Life Task Functioning of Adult Children of Alcoholics

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Chair: Rachelle J. Reinisch, DMFT
Reader: Ruth Buelow, DMFT

By:

Jamie Lea Hulm

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Abstract

The purpose of this paper was to review the difficulties in the functioning of Adult Children of Alcoholics (ACOA). Through the lens of Alfred Adler’s Individual Psychology, the specific concentration was on ACOA difficulties in the three Adlerian life tasks of social, work, and love. Life task functioning was discussed; however, limited research reported differences in deficiencies of life task functioning according to the ACOA’s gender. The limited availability of research involving gender differences in ACOA life task functioning indicated the possible need for further research. Further research regarding gender differences in ACOA life task functioning could allow for better understanding and treatment of the overall ACOA population.
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Life Task Functioning of Adult Children of Alcoholics

Abundant literature exists regarding Adult Children of Alcoholics (ACOAs). The literature reviewed for this project suggested that ACOAs are at an increased risk for a variety of negative outcomes (Gravitz & Bowden, 1987; Schroeder & Kelley, 2008). Several studies reported a specific set of characteristics and difficulties experienced by the ACOA population. Additionally, some studies maintained that these characteristics and difficulties are unique to the ACOA group (Black, 1982; Gravitz & Bowden, 1987; Woititz, 1983). A separate classification for ACOAs has been debated as research reported additional variables other than parental alcoholism may contribute to ACOA characteristics and difficulties (Hibbard, 1987). Despite the debate over whether the ACOA population should or should not be classified as a separate treatment group, it is important for treatment professionals to explore various psychological theories for better understanding and treatment of ACOAs. The theory explored in this paper is the Individual Psychology of Alfred Adler.

Limited studies maintained that female and male ACOAs presented different levels and types of deficiencies in the three Adlerian life tasks of social, work, and love (Domenico & Windle, 1993; Olmsted, Crowell, & Waters, 2003; Parker & Harford, 1988; Shainheit & Wright, 2012). It appears there is limited available research examining why there are differential impacts of parental alcoholism on male and female ACOAs in life task functioning. Additional research specific to understanding the life task functioning of male and female ACOAs may increase the effectiveness of treatment for both gender groups.
Children of Alcoholics (COAs)

During the 1970s, researchers and clinicians began referring to children of alcoholics (COAs) and adult children of alcoholics (ACOAs) when observation and research revealed that a child growing up in an alcoholic environment was especially susceptible to emotional, mental, physical, and spiritual problems (Gravitz & Bowden, 1987). Awareness about the effects of parental (or parental caregiver) alcoholism expanded over the years, and people began to recognize the term children of alcoholics or COAs. The National Association for Children of Alcoholics (2007) reported there were more than 20 million COAs in the United States. Nearly 11 million COAs were under the age of 18, and one of every four children lived in an alcoholic environment (Dehn, 2010; Schroeder & Kelley, 2008).

Although familiar with the terminology, many people may not fully understand the definition of COA or know exactly what it is that classifies someone as such. Black (1982) and Klostermann, et al. (2011) described COA’s as victims of an alcoholic family environment characterized by disruption, deficient parenting or parental role models, and distressed parent-child relationships. Alcoholism has been called the progressive family disease because it had a negative impact on relationships within the family and significantly impaired the functioning of all family members. Alcoholism frequently resulted in a chaotic, unpredictable, and dysfunctional family unit (Bartek, Lindeman, Newton, Fitzgerald, & Hawks, 1988; Pienkowski, 2014).

Deutsch (1982) reported that the emotional and physical distress created by growing up with an alcoholic parent or caregiver did not disappear when the child left home. The experience of growing up in a home without safety, stability, love, and support had far-reaching negative effects on the child and played a significant role in long-term impairments (Deutsch, 1982).
Bosworth and Burke (1994) observed that as COAs transitioned into adulthood, many did not realize the lasting effects of parental alcoholism. The emotional, mental, physical, and societal problems followed COAs into adulthood. Silverstein (1990) classified COAs as people who had been deprived of their childhood and carried the physical, emotional, and psychological scars into adult life.

**Adult Children of Alcoholics (ACOAs)**

The World Service Organization of Adult Children of Alcoholics (2016), the leading recovery organization for ACOAs, defined ACOAs as men and women who grew up in an alcoholic or otherwise dysfunctional home. Research and clinical observation findings revealed that when children grew up in an alcoholic environment, they were particularly vulnerable to a variety of difficulties later in life including isolation, intimacy problems, anxiety, low self-esteem, depression, and perfectionism (Ashby & Kottman, 1996; Jones & Kinnick, 1995; Klostermann et al., 2011). In addition to increased vulnerability to future difficulties, many ACOAs displayed a common set of characteristics.

