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Date August 4, 1978

AN ASSESSMENT OF THE FEELINGS AND COPING BEHAVIORS OF
AND RESOURCES FOR FAMILIES OF ALCOHOLICS

by

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A professional paper submitted in partial fulfillment
of the requirements for the degree

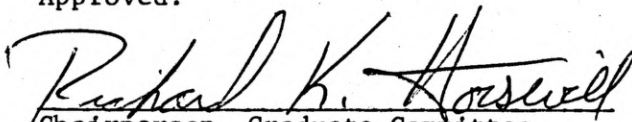
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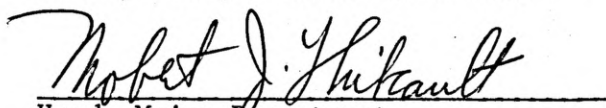
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ABSTRACT

The problem of the study was to assess the perceived feelings and coping behaviors of families of alcoholics, and the resources they have used; and to compare this to counselor perceptions of the feelings and coping behaviors of families of alcoholics and the resources that counselors recommend in Great Falls, Montana.

The general procedures of the study were to attend Al-Anon meetings and ask volunteers to complete a questionnaire. A second questionnaire was mailed to counselors at Providence Resocialization Center (an alcoholism treatment facility in Great Falls) and Region II Mental Health Clinic. The questionnaire for counselors was distributed to volunteers at the Cascade County Public Welfare Office.

The families of alcoholics who participated in this study reported experiencing feelings such as: ambivalence, embarrassment, anger with no apparent reason, and the fear that they may be going crazy. The coping behaviors included: stop inviting friends into the home, leave home, and kick out the alcoholic.

Counselors in the study recognized that family members felt embarrassment and anger with no apparent reason. They did not recognize that family members feared they may be going crazy. The coping behavior that was most often recognized was that family members stopped inviting friends into the home. Counselors were aware that family members would consider leaving home or kicking out the alcoholic, but that these actions were not always carried out.

Local resources which had been consulted by family members and were also recommended by counselors were: ministers, Providence Resocialization Center, and Region II Mental Health Clinic.

Recommendations: (a) Counselors need more information regarding the problems encountered by families of alcoholics. (b) Resources in other parts of Montana and in other states need to be identified. (c) A study to determine which counseling techniques are most effective with families of alcoholics is needed. (d) The public needs more information about the availability of local resources.

Chapter 1

INTRODUCTION

In recent years there has been an increasing interest in the study of alcoholism and the treatment of the alcoholic. ^{Alcoholism} ~~It~~ is recognized ^{as} ~~that alcoholism~~ is a major health problem in the United States.

One aspect of the problem that is often overlooked is that the alcoholic has a direct effect on the lives of other non-alcoholic people. It has been estimated that there are from six to nine million alcoholics in the United States today and that their illness affects thirty to forty million other people--families, employers, and friends of the sufferers. If the entire problem of alcoholism is to be dealt with, provisions must be made to help the non-alcoholic who experiences varying degrees of emotional problems related to alcoholism.

The researcher feels that, due to the large number of people affected by alcoholism, many of the clients now seen by counselors are affected by an alcoholic in their lives. Because of this, the researcher has sought to discover the manner in which alcoholism affects the family and what community resources are used by them. ³ In addition, the researcher has sought to ascertain whether or not counselors recognize the ways in which alcoholism in the family affects other family members and what resources they recommend for the families of alcoholics.

Statement of the Problem

The problem of the study was to assess the perceived feelings and coping behaviors of families of alcoholics, and the resources they have used; and to compare this to counselor perceptions of the feelings and coping behaviors of families of alcoholics and the resources that counselors recommend in Great Falls, Montana.

The general questions answered are:

1. What are the feelings of the families of alcoholics toward the alcoholic during periods of drinking?
2. What are the feelings of the family members about themselves during these periods?
3. Do family members seek counseling in addition to the aid they receive in Al-Anon, and if so where?
4. Do counselors in public agencies have contact with clients who have problems associated with alcoholism in the family?
5. Do counselors in public agencies recognize the types of feelings and coping behaviors that might be experienced by families of alcoholics?
6. What local resources do the counselors in public agencies recommend for the families of alcoholics?

Procedures

The general procedures of this study were to attend Al-Anon meetings where volunteers were asked to complete a questionnaire concerning the behavior of the alcoholic while drinking, their own feelings and coping behaviors, and the resources they had used. A second questionnaire was mailed to counselors at Providence Resocialization Center (an alcoholism treatment facility in Great Falls, Montana) and Region II Mental Health Clinic. It was distributed to volunteer social workers at the Cascade County Public Welfare Office. This questionnaire concerned counselor perceptions of the feelings and coping behaviors of families of alcoholics and the local resources the counselors recommended for these families.

Limitations of the Study

1. Since alcoholics and their families deny the existence of the problem for varying periods of time, it was necessary to limit the population of this study to families that have admitted a problem exists and have sought help through Al-Anon.

2. Because of the researcher's limited time and resources, the study was delimited to Great Falls, Montana, and the public agencies were delimited to Providence Resocialization Center, Region II Mental Health Clinic, and Cascade County Public Welfare Office.

