s society. Some of the devastating consequences of alcoholism include accidental injury or death resulting from drunk drivers, loss of employment, unstable, dysfunctional families, and health problems. Not only does alcohol harm the alcoholic, but it also has a negative impact on the family, causing extreme emotional pain and suffering. With continuous therapy the alcoholic and friends and family of the alcoholic can control the disease of alcoholism.

Many people are social drinkers and only drink once in a while such as at parties or weddings. They are able to consume alcohol without experiencing any negative side effects. The second group of alcoholics can be classified as problem drinkers. They experience negative side effects as a result of their drinking. They may face problems in relationships, jobs, or create accidents as a result of their drinking. The third group of drinkers is classified as alcoholics. An alcoholic "needs" alcohol because he or she is dependent on it (Dusek & Girdano 178).

Approximately one in ten drinkers in the United States is an alcoholic. This means that there are more than ten million alcoholics in the United States. A majority of alcoholics are married with jobs and have families. They are not bums on the street as some people may think. One of the largest health problems in America is alcoholism ("Alcoholic In the Family?" 2-3).

Symptoms of alcohol abuse include drinking alone, being late to work as a result of drinking, needing to drink at a specific time of day, blacking out and forgetting what has happened, making excuses about drinking, and becoming moody, jealous and easily angered or violent after drinking. All of these symptoms are indicators of alcohol misuse/abuse.

The immediate effects that result from the use of alcohol are often recognizable by the people around the drinker. These effects include lack of control over physical and verbal actions, slurred speech, poor judgment, nausea and impaired motor coordination. Though the person drinking the alcohol may feel stimulated at first, it eventually wears off and the person may become depressed. This occurs because alcohol is a depressant. These short-term effects of alcohol usually only last a few hours, depending on the amount of alcohol consumed.

After alcohol is abused for a long period of time, many body organs are harmed as a result of the devastating effects of alcohol. Alcohol is toxic to many body parts and irritates the tissue lining in the mouth, throat, and stomach. Most people who drink for a long period of time are undernourished. Alcohol has no nutritional value other than calories. The alcoholic will often consume alcoholic beverages instead of eating nutritious foods and, as a result, will often become malnourished. (‘Alcoholism" RIT SAISD).

After a long period of use, the alcoholic's body is subject to numerous types of organ damage. Alcoholism is associated with cirrhosis of the liver, hepatitis, heart disease, and high blood pressure. It is also linked to ulcers due to irritation of the stomach lining, low blood sugar, and cancer of the mouth, esophagus, and stomach. Excessive use of alcohol is also related to sexual and reproductive problems, neurological disorders, and delirium tremens, which result from alcohol withdrawal. Delirium tremens results in confusion, memory loss, and hallucinations. These are effects that affect the alcoholic, but the alcoholic is not the only person that suffers from his/her excessive alcohol use (Akers 189).
There are twenty-eight million children of alcoholics in the United States alone. Of the twenty-eight million children, there are seven million children who are under the age of eighteen. As a result, children have to grow up and mature under the scrutiny of their alcoholic parent(s). Forty to fifty percent of children of alcoholics become alcoholics themselves when they are older. Those children who do not become alcoholics often become workaholics or develop eating disorders ("Facts for Families").

Children of alcoholics have a variety of emotional problems that stem from their alcoholic parent(s). Children may feel guilty and blame themselves for their parent(s) drinking. Another emotion that children feel is anxiety. Children feel anxious because they are worrying about their home life as well as their own safety. In addition to guilt and anxiety, the child may feel embarrassment. Many children are afraid to invite friends over because they are given the message by their parents that there is a terrible secret at home and they shouldn't tell anyone about it. Children are embarrassed to introduce their friends to their home life.

There are many other defining characteristics of children who grow up in an alcoholic home. Mistrust is a common characteristic present among children of alcoholics. They have been let down so many times by their parent(s) that they don't allow themselves to trust others. A major part of the child's life is spent being confused. The parent's attitude can quickly change from happy to angry, which greatly confuses the child. Children often feel lonely and helpless when being raised by an alcoholic, and, as a result, are often depressed. Since the parent is not doing his/her job, the child may feel anger towards the parent. Children of alcoholics usually experience similar emotions which include guilt, anxiety, embarrassment, mistrust in others, confusion, depression, and anger.

In an alcoholic family, there are usually certain roles that each family member takes on. Rather than face the problem of alcoholism, the children and adults take on a certain role in an attempt to disguise the problem. The roles that each of the family members may take on are that of the enabler, the hero, the scapegoat, the lost child, and the mascot.