Woititz (1983) identified 13 common ACOA characteristics based on clinical impressions made during ACOA treatment:

1. Adult children of alcoholics guess at what normal behavior is.
2. Adult children of alcoholics have difficulty following a project through from beginning to end.
3. Adult children of alcoholics lie when it would be just as easy to tell the truth.
4. Adult children of alcoholics judge themselves without mercy.
5. Adult children of alcoholics have difficulty having fun.
6. Adult children of alcoholics take themselves very seriously.
7. Adult children of alcoholics have difficulty with intimate relationships.
8. Adult children of alcoholics overreact to changes over which they have no control.
9. Adult children of alcoholics constantly seek approval and affirmation.
10. Adult children of alcoholics usually feel that they are different from other people.
11. Adult children of alcoholics are super responsible or super irresponsible.
12. Adult children of alcoholics are extremely loyal, even in the face of evidence that the loyalty is undeserved.
13. Adult children of alcoholics are impulsive. (Woititz, 1983, p. 4)

Woititz (1983) noted that these common characteristics were exhibited in many different areas of the ACOAs life and had a direct impact on behaviors and capacities such as self-esteem, feelings of significance, relationships, and feelings of belonging.

Deutsch (1982), stated that the effects of parental or caregiver alcoholism were wide reaching, significant, and long-lasting. Frequently, the effects of parental or caregiver alcoholism affected the entire family system and followed children into adulthood. Kaufman (1999) noted that the alcoholic family system was a social unit that resided within a larger social context. Therefore, it was important to view the effects of parental or caregiver alcoholism on COAs and ACOAs within a holistic social context. One such lens in which to view the long lasting effects of parental or caregiver alcoholism is through the lens of Alfred Adler’s Individual Psychology (Ansbacher & Ansbacher, 1956).

**Individual Psychology**

Individual Psychology is the psychological theory founded by psychiatrist Alfred Adler (Fall, Holden, & Marquis, 2002). In developing the concept of Individual Psychology, Adler took a holistic approach to the study of character (Mosak & DiPietro, 2006). Adler’s holistic
approach was to view the individual within his or her environment or social context. Adler identified the earliest form of an individual’s social context as the family system (Adler Graduate School, 2016). The focus of Individual Psychology included parenting and the impact of childhood development on one’s view and overall approach to society and self (Adler Graduate School, 2016).

Adlerian psychology assessed the individual’s efforts to compensate for self-perceived inferiority to others and the striving toward a goal of significance, superiority, or success (Ansbacher & Ansbacher, 1956; Pienkowski, 2014). Adler suggested that all human beings had feelings of inferiority and would seek to compensate for these inferior feelings. Adler believed individuals would choose to compensate for their perceived inferiority either on a socially interested (well adjusted) trajectory or a self-serving (maladjusted) trajectory (Ansbacher & Ansbacher, 1956). Adler hypothesized that exaggerated feelings of inferiority existed as a result of one's early childhood experiences, family constellation (or family relationships), a specific physical condition, or a general lack of social feelings toward others (Ansbacher & Ansbacher, 1956; Pienkowski, 2014).

**Striving and Social Interest**

Ansbacher and Ansbacher (1956) stated that Individual Psychology stressed the importance of early childhood experiences within the family system. Alfred Adler ascertained that all children needed parental encouragement and a strong sense of security to be fulfilled and optimistic. Adler also maintained that every human being’s basic desire was to belong and to feel significant. Connectedness and cooperation were the basic foundations for the development of what Adler called healthy striving and social interest (Ansbacher & Ansbacher, 1956). According to Adler, when individuals felt encouraged, they felt capable, appreciated, and acted
in a connected and cooperative way. Thus, when children felt valued, significant, and competent, they would express and accept encouragement, have respect for themselves and others, and develop a sense of belonging and significance. Adler theorized that when children felt valued it would lead to normal adjustment with a healthy sense of striving and social interest (Ansbacher & Ansbacher, 1956). Adler held that well-adjusted children would grow into individuals possessing the courage and ability to master life's tasks successfully through healthy striving and social interest on the useful side or the side that contributes to the community as a whole (Griffith, & Powers, 2007).