Definition of Terms

For the purpose of this paper, the following definitions will apply:

Al-Anon. A fellowship of relatives and friends of alcoholics who share their experience, strength, and hope in order to solve their problems. This is the definition used by Al-Anon groups in their meetings.

Alcoholism. A condition of psychological dependency on or addiction to alcohol which results in observable impairment in physical, social, economic, or interpersonal functioning.

Alcoholic. A person who is afflicted with alcoholism as defined above. In this paper the alcoholic has been referred to as "he" since most of the family members surveyed were related to a male alcoholic. It is recognized that the total population of alcoholics would contain as many women as men.

Counselors. Workers in public agencies who enter into a helping relationship with clients.

SUMMARY

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[Alcoholism is one of the leading health problems in the United States. Since the alcoholic has a direct affect on the lives of the people close to him, there are many adults and children who need help



in coping with their problems that are connected to living with an alcoholic." } Counselors must be aware of these problems and must be prepared to assist these people in their efforts to cope with their problems.

Chapter 2

REVIEW OF LITERATURE

Although the problem of alcoholism has received increased attention in recent years, not as much attention has been given to the families of alcoholics. Some authors of books and articles on alcoholism recognize the family's problems and offer advice to its members on how to treat the alcoholic. This usually is aimed at helping the alcoholic in his recovery, but very little is said concerning the recovery of the entire family.

Studies of the Families of Alcoholics

A study of the adjustment of the family to the crisis of alcoholism was made by Jackson (1954). She found that in earlier studies of the wives of alcoholics psychological traits are attributed to the wife, as judged by her behavior after the husband has reached an advanced stage of alcoholism, and it is assumed that these psychological traits would have been found prior to the onset of drinking. They did not consider the behavior of the wife, or the personality traits inferred from this behavior, as a reaction to a cumulative crisis in which the wife experiences progressively more stress.

In Jackson's study seven stages in family adjustments to an alcoholic member were identified. It was found that not all families

go through all seven stages, and that the length of time spent in any one stage might vary greatly from family to family. The seven identified stages are:

1. Attempts to deny the problem. At this stage incidents of excessive drinking begin and, although they are sporadic, place strains on the husband-wife interaction. In attempts to minimize drinking, other problems in marital adjustment are avoided.

2. Attempts to eliminate the problem. As incidents of excessive drinking multiply the family begins to be socially isolated. This isolation magnifies the importance of family interactions and events. All family behavior and thought becomes drinking centered. The husband-wife adjustment deteriorates and tension rises. At this point the wife begins to feel self-pity and to lose her self-confidence as her behavior fails to stabilize her husband's drinking. There is still an attempt to maintain the original structure of the family, which is disrupted with each episode of drinking, and as a result the children begin to show emotional disturbance.

3. Disorganization. This is the point where the family gives up attempts to control the drinking and begins to behave in a manner geared to relieve tension rather than to achieve long term ends. The disturbance of the children becomes more marked. The wife no longer attempts to support the alcoholic in his roles as husband and father. She begins to worry about her own sanity and about her inability to

make decisions or act to change the situation.

4. Attempts to reorganize in spite of the problem. Some families do not go through this stage, but go directly to stage five. In stage four the wife takes over control of the family. Pity and strong protective feelings largely replace the earlier resentment and hostility. The family becomes more stable and organized in a manner to minimize the disruptive behavior of the alcoholic. The self-confidence of the wife begins to be re-built.

5. Efforts to escape the problem. The wife separates from her husband if she can resolve the problems and conflicts surrounding this action.

6. Reorganization of part of the family. The wife and children reorganize as a family without the husband.

7. Recovery and reorganization of the family. When the husband achieves sobriety the family reorganizes to include a sober husband and father and experiences problems in reinstating him in his former roles.

Valles (1965, 1967) states that the emotional confusion of the alcoholic impairs the emotional health of other members of the family and Fox (1968) believes that children and mates of alcoholics pay a price in bewilderment, humiliation, and often, physical neglect and abuse.

Studies of Spouses of Alcoholics

In her discussion of alcoholics and their families Fox cites the following from an earlier study by Bailey to summarize the situation of the alcoholic marriage:

Each spouse brings his or her basic personality to the marriage, it is true, but the expressions of this personality are not constant and are affected by the progression of the alcoholism, which by its very nature imposes role readjustments on the family. The alcoholic's wife is neither innocent victim nor villain, but a participant in interaction which becomes more mutually destructive as the alcoholism progresses (p. 108).

^{concl ↑}
Few researchers have devoted much time to the husband of the alcoholic, [but Fox has found that men are generally less patient and accepting of alcoholism and less willing to learn about it. They are apt to pack up and leave an alcoholic wife whom they feel they can no longer love.]

She lists four common types of husbands of alcoholic wives: the long suffering martyr who mothers and spoils his child-wife; the husband who leaves furiously but comes running back; the unforgiving and self-righteous husband; and the punishing, sadistic variety.

A study by Kessel and Walton (1968) notes the actions of wives of alcoholics but they do not seem to consider the possibility of treating them for their emotional problems.

The Christopher D. Smithers Foundation, Inc. (1968) finds that it is doubtful that wives are deeply upset at the beginning of their

husbands drinking problem. However, the demands to adjust to new family roles created by living with an alcoholic spouse could result in personality disturbance.