The spouse or parent of the alcoholic is usually classified as the enabler. The enabler takes on the duties that the alcoholic is no longer able to perform. Rather than aid the alcoholic in recovery, the enabler makes excuses for the alcoholic. The enabler calls the alcoholic in sick to work, for example, and helps them with their daily tacks. Though the spouse or parent may think that they are helping the alcoholic, in actuality they are only hurting him/her by allowing their destructive behavior to continue.

In many cases it is also hard for children to get along with the nonalcoholic parent because the child cannot figure out why the nonalcoholic parent isn't stopping the alcoholic from drinking. The enabler is often so busy covering up the mishaps created by the alcoholic that both parents ignore the children. Since both parents are usually preoccupied, the oldest child often takes on the role of an adult - the hero.

The oldest child often feels responsible for the behavior of his/her parents and tries to make things better by doing outstanding work in school and extracurricular activities. The hero believes that this will make outsiders believe that there are no problems with the family. Although the hero is seen as outgoing and as having a lot of self-confidence, on the inside the hero has a low self-esteem and feels inadequate. Each family member disguises alcoholism by acting in a certain manner.

The scapegoat of the family places attention on him/herself by getting into trouble and taking the attention off his/her parents. The scapegoat in the family causes trouble by fighting, taking drugs, or being disruptive to others in order to displace the attention from the alcoholic to him/herself. Scapegoats feel lonely, hurt, and angry. They are also rejected by society.
The lost child is the opposite of the scapegoat, quiet and understanding. The middle child usually plays the role of the lost child. The lost child goes through school unnoticed because he/she is so quiet. The lost child is not usually a leader or a troublemaker. Rather than become angry with anyone because of his/her living situation, he/she may end up afflicting pain on him/herself through drug use or suicide. The lost child does not have many friends and appears shy to the outside world.

The last role a person in an alcoholic family plays is that of a mascot. The mascot brings attention to him/herself in an attempt to take the spotlight off the family. The mascot often uses comedy to cover up the difficulty that he/she has in dealing with alcoholism and its subsequent problems in his/her family (Estes & Ifeinemann 307).

There are many characteristics that children display that may signify alcoholism in a family. These include failure in school, truancy, lack of friends, and withdrawal from classmates. Other qualities of a child in an alcoholic family include delinquent behavior, such as stealing or violence, and frequent physical complaints such as stomachaches and headaches. Children who are aggressive towards other children and abuse drugs and alcohol themselves may also live in an alcoholic family. People in society must be able to recognize symptoms of alcohol abuse so that people in need can be helped.

In alcoholic families, the central focus is maintaining the secret (that there is an alcoholic in the family) and this is accomplished through denial. The degree to which denial is used has a substantial impact on the child. In families where the topic of alcoholism is totally denied and/or avoided, there is more of a chance of alcohol problems following the child into their adulthood.

In other families, alcoholism is recognized but explained away as a result of other problems in the person's life. There are hardly any families in which alcoholism is recognized and acknowledged as the cause of their problems. The presence of denial in a family makes it very difficult for the family to receive the treatment and rehabilitation that it needs (Estes & Heinemann 212).

Communication is rare among the members of alcoholic families. The only attempts to communicate within the family involve trying to control the behavior and life of the alcoholic. Avoidance and withdrawal are what commonly occur in these families rather than communication. Unless someone in the family is able to recognize that there is a problem that needs to be dealt with, the vicious cycle of alcoholism continues.

When recognition of the alcoholic in the family occurs, treatment can take place. Treatment of alcoholism began in the late 1960's and early 1970's. The emphasis of treatment was looked at from a systems view. From a systems point of view, the emphasis is placed on treatment of the entire family. The main focus of treatment is placed on striving to achieve equilibrium in the family by changing the family's interaction patterns. This attempts to dissolve the roles that each family member plays (enabler, scapegoat, etc.) while living/interacting with an abuser of alcohol.

In order to start dealing with the problem of alcoholism, the family members need to recognize the influence of "continued active alcoholism in the individual independent of family dynamics" (Estes & Heinemann 390). Treating family members is necessary to assist in the primary goal of healing the alcoholic through abstinence. The alcohol abuse must be confronted in the early stages of treatment with the alcoholic's family.

When looking at alcoholism from a family systems perspective, alcoholism is not seen as a symptom to be alleviated or a simple cause of other problems. It is considered an important aspect of family life that must be addressed in order for the family to survive the effects of alcoholism. The hope is that if one member of the family is willing to change and want recovery to occur, then other family members will move in that same direction.