Adler defined social interest, translated from the German term *gemeinschaftsgefühl*, or *community feeling* as “a feeling of community, an orientation to live cooperatively with others, and a lifestyle that values the common good above one’s own interests and desires” (Guzick, Dorman, Groff, Altermatt, & Forsyth, 2004, p. 362). Adler cited the development of a child’s social interest as central to his or her healthy adjustment and ability to function in a positive manner in society (Ansbacher & Ansbacher, 1956). Adler hypothesized that the lack of a child’s positive social feeling promoted self-centered interests, insignificance, and feelings of inferiority that led to maladjusted striving and superiority over others (Ansbacher & Ansbacher, 1956).

Adler ascertained that a misbehaving or maladjusted child was a discouraged child who had not received encouragement and security from his or her family system (Ansbacher & Ansbacher, 1956). Stein and Edwards (2002) wrote that when children did not experience love and respect they became discouraged. Furthermore, when children became discouraged, this led to exaggerated feelings of inferiority. When children felt exaggerated feelings of inferiority, they developed defense mechanisms and *safeguarding behaviors* (Pienkowski, 2014). For example, children attempted to distance themselves from life’s challenges through hesitating or
not taking action, halting or stopping action, and detouring or retreating from the action, to avoid potential feelings of failure or inadequacy (Carlson, 2005; Stein & Edwards, 2002). Griffith and Powers (2007) reported that Adler believed safeguarding behaviors could also be exhibited as anxiety, panic attacks, or even paralysis.

Ansbacher and Ansbacher (1956) stated Adler believed that in an effort to move from feeling inferior to feeling superior, the discouraged child would engage in competitive or aggressive acts rather than strive towards mastery of life’s tasks and overcome obstacles. Adler maintained that this discouraged child would develop a private meaning about life where personal superiority and goals had meaning and benefit solely to him or her. Adler also referred to this private meaning of life as an individual’s life style. Adler asserted that for the discouraged child, a life style following a trajectory of personal superiority over others, rather than over life tasks, would continue into adulthood. Adler maintained this abnormal or maladjusted striving was a sign of underdeveloped social interest in childhood (Stein & Edwards, 2002).

**Striving and social interest in ACOAs.** The dysfunctional family environment of an alcoholic home often failed to provide the nurturance, safety, love, and support a child needed. Alcoholic caregivers failed to set consistent limits and often provided inconsistent routines, parenting, and discipline (Bartek et al., 1988). COAs experienced disruption and conflict in their everyday lives. Normal routines were often interrupted by unexpected and frightening experiences such as family violence (Bartek et al., 1988). Family violence may have manifested as aggression between parents or the mistreatment of children (Kelleher, Chaffin, Hollenberg, & Fischer, 1994). The National Association for Children of Alcoholics (2008) reported that 3 out of 4 (71.6%) child welfare professionals cited substance abuse as the top cause for a significant rise in child maltreatment since 1986. Among confirmed cases of child maltreatment, an
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estimated 40% or 480,000 children were mistreated each year by a caretaker with substance abuse problems (Dehn, 2010).

Parental substance abuse was associated with deficient parenting, including deficient monitoring, decreased emotional support, and insecure attachment (Bartek et al., 1988). Nodar (2012) stated that many alcoholic parents had difficulty with physical and emotional availability to their children. The parent-child relationship in an alcoholic home was often troubled and lacked secure attachment. Bowlby (1969) described attachment as the bond children form with their caregivers. This attachment bond could range from secure to insecure depending on the caregiver’s availability and willingness to meet the child’s physical and emotional needs. Johnson and Pandina (1991) stated that COAs reported a lack of feelings of attachment to their parents. COAs identified their parents as tense, moody, and unreliable. When compared to the non-COA control group, COAs reported that their relationship with their parents had less happiness, affection, trust, security, and understanding. Bowlby (1969) linked insecure childhood attachments to dysfunctional attitudes, low self-esteem, and difficulty in interpersonal relationships. In addition, insecure attachments placed COAs at an increased risk for a range of adjustment disorders including anxiety and depressive symptoms.

Dawe and Harnett (2008) reported that environmental chaos, lack of parental predictability, and insecure parental attachments made COAs vulnerable to a range of emotional, mental, physical, and societal problems. COAs struggled with constant feelings of shame, fear, guilt, insecurity, anger, and confusion (Deutsch, 1982). The stress and dysfunction of the COAs home environment increased the risk of developing significant mental health issues (e.g., anxiety and depression). Dehn (2010) stated that The National Association for Children of Alcoholics reported that over 50% of children hospitalized for psychiatric disorders were children of
addicted parents. Berger (1993) stated that many COAs had common symptoms such as low self-esteem, loneliness, guilt, feelings of helplessness, and fears of abandonment. Frequently, symptoms manifested as obsessive perfectionism, phobias, hoarding, isolation, or excessive self-consciousness (Silverstein, 1990, p.75). Bartek et al. (1988) reported that COAs experienced more illness, substance and alcohol abuse, serious accidents or trauma, and use of the health care system than non-COAs. Cochran (2014) stated that COAs were more likely to become adult alcoholics than non-COAs. Additionally, Silverstein (1990) found that the effects of parental alcoholism contributed to behavioral and social problems.