Acute neurotic reactions have been reported in wives of recovering alcoholic men. Cahn (1970) reports that therapists have come to accept that the wife who has taken over much of her alcoholic husband's responsibilities has some anxiety about losing the dual role she has taken. He reports that clinics try to do extensive therapeutic work with wives, sometimes in groups, and sometimes in conjoint interviews, but mostly in individual therapeutic sessions.

James and Goldman (1971) found that wives use many types of coping behaviors in response to the intensity or frequency of the alcoholic episodes. Commonly used behaviors were anger and withdrawal. Orford and others (1975) tried to identify styles of coping which might influence the outcome of the spouses drinking but found that high-frequency coping behavior appears to be associated with a relatively poor outcome, whatever the precise nature of the coping behavior employed.

Studies of Children of Alcoholics

An earlier study of children of alcoholics made in Sweden by Nylander is reported by Kessel and Walton. In this study medical records were checked to determine if there were organic causes for the children's physical symptoms. Two-thirds of the children in the

control group had organic causes found to account for their physical symptoms, but this was true for only one-fourth of the alcoholics' children. Visits to child guidance clinics were the same for the two groups. Teachers rated 48 percent of the alcoholics' children as problem children, but only 10 percent of those from non-alcoholic homes were rated as problems.

A study by Newell and cited by Fox found the following affect of the alcoholic parent on the child:

The more subtle implications of the alcoholic father differ qualitatively from those of the father who is just rough and unkind. In his periods of sobriety the alcoholic father frequently is charming, affectionate, understanding, and penitent. He inspires the natural love of his offspring who build therefrom an ideal father image of omnipotence and loving kindness. The disillusionment of a drunken episode is shattering to the frail superego structure of the child. He is forthwith subjected to alternating experiences of exalted hopes and blighted disappointments. . . . It is not surprising that a child thus exposed presents a bewildering array of ambivalence, inconsistencies, antagonisms, and touching overtures of affection (p. 110).

★ [Four factors that produce emotional damage in the children of alcoholics are identified by Clinebell: (a) the child is confused by the shift and reversal of parental roles, (b) a relationship with the alcoholic that is inconsistent is emotionally depriving, (c) the non-alcoholic parents is emotionally disturbed and is therefore inadequate in the parental role, and (d) the increasing social isolation of the family interferes with the child's peer relationships and he loses the emotional support of the extended family.

In a study of children of alcoholics in a child guidance clinic Chafetz and others (1971) found that family instability was higher in alcoholic than in non-alcoholic families. The occurrence of serious illness or accident to the child, school problems, and problems involved with police or courts showed greater frequency among children of alcoholics than in the control group.

[Scott (1970) who has counseled alcoholics and their families, finds that the teen-age son attempts to handle the alcoholism of the father in one or more of the following ways: (a) ignores the father, (b) takes over, (c) has bitter arguments and resentments, (d) feels lost, (e) attempts growing up too fast, (f) identifies with the father, (g) reaction-formation, (h) escape, and (i) oedipus in reverse. The teen-age girl reacts to alcoholism in the family by the following mechanisms: (a) tears, (b) identifies with mother, (c) feels that if mother only acted the way father wanted--all would be well, (d) pledges never to date any boy who drinks, (e) takes advantage of her father's guilt for extra money or privileges, (f) takes mother's place, and (g) seeks intimacy in boyfriends and drinks herself.]

Kammeier (1971) and Rouse (1973) have also studied children with alcoholic parents and have reported finding disturbances similar to those already reported.

Family Treatment

One of the great problems in the alcoholic family is denial.

The alcoholic denies his problem because he feels that he has to drink to live and cannot face the prospect of surrendering his major defense.

The family members deny (1) out of shame, (2) in an effort to protect self esteem, or (3) in the hope that the problem might disappear.

✱ [It has been estimated that the average family does not admit a member is alcoholic until the illness has been critical for seven years, and, once admitted, the family waits two years to ask for help.]

Clinebell (1968) points out that alcoholism should be seen as a family crisis and a family illness. The early casualties of the progression of alcoholism are the very ingredients which make possible the need-satisfying, growth producing family--communication, emotional maturity, empathy, acceptance, and love.

He considers counseling the family of an alcoholic as essentially crisis counseling, using methods which are supportive-adaptive rather than insight oriented. He tries to help the spouse do three things: (1) give up the futile pattern of alternatively punishing and pampering the alcoholic; (2) let him face the painful consequences of his irresponsible behavior, including its effects on his relationships in the family; (3) develop the family's maximum potential for living, whether or not the alcoholic stops drinking.

In a study which dealt mainly with the treatment of alcoholics Chafetz and others (1970) found that rehabilitation efforts must be directed either toward social manipulation and separation of the patient from his environment or combined treatment of the patient and the significant individuals in his society.

Clinics that offer family therapy in the treatment of alcoholics have a two-fold rationale for this approach: that individual therapy has proven to have distinct limitations in its effectiveness and new thereapeutic systems are needed if the behavioral change is to take place; and that, since the family is the primary unit in our culture, behavior and change are many times possible only when there is change in the family relationships. In this type of therapy the entire family is considered as one case and is given treatment as a unit with the objective of changing interaction patterns. The therapist does not necessarily focus on any individual in the system.

