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Growing up in a family with alcohol addiction and the importance of strengthening protective factors to maintain the health of a child

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Abstract

Despite its mass presence in Slovenian culture, alcohol addiction is still a gray area of research, as evidenced by how difficult it is to trace data on the prevalence of this disease. In addition to the already established measures to treat addiction in individuals, there is still a lack of awareness of the impact of special circumstances in which children of addicted parents grow up and in the treatment and support of relatives from such families. Alcohol addiction not only affects the occurrence of many harmful consequences for the individual who drinks, but also for all members of his family, especially children. The chaotic and unstable family environment, characterized by alcohol addiction, represents a wide range of risk factors for the child's psychosocial and physical well-being. The presence of addiction in the family and thus the special circumstances of growing up poses many challenges to the child, which require him to develop various mechanisms of survival and often neglect to meet their own needs at the expense of meeting the needs of the parents. An additional challenge for a child is the stigmatizing environment outside the family, which further limits the child's ability to experience a safe environment. These circumstances can affect many outcomes that pose a risk to a child's mental and physical health, such as depressive and anxiety states, externalizing and internalizing problems, interpersonal problems, risky behaviours, poor physical health, and so on. The purpose of this paper is to present in more detail the risk factors and possibilities of action to strengthen protective factors in various areas of work, which could reduce the negative health outcomes of children and adolescents coming from families with alcohol addiction. Approaching this need is possible by early psychosocial treatment of the child, raising awareness of the community about the problem of alcohol and raising awareness of children and adolescents about diseases such as addiction. It is also important to strengthen and promote sources

of assistance, such as providing a safe space for the child, by enabling support from the environment outside the family (school environment, NGOs, local community).

Keywords: alcohol addiction, children from families affected by alcohol addiction, psychosocial consequences, protective factors

Introduction

Alcohol addiction is a disease that causes an irresistible craving for alcohol, despite the fact that it harms both the individual and his loved ones. It makes it hard for an individual to function on a daily basis and fulfill various roles, such as the role of a partner, parent, employee, etc. (Perko, 2011). Addiction requires the attention of all family members, which makes it a family disease (Goeke, 2017). The consequences affect partners and children, which means that dealing with an individual's addiction makes it crucial to also deal with all close relatives involved. Children are the ones who are often overlooked in this regard. There is a lack of knowledge in fields where working with children from such families is required and, at the same time, accessible sources of help. In addition, the cloud of stigma that overshadows such families makes it harder for relatives to seek help or support in case of exposure to alcohol addiction (Black, 1992; Haverfield and Theiss, 2015). Children from such families are faced with the difficulties of dealing with special circumstances and everyday stress, which poses a serious threat to the children's mental and physical health.

Risk and protective factors

Circumstances of growing up in a family affected by alcohol addiction

Alcoholism dictates special circumstances that require adaptive functioning in the family. Each member assumes a role that is necessary for the psychological survival of the family dynamic and, simultaneously, for their own survival. The atmosphere in such families is extremely chaotic, unpredictable, and inconsistent (Nodar, 2012). All the members are on the lookout for whether the parent will come home drunk, and whether an argument or a fight will follow. Children are constantly exposed to stressors and deprived of a sense of security, which is the basis of the normative development (Poljšak Škraban, 2007; Huse song et al., 2008). Violence is also often present, as both addiction and the influence of alcohol reduce the ability to control aggressive impulses (Hall, 1994; Zuckerman, 2005; Kordič, 2007). In a small study conducted in Slovenia, two out of three adult children from families affected by alcohol addiction reported the presence of violence at home (Henigsman, 2015).

Compared to an optimal family dynamic, communication within alcohol-affected families differs significantly. If the optimal environment is usually characterized by consistent, clear, specific, and constructively-oriented com-

munication, families affected by alcohol addiction are usually characterized by the exact opposite, namely, unclear, inconsistent, and often deficient communication, which is often negative, offensive, and lacks the expression of warmth and sensibility (Sheridan and Green, 1993; Johnson and Stone, 2009).

A non-alcoholic parent is usually so occupied with their partner's alcohol addiction that they are unable to consistently meet or respond to their child's needs (Haverfield and Theiss, 2014). Therefore, these children are often left to fend for themselves, for which they develop various strategies, including defense mechanisms such as denial and repression (Black, 1992). In these families, a common phenomenon called the parentification of the child occurs, which means that a child takes care of the alcoholic parent, instead of the adult being the one meeting their child's basic needs (Pasternak and Schier, 2012).