COAs frequently had problems with emotion regulation and impulse control which contributed to behavioral problems such as lying, stealing, fighting, and truancy (Silverstein, 1990). Berger (1993) reported that COAs frequently experienced academic and adjustment problems in school. The chaotic and dysfunctional environment of an alcoholic home prevented COAs from studying while feelings of low self-worth, mistrust, and shame created difficulties in developing relationships with peers and teachers. A survey by the United States government revealed that 30 percent of young women who did not complete high school were raised in an alcoholic family. In addition, only 20 percent of the young men from alcoholic families attended college (Heffner, 2003).

Stein and Edwards (2002) wrote that Adler believed children learned how to master life tasks through the support and encouragement received from their parents. Adler identified the preliminary life tasks to be mastered in childhood as friendship, school, and relationship to the opposite sex (Ansbacher & Ansbacher, 1956). Adler believed that with a solid foundation of respect, cooperation, and interdependence, children would grow to successfully manage the three adult tasks of life: relationship or community, occupation or work, and love (Carlson, Watts, &
Maniacci, 2006). Adler stated that parental support and encouragement would lead to feelings of belonging and significance. When children felt significant, they developed the courage to grow and use their gifts and talents to benefit themselves, their families, and society (Stein & Edwards, 2002). According to Adler, social interest embodied the desire and ability to use personal gifts and talents to benefit others. At the same time, the child would strive toward a goal that served to meet the demands of the three life tasks of relationship or community, occupation or work, and love (Ansbacher & Ansbacher, 1956).

According to Adler’s Individual Psychology, it would make sense that many COAs transitioned into adulthood with feelings of insecurity, inferiority, a lack of social connectedness, and a misdirected striving for significance and belonging (Pienkowski, 2014). COAs lacked healthy parental role models to provide support and encouragement and grew up in an environment that was often unpredictable, volatile, and chaotic in nature (Scheitlin, 1990). The lack of healthy parental role models and the inconsistent environment of an alcoholic home did not provide the safety, belonging, and significance that was essential to developing the courage needed to master the preliminary childhood life tasks successfully. Having failed to master the childhood life tasks, COAs transitioned into adult life lacking the courage to master the adult life tasks (Ansbacher & Ansbacher, 1956). As a result, Deutsch (1982) reported that COAs transitioned into adult life with constant feelings of shame, fear, guilt, insecurity, anger, and confusion. In addition, feelings of shame, fear, guilt, insecurity, anger, and confusion contributed to the ACOAs inability to develop feelings of connectedness and a desire to contribute to society. According to Adlerian theory, without a sense of significance and belonging, COAs lacked social interest and developed conscious and unconscious goals that were self-centered and emotionally or materially exploitive of other people (Ansbacher &
Ansbacher, 1956). Additionally, Adler would say that this striving on the commonly useless, or self-serving side, would put COAs at an increased risk of becoming maladjusted and unable to manage the three adult tasks of life: *social task, love task, and work task* (Carlson et al., 2006; Griffith & Powers, 2007; Schroeder & Kelley, 2008).

**Adlerian Life Tasks**

Ansbacher and Ansbacher (1956) wrote that in alignment with a holistic approach, Adler explicitly expressed that the division of the three primary life tasks of relationship or community, occupation or work, and love was made in order to understand and examine the challenge of living. Adler asserted that the individual or life tasks were not meant to be examined or viewed separately. All three life tasks were to remain anchored to social interest by the primary goal of living a communal life. As previously discussed, Adler maintained that in order for an individual to master these life tasks he or she would need a childhood foundation inclusive of safety, belonging, and significance. According to Adler, these feelings would come from the individual’s original social context, or family system, and would promote an overall sense of community feeling. This community feeling, or social interest, would give the individual the courage to strive to master life challenges (or tasks) in a socially useful way. Adler maintained that normal adjustment, well-being, and mental health were dependent on working toward a satisfying and meaningful solution to the three adult tasks of life (Griffith & Powers, 2007).