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There are different phases of recovery that must occur in order for treatment to be effective. The first phase is assessment. This is when the clinician gains a sense of the alcoholic and the family dynamics by talking with the family and collecting data. It is very important that the clinician avoid questions which would result in one family member placing blame on another. Questions that ask why are often not asked, while questions that ask how, when, where and what are focused on.

The person conducting the assessment must also determine if there is a possibility of sexual abuse or domestic violence in the family. This can sometimes be determined by asking direct questions. It is rare that anyone would volunteer information to the therapist without being asked a question about it.

It is important for the therapist to get all family members involved in the assessment phase of treatment. Alcoholism is looked at as a problem affecting the whole family, not just the individual alcoholic. Treatment can be given either individually or to all the family members at once. The therapist must change the families' attitude about denial. The family must realize that denying a problem exists is not beneficial to anyone. Once the family of the alcoholic has completed the assessment stage, intervention occurs.

The main goal of intervention is for the alcoholic to start to move towards abstinence. Intervention can be achieved by all of the family members and a therapist confronting the alcoholic in an attempt to achieve treatment for the alcoholic, or by having all of the family members, including the alcoholic, go to therapy. The therapist and family members consistently tell the alcoholic that he/she does not need alcohol. This aids the alcoholic in quitting drinking.

No matter what type of intervention occurs, the same issues are still addressed. The primary interest is forcing the family to realize that their primary problem is alcoholism. Many families believe that only the alcoholic needs to be treated and that alcoholism is not the main problem to be focused on. The family as well as the alcoholic needs to be educated on alcoholism and its various stages. If the family members become aware of their part in helping the alcoholic by playing a role (enabler, mascot, etc.) then they are more able to change their behavior.

The next phase in a family systems view is treatment and recovery of all the family members. The most important goal of treatment and recovery for the alcoholic is abstinence from alcohol, but there are treatment goals for each family member also. After the protective walls of all the family members come down, it is easier for them to deal with the painful emotions they've been holding in. In order for the family to work successfully once again, members must accept being either afflicted or affected by alcoholism. Treatment is continuous and requires commitment by all of the family members in order to promote growth. Recovery is ongoing and alcoholics need somewhere to continue their healing which is given by numerous self-help groups (Estes & Heinemann 391-394).

The most well-known help groups are Alcoholics Anonymous, Alateen, and Al-Anon. Other sources of help include school personnel, counselors and therapists. If a person is not comfortable with any of these sources of help, they can speak to clergy, extended family members, the National Association For Children Of Alcoholics (NACoA), the Children of Alcoholics Foundation, and programs offered by local hospitals or employers.

Alcoholics Anonymous (AA) is a group of men and women who help each other stay sober. The two founders of AA were both alcoholics who felt that they could stay sober through mutual support and so they created AA. AA has a twelve-step program for the alcoholic to follow as they move toward gaining sobriety. The first step for members of AA is to realize that they are powerless over alcohol. Members of AA are also given a
sponsor to talk to. These sponsors are there to help the alcoholic get through the difficult times of being sober. Most people who have a drinking problem find help at AA.

Al-Anon is another self-help organization for adult family and friends of alcoholics. It was created in the 1950's and was just as loosely organized then as it is today. Today there are more than 20,000 Al-Anon groups in over eighty countries (Estes & Heinemann 415). Al-Anon groups have quadrupled over the past ten years and are growing at a faster rate than Alcoholics Anonymous. Al-Anon also has the same twelve steps and traditions as AA. One of the most important steps for family members in Al-Anon is also step number one: to admit that they are powerless over alcohol. This is very difficult for many alcoholics and their families to admit. Many family members gain a significant amount of help from attending Al-Anon meetings. In some areas, there are specific meetings for children of alcoholics.

Another group created to help people who are affected by alcoholism is Alateen. Alateen is similar to Al-Anon except that it is for teenagers between the ages of twelve and nineteen. The 17-year-old son of an AA father and an Al-Anon mother (Estes & Heinemann 423) created it in 1957. Many teens find comfort and strength in talking to their peers about experiences and problems they've encountered ("Children of Alcoholics").

Alcoholism is a serious and ongoing disease in today's society. A person can never be cured of alcoholism, but an alcoholic can achieve a normal lifestyle if he/she alcoholic abstains from drinking. Alcoholism is a disease that severely affects the alcoholic and his/her family and friends. Without proper treatment, the family will never return to the normalcy experienced before alcoholism affected their lives.
Bibliography