Black (1992) defines two basic rules that are usually formed in families affected by alcohol addiction: "don't trust" and "don't tell". When the child in the family is not raised in a safe environment and lacks a secure attachment to their parents, they consequently also have difficulties trusting other adults. Alcohol addiction at home is kept as a family secret, which is often a result of the stigma present outside the family unit (Haverfield and Theiss, 2015).

Stigma

The presence of stigmatization of alcohol addiction plays an important role in experiencing and dealing with the circumstances of addiction in the family. Despite the fact that drinking alcohol is socially acceptable in Slovenia, it is also common that an individual who becomes addicted to alcohol is suddenly pushed to the edge of society. Some research has shown that most people believe that the person who becomes addicted has only themselves to blame for their problems, since addiction is often attributed to character traits. As a result, addicted individuals are more often socially distanced than those with other mental illnesses (Haverfield and Theiss, 2015).

The stigma influences not only the individual who is addicted, but also their family members (WHO, 2014 in: Haverfield and Theiss, 2015). The fact that members avoid talking about addiction within the family strengthens stigmatization. This makes the topic a taboo, which further encourages children to keep family alcoholism a secret. The more severe the form of alcoholism, the greater the need to hide everything that happens at home (Haverfield and Theiss, 2015). At the same time, children often experience feelings of shame, guilt, anger, and loneliness, which, due to the stigma, keeps them from sharing their situation with others (Black, 1992; Pasternak and Schier, 2012). This contributes to more negative outcomes of growing up in family affected by alcohol addiction.

Psychosocial and health consequences of growing up in family affected by alcohol addiction

Children from families affected by alcohol addiction form a very heterogenic group. The outcomes of growing up in such families differ from one another, just like the families and personal characteristics are also different. What they do have in common is that these children grow up in circumstances that prematurely put them in survival mode, so they can cope with challenges of their parents' addiction (Goeke, 2017). This can have a negative impact on various levels of performance. Research has shown that these children more often show signs of internalization and excessive inhibition or, on the other hand, problems of externalization and excessive rebellion (Omkarappa and Rentala, 2019; Redlin and Borchardt, 2019). As they grow older, the outcomes are shown to become more complex and more diverse. Children of alcoholics are more likely to experience periods of depression and anxiety, problems with alcohol and other drugs, and abusive relationships (Goeke, 2017; Omkarappa and Rentala, 2019). Because they are often victims of cumulative trauma, they can also develop post-traumatic stress syndrome or complex post-traumatic stress disorder (Harter and Vanecek, 2000; Rzeszutek et al., 2021).

Insecure attachment to a parent during childhood, usually more common in families affected by alcohol addiction, is reflected in a pronounced fear of rejection or abandonment (Henigsman, 2015). In a chaotic environment, in which anything can happen, they do not have optimal opportunities for the adequate development of a healthy self-image, which is later evident in their difficulties in establishing and maintaining interpersonal relationships (Firestone and Firestone, 2005). Additional problems in relationships are reflected by marked mistrust and fear of relationships (Kerig, 2003; Henigsman, 2015). When violence is also present, there is a greater likelihood that children from these families will experience fear of relationships, along with more severe depressive and anxious feelings when actually in a relationship. (Kerig, 2003).

In addition to psychosocial consequences, medical ones can also occur. Children and adolescents who have experienced cumulative stress and trauma are more likely to suffer from autoimmune diseases, ischemic heart disease, and various inflammatory diseases (Dube et al., 2009). Some research has shown that growing up in a family affected by alcohol addiction affects a greater possibility of developing hypertension, diabetes, insomnia, gastrointestinal diseases, cancer, and other diseases (Goeke, 2017). Risky behaviors related to health (smoking, drinking alcohol, illegal drugs, higher body weight index, and little physical activity) are more common among children of alcoholics (Serec et al., 2012; Fuller-Thomson et al., 2013).

On the other hand, research also reports on the possibility that children come out of these circumstances resilient, which means that they develop more appropriate coping mechanisms for dealing with everyday stressors (Park and Schepp, 2015). In this case, even if they are growing up in a destructive environment, these children know how to draw positives from it. Walker and Lee (1998) claim that those who are more socially competent and mature have more chances to become resilient.

Protective factors and encouragement of resilience

Protective factors are an important counterbalance to the risk factors faced by children from families affected by alcohol addiction. The main goal of reducing the probability of negative outcomes is to strengthen intrapersonal and interpersonal (family, community) protective factors that affect children. These factors can reduce the power of risks that are sometimes unavoidable for these children (Goeke, 2017).

Working on protective factors also strengthens resilience, which is known as something that enables the regulation of the negative effects of stress. It also holds the ability to achieve positive outcomes despite living in a harmful environment, especially by reducing threats regarding mental and physical health (Park and Schepp, 2015; Redlin and Borchardt, 2019). A resilient individual will also handle potential discrimination, shame and condemnation better, and at the same time, will be able to take on the responsibility that the parent is unable to (Redlin and Borchardt, 2019).