**Social Task**

Ansbacher and Ansbacher (1956) wrote that within the context of Adlerian theory, all individuals were social beings with an innate desire for feelings of belonging. Hartshorne (1991) stated that Adler defined the social task as the ability to learn to cooperate with others while fulfilling the desire for a sense of belonging. Adler asserted that people were not created to live
alone without the support of others. Therefore, it was imperative that one learned how to adjust socially and get along with others. Adler insisted that a person’s very existence (and society in general) depended upon the mastery of communal living. To this extent, Adler maintained that one’s health or adjustment could not be viewed in an individual or singular context. That is, health and adjustment should be viewed in the context of how one interacted with society as a whole (Hartshorne, 1991).

Hartshorne (1991) outlined Adler’s criteria for which to gauge an individual’s mastery over the social task of life. The first criteria Adler cited was the ability to have wide and fruitful contact with others. The second criteria was the desire and ease at which one established contact with others. The third criteria included traits of fidelity, reliability, and readiness for cooperative action. Adler’s fourth and final criteria for the mastery of the social task of life was an individual’s overall concern for fellow human beings and society in general.

**Social task and ACOAs.** Ross and Hill (2001) reported that the unpredictable, volatile, and chaotic nature of the alcoholic home affected the self-esteem and sense of belonging of ACOAs. As children, ACOAs often did not receive the nurturance and modeling of cooperation needed in order to develop a strong foundation for feelings of belonging. ACOAs reported that as children they felt different from their peers and often questioned the normalcy of their family environment. Woititz (1983) reported that ACOAs had to guess what normalcy was and relied heavily on what they observed from others around them (e.g., friends or television shows). ACOAs reported that even as adults they continued to question the meaning of normalcy and continued to feel as though they did not fit in with peers or society in general (Ross & Hill, 2001). Heffner (2003) reported that the volatile and often abusive behavior of the alcoholic further damaged the sense of significance and belonging of the ACOA.
Berger (1993) found that many ACOAs grew up harshly criticized by the alcoholic. This criticism led ACOAs to believe they were bad, worthless, useless, and unwanted. As children, many ACOAs took on a caretaker role in order to create a sense of significance and belonging. He or she made efforts to placate the alcoholic or to lessen the conflict within the family environment. For example, ACOAs tried to fix the alcoholic, situation, or other family members. When unable to fix things, ACOAs may have felt as though they fell short, which led to additional feelings of worthlessness or uselessness (Berger, 1993). Additionally, many COAs blamed him or herself for the alcoholic’s behavior or other bad things that happened in the family environment (Heffner, 2003). The unstable and critical nature of the alcoholic environment had long lasting effects on the COA. Woititz (1983) found that many ACOAs continued to be unsure of the definition of normal behavior. ACOAs often judged themselves without mercy and usually felt that they were different from other people. Woititz (1983) reported that self-judgment promoted ongoing difficulties with self-esteem and perfectionism and made it difficult for ACOAs to develop healthy social and romantic relationships.

**Social task, ACOAs, and gender.** Domenico and Windle (1993) reported that female ACOAs felt less social fulfillment than male ACOAs. Parker and Harford (1988) hypothesized that the deficiencies in social functioning contributed to higher levels of depression and lower levels of self-esteem in female ACOAs compared to male ACOAs. Furthermore, female ACOAs had more difficulty with integration into larger social groups, reported lower levels of social connectedness, and reported less emotional closeness with significant others than male ACOAs.
Love Task

Adler described love tasks as one’s enthusiasm for building a positive and cooperative alliance between oneself and the opposite sex (Carroll, 1999). Griffith and Powers (2007) wrote that Adler believed children first experienced this positive and cooperative alliance through the intimacy of feeding. Adler stated that as the child developed, he or she would then gather conscious and unconscious impressions of what it meant to be a man or a woman. As a result, children would form ideas about relationships between the sexes based on the parent’s ability to model encouragement and cooperation in coupleship and marriage. In addition to relationship modeling, Adler maintained that it was imperative that the child received direct encouragement, parental guidance, and that he or she observed community feelings modeled by his or her parents in order to have the courage to face the challenges of adolescence and adult sexuality.