[The importance of treating the entire family has been pointed out by Hansen (1974). He notes that the family members reflect the same symptoms as the alcoholic--only without alcohol. They become irritable and resentful. They begin to rationalize their behavior and make excuses for behaving the way they do. They drop out of society, become depressed, consider suicide, hope their alcoholic will die to relieve them, and become physically ill as the result of their nervousness and anxiety.] He believes that the person who is emotionally

involved with the alcoholic is often sicker than the alcoholic but is not helped as urgently because he or she is not apt to die as quickly as the alcoholic. ✓

Two valid reasons for helping families of alcoholics are pointed out by Kellerman (1974). { First, helping the families will multiply the recovery rate of alcoholics. Second, the spouse and children desperately need help for themselves to free themselves from the enslavement of alcoholism and to become human beings in their own right. }

According to Hindman (1976) the resources to meet the needs of children of alcoholic parents are sadly lacking. Too often the community agencies are not aware of the problem, much less geared to provide help. A study by Booz, Allen and Hamilton, Inc. (1974) found much the same results. They report that all too often agencies working with children of alcoholics did not recognize alcoholism as even a part of the problem.

Kellerman states that in many instances the only available long-range programs of recovery designed for the family of the alcoholic are Al-Anon and Alateen. Sometimes local mental health clinics, alcoholism clinics, or individual counselors can also help, but they may see the non-alcoholic primarily as a tool in the recovery of the alcoholic, rather than as a human being in need.

Al-Anon is an organization that was started in the 1940's when Lois, the wife of one of the founders of Alcoholics Anonymous,

realized that she and other spouses of alcoholics had emotional problems that were related to the alcoholism. The Twelve Steps of Alcoholics Anonymous have been adapted for the use of the Al-Anon program.

In the 1950's, the son of an Al-Anon member developed the idea of using the Twelve Steps for dealing with the special problems of teen-agers in the alcoholic family. He had found that it was difficult for him to relate to the problems of spouses and that he did not feel free to speak of his own problems at an Al-Anon meeting with one of his parents there. The group that developed from his idea is Alateen.

SUMMARY

The family of the alcoholic has been receiving more attention and study since the mid 1950's. Research has pointed out that the spouse and children suffer varying degrees of emotional problems associated with alcoholism in the family. [While it has been recommended that public agencies provide counseling for these affected people; such service often does not exist, or if it does exist, is considered of value only as an aid in the treatment of the alcoholic.] Some alcoholism treatment facilities do offer counseling for the family members and recommend that the family continue treatment by attending Al-Anon and Alateen meetings.

Chapter 3

PROCEDURES

This study was conducted to assess the perceived feelings and coping behaviors of families of alcoholics, and the resources they have used; and to compare this to counselor perceptions of the feelings and coping behaviors of families of alcoholics and the resources counselors recommend in Great Falls, Montana. This section contains the population description and sampling procedure, the categories of the investigation, the method of collecting data, the method of organizing data, and a summary.

Population Description and Sampling Procedures

Families of Alcoholics

The population of this study included those people who attended evening Al-Anon meetings in Great Falls, Montana, during December, 1977 and January, 1978. The sample was made up of volunteers from these meetings. It is recognized that this type of population has created a biased study, since those who attend Al-Anon are aware of their problems and are in this group in an effort to help themselves. The study does not provide a statistically reliable or valid basis for influence to the total population of the community. Within the capacity of the information obtained, only estimates and indications can be given. The resulting findings may not strictly be used to describe

anything other than the subjects contacted in the study.

Counselors

The population of counselors included the alcoholism counselors at the Providence Resocialization Center; social workers at the Cascade County Welfare Office; and counselors, social workers, mental health workers, and psychologists at Region II Mental Health Clinic. Because it was not possible to obtain mailing lists from all of these agencies, the sample was made up of volunteers. These agencies were chosen for the study because they represent helping services who are likely to come in contact with members of alcoholic families.

Categories of the Investigation

Families of Alcoholics

In the questionnaire for families of alcoholics answers to the following were sought:

1. What age groups are represented in the sample?
2. What is the relationship of the alcoholic to the Al-Anon member?
3. What type of behavior did the alcoholic display during drinking episodes?
4. What were the feelings of the family members toward the alcoholic during periods of drinking?

5. What types of coping behaviors did the family members either consider or try?
6. What were the family members feelings during the periods of drinking?
7. What counseling has the family had and has it been found to be helpful?

Counselors

The questionnaire for counselors sought to determine answers to these questions:

1. What type of agency did the individual represent?
2. What percentage of clients seen by the counselor have been affected by alcoholism in the family?
3. Does the counselor recognize feelings and behaviors that the families report as being typical of themselves during drinking episodes?
4. Does the agency offer a specific program for families of alcoholics?
5. What other community resources does the counselor recommend for families of alcoholics?

