

How to help adult children of alcoholic parents

Dr King, a board-certified pediatrician, is founder and director of the Children's Emotional Health Link, and honorary member of the medical staff at Newton-Wellesley Hospital, Newton Lower Falls, Massachusetts.

Parents' concerns about their own children can provide them with a second chance to revisit their own past.

HOWARD KING, MD, MPH.

What would make pediatricians wonder if a parent in their office might be an adult child of an alcoholic parent? The following case could be viewed as representative.

Mrs. R was concerned her 6-year-old daughter was becoming "heavy." She asked me for a diet so we could help Janet avoid being overweight, which Mrs. R had experienced as a child. I was puzzled. Janet was in the 50th percentile for height and weight. I asked Mrs. R why she thought her daughter was overweight.

She said, "When she gets hungry, she turns into an animal! Before we get up, she'll attack the kitchen cabinet and devour a box of crackers. She goes on binges or hides bread under her pillow. Food is important for her. I've tried not to make a big thing about it."

In the time I took for the family history, I learned that the grandfather of Mrs. R had died of cirrhosis, her father had not dealt with his alcoholism, and her sister also was an alcoholic. When I pointed out that the words she used to describe the eating habits of her daughter were similar to those one might use for an alcoholic, she was aghast. She had no idea she had used words such as "binges" or "hides bread under her pillow."

No one in the family had been able to

confront how painful alcoholism had been for all of them.

Concept of "adult children"

Many children we see with developmental problems have parents who are "adult children of alcoholics (ACOA)." Alcoholism in one or more grandparents of our pediatric patients is an unseen but influential visitor to pediatric practice.

Adult children of alcoholics are those who grew up in families in which their own parents were victims of alcoholism, a situation that may leave a lasting effect on their parenting styles.

Many ACOA parents describe a childhood history similar to this

one: *"We worried every day how serious the drinking would become, how much screaming and hitting would take place. Would it ever end? We never knew what would happen the next moment. There was constant tension. We were embarrassed that it was somehow our fault. We felt like orphans."*

Frequency of alcoholism in family histories

The story above is familiar to millions of children who live with an alcoholic parent, and by parents in your practice who grew up with similar households.



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What can you, as a pediatrician, offer to such parents? When pediatricians sit down with parents to figure out whether their child has a behavior problem and why, it is important to remember the “elephant in the room.” I am referring to a family secret that may be playing a significant role in the child’s problem.

Family secrets occupy much space in the emotional life of the family but may not be acknowledged. One of these important family secrets is a history of alcoholism in one or more family members. How might you discover a family history of alcoholism? You might simply ask, but there are indirect ways of exploring an alcoholism history.

- A parent’s parents might be divorced. You ask, “Why?” and the parent might reply, “My father was abusive to my mother. He was an alcoholic.”
- A parent’s sister might have been “anorectic.” Because you are aware of an association between that and a family history of alcoholism, you might ask if that were the case.
- Perhaps a parent might reveal that she was pregnant as a teenager. You might ask, “What happened?” She might reply, “I was drinking at the time.”
- If parents seem distraught about habits in their child—for example, thumb-sucking or prolonged use of a pacifier—that may help us obtain a family history of alcoholism.

Emotional inheritance

Adult children of alcoholics carry a heavy emotional burden.

- They often lie when it would be just as easy to tell the truth.
- They have difficulty with intimate relationships.

- They can only guess at what normal behavior is.
- They feel they are different from other people. They can be “super responsible” or “super irresponsible.”

Knowing when to refer

Sometimes while discussing a family history in a matter-of-fact way, the parent might begin to look as if she or he is undergoing some very painful memories.

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I would encourage pediatricians not to be afraid to ask further but to proceed slowly and compassionately. It is worth asking, periodically, “Do you mind if I ask you . . . ?”; “Is this OK, what I am asking you?”; or “Would you like to talk about this with me or another person?”

Despite skillful interviewing, you may think you are on the verge of opening Pandora’s Box. You may think that the parent is about to share things he/she has never brought up before. If the parent trusts you and you have confidence in yourself, you may wish to discuss it on another occasion. Or, you may conclude it would be more appropriate to refer the parent to a mental health counselor. The parent should feel that you are doing so out of respect for his/her pain and that you believe counseling would be helpful.

The ideal outcome

If you can offer a corrective experience, it is possible that parents, in

time, may give up the task of trying to “rescue” the people they love, whether it be their parents or their own children. Preferably, they will encourage both to take responsibility for their actions.

If pediatricians can play such a role, they may help ACOA parents interrupt a family pattern of addiction and dysfunctionality. Their children, when they become adults, and particularly when they become

parents, might be able to get in touch with past memories and, hopefully, develop healthier relationships and more successful methods of managing life’s challenges.

Children as agents for change

These ACOA parents often raise child development concerns with pediatricians because they worry their child will “inherit” the family illness. Ironically, it is their concerns about their own children, your pediatric patients, that can provide parents with a second chance to revisit their own past. If you assist them, parents may be able to start life anew even though their first concern originated with their child. ■



For Dr King’s commentary on **prediagnosing opioid addiction in multigenerational families**, see Your Voice in the May 2016 edition of *Contemporary Pediatrics*. Go to ContemporaryPediatrics.com/YourVoice-0516

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