Ansbacher and Ansbacher (1956) stated that Adler insisted a child who was subjected to extreme stresses, suffered abuse and neglect, and felt hated or unwanted, would develop excessive feelings of inferiority. Without encouragement from parents and the fostering of community feeling, the child would become discouraged and unable to believe in his or her ability to master the task of love on a socially useful side. Lacking the courage to master the life task of love, an individual would seek to fix their feelings of inferiority through self-serving goals. This individual would then turn to maladjusted behaviors such as a hesitating attitude, compulsions, disorders, or hostility toward others. Adler maintained that any of these maladaptive behaviors would create significant barriers in the ability of the individual to master the life task of love (Ansbacher & Ansbacher, 1956; Pienkowski, 2014).

Love task and ACOAs. Heffner (2003), reported that without modeling of healthy relationships or family roles as children, ACOAs did not know how to develop and maintain
healthy relationships. Through environmental conditioning, the ACOA learned that people were untrustworthy or unreliable. Because of this lack of trust, many ACOAs would not become emotionally invested in people and shut themselves off from others to protect their feelings. Additionally, growing up with inconsistent rules, expectations, and constant criticism led the ACOA to become indecisive and unsure of him or herself. This indecisiveness and uncertainty of self and others made it difficult for ACOAs to establish boundaries and appropriate expectations (Swisher, Wekesser, & Barbour, 1994). Similarly, Berger (1993) reported that this uncertainty caused many ACOAs to seek approval and affirmation habitually from others and need others to tell them if what he or she was doing was right or wrong. Seeking approval from others could result in unhealthy dependence or co-dependence on others.

As children, many ACOAs became accustomed to caring physically or emotionally for the alcoholic or other family members. Swisher et al. (1994) reported that this caretaking, or super responsible behavior, continued into adulthood and took on the form of extreme loyalty although that loyalty could be detrimental to the ACOA. Silverstein (1990) reported that as children, many ACOAs engaged in the family denial and minimization of the alcoholic’s use and behaviors. This denial and minimization conditioned the ACOA to lower his or her expectations of others. As a result, many ACOAs entered into relationships with addicts, abusive partners, or otherwise unhealthy relationships (Swisher et al., 1994). Heffner (2003) found that the lack of healthy modeling of relationships and family roles had a long-lasting negative impact on the intimate relationships of ACOAs. Adler maintained that along with the innate desire for feelings of belonging, humans also desired the feeling of significance.

**Love task, ACOAs, and gender.** Shainheit and Wright (2012) reported that compared to male ACOAs, female ACOAs showed increased levels of maladaptive social disconnection in
areas such as emotional deprivation and inhibition, mistrust, social isolation, and feelings of defectiveness. Compared to female ACOAs, male ACOAs showed impaired levels of autonomy including dependence, enmeshment, fear of failure, vulnerability, and abandonment (Shainheit & Wright, 2012). As reported by Olmsted et al. (2003) and Schroeder and Kelley (2008), a male ACOA would have an increased risk of becoming an alcoholic, and a female ACOA would have an increased risk of marrying an alcoholic. For both male and female ACOAs, the deficiencies in love task functioning had a harmful impact on interpersonal functioning and interpersonal relationships (Shainheit & Wright, 2012).

**Work Task**

Griffith and Powers (2007) suggested that Adler’s work life task was not just limited to one’s occupation, accumulation of wealth, or status. Adler’s work life task encompassed the contribution one made to the world at large while at the same time finding a way in which one was able to survive and thrive. According to Adler, the work task was not only money related but included all forms of obligation and responsibility. For students, work task was school and other responsibilities. For adults, work task might be one’s career and corresponding job satisfaction (Griffith & Powers, 2007).

Stone (2007) stated that in order to successfully master the work task, Adler believed one must experience a feeling of community. Adler maintained that life was made possible by the work of others and that all people needed to offer something in exchange for that work for life to be fulfilling. For example, a parent’s work benefits a child, a teacher’s work benefits a student through instruction, a nurse’s care benefits the patient, and so forth. Adler stressed that the key to mastering the life work task was to strive for success in one’s work without seeking to make
work solve unrequited needs from childhood. Furthermore, mastery of the life work task would not involve the need to compensate for excessive feelings of inferiority (Pienkowski, 2014).

Adler identified excessive childhood feelings of inferiority as the primary cause of maladaptive work task behaviors. Adler argued that deep-seated feelings of inferiority would lead to an irrational desire for superiority over others. Childhood anxieties about achievement would lead to safeguarding behaviors such as hesitating, halting, or giving up, which could contribute to joblessness (Carroll, 1999; Pienkowski, 2014). Adler maintained that the quality of one’s work, both adaptive and maladaptive, was the result of the fostering, or lack of fostering, of personal significance in childhood and would determine an individual’s desire to engage in meaningful work and contributions to society (Dinkmeyer & Dinkmeyer, 1984).