Method of Collecting Data

Families of Alcoholics

A questionnaire was developed by the researcher to collect data from family members at Al-Anon meetings. The questionnaire was pre-tested with twelve members of an Al-Anon group in Lewistown, Montana, and was revised before using it with the groups in Great Falls. In the revision, the number of feelings and coping behaviors was reduced to reflect only those that had been mentioned most frequently in other research and by Al-Anon members themselves. (See Appendix A for this questionnaire.)

Counselors

A separate questionnaire was developed for use with counselors. This questionnaire was pre-tested with eight alcoholism counselors at Hill Top Recovery, an alcoholism treatment facility in Havre, Montana. This questionnaire was revised before use in this study. (See Appendix B for this questionnaire.)

Mailing lists were obtained for counselors at Providence Resocialization Center and Region II Mental Health Clinic. The questionnaire was mailed with a cover letter explaining the study. At the Cascade County Welfare Office the questionnaire with the cover letter was distributed to volunteer social workers.

Method of Organizing Data

The information from the questionnaires completed by families of alcoholics and counselors in public agencies has been tabulated and has been reported in narrative form. In this descriptive analysis, the results have been reported as percentages. Tables have been organized where this aids in summarizing and interpreting the data.

The self perceptions of the families of alcoholics concerning their feelings and coping behaviors have been compared with counselor perceptions of the feelings and coping behaviors of the family members. The resources that family members reported using have been compared with the resources recommended by counselors. These comparisons have been presented in narrative form.

Precautions Taken for Accuracy

The questionnaire responses were tabulated and double checked. A calculator was used to convert the results into percentages. As an added precaution, all tabulations and calculations were checked by an outside party.

SUMMARY

This section on procedures has listed the population descriptions and sampling procedures, the categories of the investigation,

the method of collecting data, and the method of organizing data.

Chapter 4

FINDINGS

This section contains the findings of the study and the researcher's interpretation of these findings.

Survey of Families of Alcoholics

The questionnaire for families of alcoholics was completed by twenty-one volunteers who represented three age groups: twenty-one to thirty, thirty-one to forty, and over forty. The age group of those over forty contained 52 percent of the respondents. The other two groups were evenly divided with 24 percent in each group. The grouping by sex was 86 percent female and 14 percent male.

The twenty-one volunteers who completed the questionnaire were related to twenty-six alcoholics. Two individuals reported that there were two alcoholics in the family and in two cases there were three alcoholics in the family. In 57 percent of the cases, the alcoholic was the husband, or ex-husband, of the person reporting. Other relationships of the alcoholics to the reporting family members were: father, 12 percent; wife, 8 percent; daughter, 4 percent, brother-in-law, 4 percent; and brother, 4 percent.

Previous research has found that family members develop a pattern of reacting to the alcoholic, rather than taking self directed action. In order to better understand the type of behaviors the

family members reacted to, questions were included that would elicit a description of the behavior of the alcoholic during periods of drinking. A composite description of the alcoholic behavior that was observed by family members would present a man who drank every day, did things that were embarrassing to the family members while drinking, seldom kept promises, sometimes passed out, sometimes experienced blackouts, and was seldom in trouble with the law. He usually was not physically abusive. If he was abusive, the action was directed toward his wife or other family members rather than toward others outside the family.

 In reacting to the alcoholic the family members developed ambivalent feelings. All participants reported feeling love for the alcoholic; but, at the same time, 95 percent reported that at times they felt that they hated the alcoholic.

 All of the participants agreed that they had been embarrassed by the alcoholic during drinking episodes. The embarrassment is evident in the fact that friends were not invited into the homes of 67 percent of the families at such times.

Family members responding to this survey gave an indication of the seriousness of their problems when 71 percent reported experiencing fear that they might be going crazy and 100 percent reported having feelings of anger with no apparent reason.

Some coping behaviors that are considered or used by family

members are: leaving home, kicking the alcoholic out, and attempting suicide. Table 1 presents a comparison of these behaviors as they were considered and tried by the family members in this study. Even though only 5 percent of the sample reported that they had actually attempted suicide, it should be noted that 57 percent had given suicide consideration.

Table 1

Coping Behaviors Family Members Considered and Tried

Behavior	Percentage Considered	Percentage Tried
Leave Home	91	57
Kick out alcoholic	86	39
Attempt suicide	57	5

A counselor or other professional has been consulted by 70 percent of the participants in an effort to deal with their own problems. Of those who had received, or were receiving counseling, 73 percent felt that it was a helpful experience, 20 percent were uncertain about the helpfulness of the experience, and 7 percent reported that the counseling was not helpful.

The participants of this study reported consulting nine different resources in their efforts to deal with their own problems. The resources consulted and the percentage of the family members who

consulted them are found in Table 2.

Table 2
Resources Consulted by Family Members

Resource	Percentage of Family Members
Minister	31.5
Providence Resocialization Center	15.6
Alcoholism treatment centers in other states	10.6
Marriage counselor	10.6
Mental Health Clinic	10.6
Psychologist	5.3
Lutheran Social Services	5.3
Psychiatrist	5.3
Teachers	5.3

Survey of Counselors

The counselors contacted in this study were at Providence Resocialization Center, Region II Mental Health Clinic, and Cascade County Welfare Office. Responses were received from twenty-three of the thirty counselors contacted. There were eleven responses, or 47.8 percent of the total, from Cascade County Welfare; eight responses or 34.8 percent of the total, from Region II Mental Health Clinic; and four responses, or 17.4 percent of the total from Providence Resocialization Center.

