



Topic overview

Adult Children of Alcoholics

Encyclopedia of Drugs, Alcohol & Addictive Behavior

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Full Text:

Page 36

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Individuals over the age of eighteen with at least one biological parent with a history of severe, chronic alcohol problems are labeled "adult children of alcoholics" (ACOA). This label is generally stigmatizing, but studies have shown that this stigmatization may be unwarranted. A 2000 review of the literature by S. L. Harter found that studies have noted greater depression, anxiety, stressrelated disorders, maladjustment, and relationship problems in ACOA compared to adult children of nonalcoholics (ACONA). However, Harter also found that many of these studies were based on a clinical or convenience sample, lacked appropriate comparison groups, and had poor measurements.

RISKS INVOLVED WITH ACOA

According to L. Chassin and colleagues (1991), ACOA are predisposed to alcohol and drug problems beginning in adolescence, while children of alcoholics are 5.1 times more likely to report dependence symptoms related to substance use than children of nonalcoholics. Longitudinal cohort studies by J. Knop and colleagues (2007) show that drinking problems continue into adulthood. In addition, compared to ACONA, ACOA may be more likely to choose alcoholic spouses, and they are less likely to reduce their drinking when they enter the workforce, marry, and become parents (Jackson et al., 2001; Flora & Chassin, 2005). However, these problems are not consistently observed in ACOA, and they might apply equally well to dysfunctional families generally.

Alcohol's influence on ACOA is difficult to isolate because alcohol-related familial dysfunction is intertwined with antisocial personality disorder (ASPD), aggression, and affective disorders. A parental alcohol use disorder (AUD) may not be the proximal cause of an AUD in an adult offspring, as this condition may be due to a familial transmission of externalizing or internalizing disorders. Often, however, AUDs are correlated with ASPD. For example, a 1997 study by R. C. Kessler and colleagues determined that ASPD is found in 17 percent of alcoholic men and 8 percent of alcoholic women, compared to 3.6 percent among nonalcoholic individuals, as reported by B. F. Grant and

colleagues in 2004. In a 2004 study of 1,116 twin pairs by S. R. Jaffee and colleagues, the odds of physical maltreatment were found to increase threefold when a mother or father had antisocial behavioral traits. Further, physical maltreatment predicted antisocial behavior several years later. The maltreatment was not influenced by genetic factors, and the effects of maltreatment on antisocial behavior remained significant after controlling for parental antisocial behavior and genetic transmission of antisocial behavior. This finding supports previous longitudinal studies showing that physical maltreatment plays a role in an offspring's antisocial behavior (Lansford et al., 2002; Keiley et al., 2001). Thus, maltreatment may partially explain an AUD whether an ACOA or not. In a 1997 study, T. Jacob and S. Johnson found that maltreatment, lack of affection, high levels of criticism and hostility, inconsistent discipline or supervision, and a lack of involvement can all result in aggressive, antisocial children. Likewise, maltreatment can promote deviant behavior and juvenile delinquency, and it can affect children of alcoholics and nonalcoholics similarly.

Men and women are affected differently by abuse and neglect in childhood. In a 1995 study of severely abused and neglected children, C. S. Widom and colleagues found no significant association between childhood victimization and later alcohol use in men. However, having one or more alcoholic parent predicted both *DSM-III-R* dependence criteria and an AUD. In women, a significant relationship was found between childhood abuse or neglect and alcohol-dependence criteria. Much like the men in this study, women with an alcoholic parent were significantly more likely to endorse alcohol-dependence criteria. A 2007 follow-up study found that child abuse was a significant factor for heavy drinking in middle-aged women. However, the significant effect disappeared after controlling for parental alcohol or drug problems. For men there was no significant effect of childhood abuse on later drinking behavior. This study and several others demonstrate differential effects by gender on the

Page 37 |

relationship between a parental history of alcohol problems and the development of an alcohol problem when parental abuse is also a factor. In order to adequately study AUDs in ACOA, both parent-child and child-sibling relationships—including standardized measures of abuse and neglect—need to be taken into account.

In addition to the family dysfunction associated with parental alcoholism, a susceptibility to alcohol use disorders in ACOA may involve shared polymorphic alcohol-metabolizing genes, a vulnerability to comorbidities, and inherited personality traits such as impulsivity and novelty-seeking. The genetic effects, when coupled with the psychosocial modeling by parents of positive alcohol expectancies and drinking behavior, result in a complex interplay of genes and environment. A family history of alcohol problems in first- or second-degree relatives is an established risk factor for an AUD, and such a history has been shown to interact with many other factors, such as expectancies about alcohol and motives for drinking.

Parental alcoholism has been linked to low self-esteem, anxiety, depression, and a perceived lack of control in ACOAs. However, adverse events in childhood may lead to resilience and improved coping mechanisms in some individuals. Studies on coping styles and resilience have been conducted to find the protective factors that might explain the heterogeneity of functioning in ACOA. Coping has been classified into two styles: approach (positive) and avoidance (negative). In a 2007 study of 128 male and female African Americans, J. C. Hall found no differences in self-esteem and coping responses between ACOA and ACONA. Hall attributes this finding to strong relationships with extended family members. However, in a 2007 sample of 209 Caucasian and African American women, M. Amodeo and colleagues found that African American women with alcoholic parents, low self-esteem, and a history of early family conflict were more likely to report avoidant coping responses.

Expectancies are beliefs about the effects of alcohol; they form early in childhood and are based, in part, on parental modeling. In 2008, A. Agrawal and colleagues completed an adult female twin study, and they found that environmental influences shape alcohol expectancies, while genetics influence motives for drinking. Heritabilities for social, coping, and conformity motives ranged from 11 percent to 22 percent. In a 2006 study of Asians, C.-Y. Hahn and colleagues found that the aldehyde

dehydrogenase gene mediated the relationship between alcohol expectancies and alcohol consumption. Thus, alcohol expectancies and motivations to drink are likely to be grounded in both environment and genetics.

There is obviously still a great deal of work to be done to explain whether parental alcoholism leads directly to an increased risk of an AUD in ACOA, or whether the effects are indirect and correlated with comorbidity and maltreatment.

See also Alcohol; Alcoholics Anonymous (AA); Treatment, Behavioral Approaches to: Twelve-Step and Disease Model Approaches.

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Page 38 |

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