There are many possible protective factors. Having a secure and stable home provided by the non-alcoholic parent, despite parental alcoholism, is one of them. Regardless of the chaotic circumstances, the non-alcoholic parent manages to consistently meet the child's needs and maintain a balance within the family (Hussong et al., 2008; Goeke, 2017). Siblings also play a very important role, where a healthy relationship and support make it easier for a child to withstand the conditions at home (Edenber and Foroud, 2013; Goeke, 2017). Engagement in a quality relationship with an adult, such as a teacher, counselor, grandparent, uncle/aunt, neighbor, etc., outside the primary family also provides an effective contribution. (Larson and Thayne, 1998). The child seeking help and confiding in someone, thus realizing that they are not alone, is also an important protective indicator (Haverfield and Theiss, 2014; Goeke, 2017). An important role is also held by all the other positive relationships and experiences that the child acquires outside the family, which can be encouraged with extracurricular activities (sports, creativity, scouting) that offer children a retreat and an extra purpose in life (Larson and Thayne, 1998; Goeke, 2017).

A person's individual development is often shaped by interactions they have in their environment (Bronfenbrenner, 1989 v: Rodgers, 2009). The local community also plays an important role in strengthening the protective factors by representing the child's close environment outside the family unit; that includes the neighborhood, schools, primary health center, or more generally important people with whom the child comes into contact on a daily basis. This environment also has the power to both strengthen and weaken the effects of the stigma of parental alcohol addiction. The discussion and internalization of knowledge about alcohol addiction as a disease, which expands to the wider local community (school, primary health service, social service, non-governmental organizations), is therefore a very important step towards the stigma losing its power and towards a community in which children can feel more

accepted. An important factor are also the sources of help that let a child know that a safe environment is available when they need it.

Sources of help

In Slovenia, there are relatively few programs dedicated to the treatment of children from families affected by alcohol addiction. They are mostly based in the Central Slovenia region, which makes them less approachable for children who live in other parts of Slovenia. General support is available in different regions from Al-Anon, which is intended for close relatives of a person who has alcohol addiction, and Ala-Teen, which is intended for teenagers from families affected by alcohol addiction (Društvo Al-Anon, n.d.). Few NGOs also offer support to all family members who are recovering from their parents' or partners' addiction.

Knowledge about the disease is one of the key factors of understanding what is happening in a family affected by alcohol addiction and a step toward a more constructive way of coping with parental alcohol addiction. It is crucial for children from such families to get as much information as they can about alcohol addiction. Information is available at the Slovenian Association for Helping Children of Alcoholics, which is a part of the international NACOA network (NACOA Slovenija, n.d.). Information about addiction and its impact on children is also a welcome contribution for workers in different work fields, such as primary health, social service, and education, which often encounter children from affected families. Knowing the specifics about a child's environment helps them take the so-called "person-in environment" approach (Goeke, 2017).

Due to the frequent experience of stigma, anonymity is often more important for children seeking support, which is why the various online or telephone counseling services that provide this also fare better (Haverfield and Theiss, 2014). In Slovenia, they have online counseling services, such as 'To Sem jaz', and a telephone for children and adolescents - the 'TOM telephone', which is intended for children in need of emotional or informational support.

Conclusions

Children from families affected by alcohol addiction are daily exposed to the insecure, inconsistent environment, stressors, and harmful factors that threaten their health. However, there is a fine line between their vulnerability and resilience. This line is largely determined by the power ratio between risk factors and protective factors. Although these children cannot avoid certain risk factors, strengthening protective factors can reduce the possibility of negative outcomes.

The environment outside the family also plays an important role in establishing a supportive environment for children who deal with unstable family circumstances. The ecological systems that come into daily contact with

these children (educational, primary health, social services) are the ones that must be equipped with knowledge about the problem of alcohol addiction, carry the recognition of it as a mental disease, and be aware of the specific circumstances in which children from such families grow up in. Additional awareness that children from families affected by alcohol addiction form a heterogeneous group and that there is a need of an individual approach is most welcome. In this case, the "person-in-environment" approach is encouraged, which puts the understanding of the person in a wider context of their environment and the influences that has on them. People working in the field of primary health, social services, and education should have enough information about the sources of help for children from families affected by alcohol addiction, to which these children can turn to when in need for specific support.

Support for these children can be provided by any individual, who is able to support one or more family members from these families, in various ways (emotional, informational, instrumental support). A good start would be helping reduce the stigma around alcohol addiction or even becoming a positive influence by providing consistent and reliable relationships for children from affected families.

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