Only five of the counselors reported that more than 50 percent

of their clients were people whose lives had been affected by the drinking problem of a family member. There were six counselors who estimated that 25 percent to 49 percent of their clients were so affected, and eleven counselors who reported from zero to 24 percent of their clients in this category. One counselor did not respond to this question.

★ [Feelings and coping behaviors of family members that were most often recognized by counselors were: embarrassment, anger with no apparent reason, considering leaving home, stopping invitations to friends to come into the home, and considering kicking out the alcoholic.]

Even though the fear that one might be going crazy is an indication of serious problems, over half of the counselors did not recognize that family members have such fears.

Considering suicide is another indication of serious emotional problems, but only 35 percent of the counselors were aware that family members might consider such action. Table 3 shows the percentage of counselor recognition of family feelings and behaviors.

Table 3

Counselor Recognition of Feelings and
Behaviors of Family Members

Feeling or Behavior	Percentage of Recognition
Embarrassment	87
Anger with no apparent reason	87
Consider leaving home	87
Stop inviting friends into home	87
Consider kicking out alcoholic	78
Fear of going crazy	47
Leave home	47
Kick out alcoholic	42
Consider suicide	35
Attempt suicide	13

A program for the families of recovering alcoholics is available at Providence Resocialization Center. This is a group counseling situation in which recovering alcoholics and their spouses work on re-establishing communications. The Aftercare Counselor at the Region II Mental Health Clinic is available for one-to-one or group work with recovering alcoholics and their families. The only program that was recommended for families where the alcoholic is still drinking was Al-Anon and Alateen.

A total of fifteen local resources were listed as being available to aid the families of alcoholics. The resources that are

primarily concerned with dealing with the problem of alcoholism and its results include: Al-Anon, Providence Resocialization Center, Alcoholics Anonymous, Alateen, One-One-One Club (a local club organized by recovering alcoholics to provide a meeting place and a center for information about alcoholism), and the Aftercare Counselor. Other resources where some type of counseling might be available were: Region II Mental Health Clinic, Social Services of Cascade County Welfare, ministers, Catholic Charities, Indian Education Center, physicians, and Crisis Center. Emotions Anonymous, a group that is based on the same principles as Al-Anon, was also suggested.

Comparisons

The feelings that all family members reported experiencing were: embarrassment, and anger with no apparent reason. Over 70 percent of them also reported that they had feared they might be going crazy. The counselors agreed that family members might feel embarrassment, and experience feelings of anger with no apparent reason; however, only 47 percent of the counselors thought that the family members fear they were going crazy. Although 57 percent of the family members considered suicide, only 35 percent of the counselors thought that they might consider this action.

The coping behaviors that family members used most were to stop inviting friends into the home and to leave home. Counselors

recognized these as the two most common coping behaviors.

There were only three resources that were listed by both the family members and the counselors. They were Providence Resocialization Center, Region II Mental Health Clinic, and ministers. Ministers were consulted by 31.3 percent of the family members, but were recommended as a resource by only 3 percent of the counselors. The second most popular resource among the family members were alcoholism counselors. Providence Resocialization Center has served as a resource for 15.6 percent of them and 10.6 percent had received counseling from out of state treatment centers. Alcoholism counselors had been recommended by 17 percent of the counselors in the study. The Region II Mental Health Clinic was visited by 10.6 percent of the family members and was recommended by 19 percent of the counselors.

Interpretation

The description of the behavior of the alcoholic that has been drawn from this study leads to a picture of a person who harms those close to him not by violent, aggressive, or abusive behavior; but by quite neglect. A person who drinks every day, sometimes passes out, and sometimes experiences blackouts, has little time available for interaction with family members. In such a situation there can be only a minimal amount of communication with the rest of the family. In response to this neglect, the family members begin to feel unloved

and unwanted. Over a period of time these feelings lead to emotional wounds that are slow to heal. This is probably why family members are often overlooked when an attempt is made to treat the problem of alcoholism. It is very evident that the alcoholic is in urgent need of help, but the emotional scars of the family members do not cry out for immediate attention.

Lack of communication is only a part of the neglect. Another common occurrence is that the alcoholic seldom keeps the promises he makes. This puts the family members into a continual cycle of building up their hopes only to have them dashed. Family members find that their lives are very unpredictable, to say the least. As long as they go on expecting the alcoholic to keep promises, they will often be disappointed. If they decide not to expect promises to be kept, they feel they are being disloyal. In either case emotional conflicts arise which must be resolved.

Family members feel that the actions of the alcoholic are a reflection on the family. When the alcoholic has failed to live up to the family's expectations of him, they are embarrassed. This embarrassment leads them to become socially isolated. The social isolation increases their problems since they no longer benefit from peer relationships. The interaction of the family becomes ever more important to the family members at the very time that these interactions are deteriorating.