Work task and ACOAs. Cermak (1984) stated that growing up in an environment that offered little or no predictability and limited control and safety often left the ACOA longing for control. Many ACOAs needed to know what was going to happen, how it was going to happen, and when it is was going to happen in order to feel safe. Some ACOAs became overly responsible for people, places, and things in an effort to bring structure into their adult lives. ACOAs often became rigid, disliked change, and overreacted to changes over which they had no control (Cermak, 1984). As children, ACOAs were often worried, lived in fear, and had excessive expectations (Heffner, 2003). Many ACOAs were forced to become overly responsible for tasks or care for the alcoholic or other family members, which left little or no time to enjoy the activities of their peers.

Stone (2007) stated that Adler believed over-responsibility could lead to the stifling of needed creativity to address the task of work. Adler asserted that over-responsibility stifled a child’s freedom to think about (or perceive) what his or her interests would be. Adler argued that
this stifling of a child’s freedom prohibited exploration of unique gifts and prevented the development of future contributions or occupations. Consequently, as adults, many ACOAs reported they found it difficult to relax or have fun and often admitted they took themselves too seriously (Heffner, 2003). Many ACOAs tended to follow strict schedules, aimed for order, control, and perfection. Many ACOAs became workaholics with a need for control and predictability. In addition, some ACOAs struggled with anxiety, obsessive-compulsive disorders (OCD), perfectionism, and eating disorders (Berger, 1993).

Ross and McDuff (2007) observed that rather than assume a super responsible role, some ACOAs engaged in under functioning or behaviors that had been modeled by his or her addicted parent. For example, many ACOAs engaged in abuse of alcohol or drugs or developed other behavioral addictions. Similarly, Heffner (2003) reported that ACOAs were four times more likely than non-ACOAs to become alcoholics. As children, many ACOAs observed conflict and erratic behaviors from the alcoholic. Without effective parental modeling of emotional regulation skills, some ACOAs reacted impulsively to situations and became emotionally driven without consideration for alternative behaviors or possible consequences (Heffner, 2003). Frequent interruptions, erratic behaviors, and the alcoholic’s unpredictable actions disrupted normal schedules, tasks, and routines in an alcoholic home. As a result, some ACOAs found it difficult to follow through and complete a task (Ross & Hill, 2001). Heffner (2003) reported the lack of emotion regulation skills and self-directedness often led ACOAs to develop additional negative emotions (e.g., confusion, self-loathing, and perceived loss of control over the environment) which led to negative consequences such as job loss or chronic unemployment.

**Work task, ACOAs, and gender.** Shainheit and Wright (2012) reported that compared to female ACOAs, male ACOAs showed increased levels of maladaptive exaggerated standards
of others. The maladaptive standard focused on the promotion of self-interest and self-assertion rather than community interests. Also, male ACOAs displayed higher levels of impaired self-control and maladaptive feelings of entitlement while female ACOAs maladaptive exaggerated standards manifested in increased levels of self-sacrifice and unrelenting exaggerated standards towards self. Heffner (2003) found that both male and female ACOAs could respond to parentification in childhood by becoming over-functioning children who evolve into workaholics or codependent adults.

Olmsted et al. (2003) stated that men are more likely to respond to feelings of inadequacy by drinking and eventually becoming alcoholics. Historically, drinking has been considered an appropriate activity for men but not for women. Additionally, parentification in male ACOAs could result in over-functioning and manifest in workaholic tendencies or an exaggeration of the breadwinner role which has been largely accepted, and even applauded, in our society. In contrast to men's roles, caregiving is traditionally considered the work of women, and despite changes in women's roles in the paid workforce, women continue to be both emotional and physical caregivers within the family (Olmsted et al., 2003). Over-functioning for female ACOAs may take the form of exaggerated caregiving or codependency such as caring for an alcoholic spouse rather than the alcoholic parent. Shainheit and Wright (2012) hypothesized that the deficiencies in female ACOAs work task functioning contributed to higher levels of depression. Deficiencies in male ACOAs work task functioning contributed to the exaggerated need for control.

**Discussion**

As stated above, the literature reviewed in this paper suggested that life task functioning in both sexes was significantly affected by parental alcoholism (Deutsch, 1982). Adler may have
posited that these individuals had not received the feelings of belonging, significance, or community feeling from their childhood family system (Ansbacher & Ansbacher, 1956). Thus, Adler would argue, these individuals would be compelled to compensate for early childhood feelings of insignificance and lack of belonging by developing goals of exaggerated significance or superiority over others. Rather than seek to overcome feelings of inferiority through mastery of life tasks, these individuals would engage in forms of safeguarding behaviors such as hesitating, halting, giving up, or obsessive pursuit of personal gain (Ansbacher & Ansbacher, 1956; Pienkowski, 2014). Adler maintained that these maladjusted goals of exaggerated significance and superiority were at the root of developmental and behavioral disorders.