Coping behaviors such as leaving home or kicking the alcoholic out are usually measures taken to alleviate an immediate problem. Sometimes the family leaves for only a day or two until the alcoholic is in a more nearly sober condition. At other times there may be a longer separation while the other family members try to sort out their feelings and come to a more permanent decision. In some cases this action is taken as a last desperate measure to convince the alcoholic that there is a serious problem. Only 39 percent of the family members reported that they had tried to kick the alcoholic out. It is usually easier for the family members to remove themselves from the scene than it is to try to remove the alcoholic. It was recognized that an attempt to kick the alcoholic out could create even more problems, especially if the alcoholic was likely to become violent at the suggestion.

The response to the questions dealing with attempted suicide does not agree completely with the findings of some of the earlier studies. However, the family members in this study were older than those in some of the earlier research; therefore, it may be that suicide is more of a problem among younger family members. The fact that this study was conducted by use of a questionnaire could have a bearing on the responses also. If the information had been gathered in an interview the responses might have been different.

Since there was a high incidence of family members reporting

that they had feared they might be going crazy and also that they experienced feelings of anger with no apparent reason, these feelings in combination should serve as a clue to counselors that their client may be emotionally close to an alcoholic. It is recognized that there can be many other causes of such feelings, but alcoholism in someone close to the client should also be considered.

Earlier studies have found that counselors in public agencies either do not recognize the problems of families of alcoholics or merely give lip service to providing help for them. The counselors in this study appear to recognize most of the feelings and coping behaviors of family members, but there was nothing in this study to obtain information as to the effectiveness of their work. The family members who had received counseling felt that it has been helpful to them, but many of them had received counseling from sources that were not included in the study. Two of the resources included in this study, Providence Resocialization Center and Region II Mental Health Clinic, were suggested by both counselors and family members as local sources of help for families of alcoholics.

SUMMARY

The families of alcoholics who participated in this study reported experiencing feelings and trying coping behaviors very much like those that had been found in earlier research. These include

feelings of ambivalence, embarrassment, anger with no apparent reason, and the fear that they may be going crazy. The more common coping behaviors included not inviting friends into the home, leaving home, and kicking out the alcoholic. The threat of suicide existed in that over fifty percent of the participants had considered it, even though only five percent had actually made an attempt.

Counselors contacted recognized that family members are embarrassed by the alcoholic and that they experience feelings of anger with no apparent reason. Less than fifty percent of the counselors recognized that family members fear that they may be going crazy. The coping behavior that was most often recognized was that family members stop inviting friends into the home. Counselors were aware that family members would consider leaving home or kicking out the alcoholic but that these actions are not always carried out.

Resources for families of alcoholics which had been consulted by family members and were also recommended by counselors were: ministers, Providence Resocialization Center, and Region II Mental Health Clinic.

Programs for families of recovering alcoholics are offered at Providence Resocialization Center and Region II Mental Health Clinic, but the only program for the families of actively drinking alcoholics is Al-Anon and Alateen.

Chapter 5

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This section contains a summary of the study, conclusions, drawn from the study, and recommendations of the researcher.

SUMMARY

Alcoholism is one of the leading health problems in the United States. Since the alcoholic has a direct affect on the lives of people close to him there are many adults and children who need help in coping with their problems that are connected to alcoholism. Counselors must be aware of these problems and must be prepared to assist these people in their efforts to cope with their problems.

The family of the alcoholic has been receiving more attention and study since the mid-1950's. Research has pointed out that the spouse and children suffer varying degrees of emotional problems associated with alcoholism in the family. While it has been recommended that public agencies provide counseling for these affected people; such service often does not exist, or if it does exist, is considered of value only as an aid in the treatment of the alcoholic. Some alcoholism treatment facilities do offer counseling for the families and recommend that the family continue treatment by attending Al-Anon and Alateen meetings.

The families of alcoholics who participated in this study

reported experiencing feelings and trying coping behaviors very much like those that had been found in earlier research. These include feelings of ambivalence, embarrassment, anger with no apparent reason, and the fear that they may be going crazy. The more common coping behaviors included not inviting friends into the home, leaving home, and kicking out the alcoholic. The threat of suicide existed in that over fifty percent of the participants had considered it, even though only five percent had actually made an attempt.

Counselors who were contacted recognized that family members are embarrassed by the alcoholic and that they experience feelings of anger with no apparent reason. Less than fifty percent of the counselors recognized that family members fear that they may be going crazy. The coping behavior that was most often recognized was that family members stop inviting friends into the home. Counselors were aware that family members would consider leaving home or kicking out the alcoholic but that these actions are not always carried out. Only thirty-five percent of the counselors thought that family members might consider suicide.

Local resources for families of alcoholics which had been consulted by family members and were also recommended by counselors were: ministers, Providence Resocialization Center, and Region II Mental Health Clinic.

CONCLUSIONS

★ Alcoholism in the family has a harmful effect on the other family members. In reacting to the behavior of the alcoholic the family members become angry and confused, they are embarrassed, they fear they may be going crazy, and they turn friends away from their homes. In their confusion and anger drastic types of coping behavior are tried. They leave home, try to kick the alcoholic out, or in some cases, attempt suicide. Certainly people who experience such feelings and try such drastic coping behaviors are in need of help, whether the alcoholic receives treatment or not.

(Since alcoholism and the problems of the families of alcoholics have received more attention in recent years, it is hoped that people in helping professions are becoming more aware of the problems faced by the families of alcoholics.) Although the counselors contacted in this study were aware of some of the feelings and coping behaviors of the family members, they did not recognize that family members might doubt their sanity; nor did they feel that family members would consider suicide. This indicates that these counselors need to have more knowledge of the effect of alcoholism on the family if they are to deal with clients from such families.

There were three local resources that were used by families of alcoholics and were also recommended by counselors. They were: Region

II Mental Health Clinic, Providence Resocialization Center, and ministers. Since seventy percent of the family members who had consulted counselors found this to be a helpful experience, it might appear that the local resources are adequate; however, over ten percent of those who had consulted counselors had gone to counselors at out of state alcoholism treatment centers. This indicates that local resources for families of alcoholics are lacking.

RECOMMENDATIONS

1. Counselors need more information regarding the problems encountered by families of alcoholics.
2. Resources in other parts of Montana and in other states need to be identified.
3. A study to determine which counseling techniques are most effective with families of alcoholic is needed.
4. The public needs more information about the availability of local resources.

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APPENDIXES

Appendix A

Survey of Families of Alcoholics

I. Circle the answer that applies to you.

1. Age 11-20 21-30 31-40 over 40
2. Sex M. F
3. What is the relationship of the alcoholic to you?
- Son Daughter Mother Father
- Spouse Other (please specify) _____

II. Circle the number that you feel describes the alcoholic while drinking.

Key: 1 - Always 2 - Frequently 3 - Usually
4 - Sometimes 5 - Seldom 6 - Never

1. The alcoholic drinks every day 1 2 3 4 5 6
2. The alcoholic does things that are embarrassing to me 1 2 3 4 5 6
3. The alcoholic keeps his promises 1 2 3 4 5 6
4. The alcoholic passes out 1 2 3 4 5 6
5. The alcoholic experiences blackouts 1 2 3 4 5 6
6. The alcoholic has problems with the law in association with drinking 1 2 3 4 5 6
7. The alcoholic becomes physically abusive --
- a. toward me 1 2 3 4 5 6
- b. toward other family members 1 2 3 4 5 6
- c. Toward others outside the family 1 2 3 4 5 6

III. Circle the number that you feel best describes your feelings or actions before you came to Al-Anon.

Key: 1 - Always 2 - Frequently 3 - Usually
4 - Sometimes 5 - Seldom 6 - Never

- | | |
|---|---------------|
| 1. I love the alcoholic. | 1 2 3 (4) 5 6 |
| 2. I hate the alcoholic. | 1 2 3 (4) 5 6 |
| 3. I have no particular feeling toward the alcoholic. | 1 2 3 (4) 5 6 |
| 4. I invite my friends to my house. | 1 2 3 4 5 (6) |
| 5. I have considered leaving home. | 1 (2) 3 4 5 6 |
| 6. I have considered kicking the alcoholic out. | 1 (2) 3 4 5 6 |
| 7. I have considered suicide. | 1 2 3 4 (5) 6 |
| 8. I have left home. | 1 (2) 3 4 5 6 |
| 9. I have kicked the alcoholic out. | 1 2 3 (4) 5 6 |
| 10. I have attempted suicide. | 1 2 3 4 5 (6) |
| 11. I am ashamed of the alcoholic. | 1 (2) 3 4 5 6 |
| 12. I am afraid I might be crazy. | 1 (2) 3 4 5 6 |
| 13. I am angry with no apparent reason. | 1 2 3 (4) 5 6 |

IV. Have you ever consulted a counselor or other professional about your own problems?

(YES)

NO

If so, was it helpful?

YES

NO

Where? or What type of professional? _____

Appendix B

Survey of Counselors

Please respond by marking the appropriate space for each statement.

My job title is:

Alcoholism counselor _____

Social worker _____

Other (please specify) _____

The percentage of my clients whose lives have been affected by the drinking problems, or alcoholism, of a family member is:

0-9% _____ 10-24% _____ 25-32% _____

33-49% _____ 50-75% _____ over 75% _____

Circle the appropriate numeral indicating the strength of your agreement or disagreement with each statement.

Key: 1 - Strongly agree

2 - Agree

3 - Disagree

4 - Strongly disagree

When there is a drinking problem, or alcoholism, in the family, the other family members --

- | | | | | |
|---|---|---|---|---|
| a. stop inviting friends into the home. | 1 | 2 | 3 | 4 |
| b. are embarrassed by the drinker. | 1 | 2 | 3 | 4 |
| c. are ashamed of the drinker. | 1 | 2 | 3 | 4 |
| d. consider leaving home. | 1 | 2 | 3 | 4 |
| e. consider kicking the drinker out. | 1 | 2 | 3 | 4 |
| g. leave home. | 1 | 2 | 3 | 4 |
| h. kick the drinker out. | 1 | 2 | 3 | 4 |
| i. attempt suicide. | 1 | 2 | 3 | 4 |
| j. fear that they may be crazy.
(The family member, not the alcoholic) | 1 | 2 | 3 | 4 |
| k. are angry with no apparent reason. | 1 | 2 | 3 | 4 |

What program, if any, does your agency have for families of
alcoholics? _____

What local resources do you recommend for the families of
alcoholics? _____