**Classification and Treatment of ACOA Population**

Existing literature on alcoholism created increased awareness about the effects of growing up in an alcoholic environment, and the long-term impairments children carry into adult life (Deutsch, 1982). As awareness expanded about the difficulties ACOAs experienced, more and more helping professionals began treating those who identified themselves as ACOAs (Hibbard, 1987). As this treatment population grew, increased debate ensued among researchers and helping professionals regarding the diagnosis and treatment of ACOAs.

Many researchers and helping professionals noted common pathology or difficulties, as well as common characteristics, among the ACOA population. This observation led some professionals to suggest that these common difficulties and characteristics warranted a separate diagnostic classification (Hibbard, 1987). Seefeldt and Lyon (1992) argued that a list of common characteristics failed to distinguish ACOAs from other diagnostic groups. Rather, some people experienced the *Barnum effect* or the tendency to accept information as true (such as character assessments) with vague information that could apply to anyone. Additionally, some
professionals argued that there was a lack of evidence that the ACOA group was diagnostically
different from other groups of individuals suffering from developmental deficiencies (Hibbard,
1987). The debate included other professionals who agreed that ACOAs displayed a common
pathology that warranted a separate classification but could not agree on the specific diagnosis or
treatment of the ACOA population (Hibbard, 1987).

Although not all helping professionals agreed upon the need for a specific diagnosis,
classification, theoretical framework, or type of treatment for the ACOA population, it was
agreed upon that the effects of parental alcoholism were evident with the emotional and
psychological difficulties following COAs into adult life. These far-reaching and lasting
emotional and psychological effects for all members of the family led many professionals to
consider alcoholism a family disease (Bartek et al., 1988; Pienkowski, 2014). Similar to Adler,
Bowen (1974) stated that individuals cannot be understood in isolation from one another.
Instead, individuals must be understood as a part of a family unit or system. Bowen believed
that the family system was made of interconnected yet interdependent individuals, none of whom
could be understood in isolation from the family system or unit (Bartek et al., 1988). Because of
this systemic family view, much of the past and current treatment of the ACOA population had
been from a family systems approach (Bartek et al., 1988).

**Individual Psychology and Treatment of ACOAs**

Adler agreed with the interconnectedness of human beings and viewed the family as an
individual’s original social context (Ansbacher & Ansbacher, 1956). The theoretical framework
of Alfred Adler’s Individual Psychology was founded on a holistic theory of personality,
psychopathology, and psychotherapy that was connected to a humanistic philosophy of living
(Adler Graduate School, 2016). Other humanistic theories include existential and gestalt
counseling, which focus on the potential of an individual to actively choose and make decisions about important life matters (Barry, 1999). Adlerian Individual Psychotherapy encourages clients to overcome their feelings of inferiority, develop deeper feelings of connectedness, and strive for significance in a manner that benefits society. Clients are encouraged and challenged to correct mistaken assumptions, attitudes, behaviors, and feelings about themselves and the world (Adler, 1927).

Adler believed that all humans had a common desire to belong and to feel significant (Adler, 1927). According to Adler, when people feel encouraged, they feel capable and appreciated and will act in a connected and cooperative way. However, when people are discouraged, they may act in an unhealthy manner by competing, withdrawing, or giving up. From an Adlerian Individual Psychology perspective, it is imperative to offer encouragement when assisting clients in their efforts to overcome life’s challenges or master life tasks. Therapeutic encouragement leads to an increase in the client’s confidence. A byproduct of the individual’s growth in confidence is a greater desire and ability to cooperate with others. Cooperation with others leads to the primary goal of Adlerian individual therapy: social contribution (Adler, 1927).

Adlerians focus on understanding the private beliefs an individual has created about self, people, places and things. It is the individuals private beliefs that drive the lifestyle. These private beliefs and lifestyle are what color the individual’s viewpoint and compel the individual’s behaviors. From an Adlerian perspective, it is important for a helping professional to assist ACOAs in the evaluation of early life experiences, in the assessment of maladaptive behavior patterns, and in exploring the way in which the individual attempts to achieve feelings of significance and belonging (Adler, 1927).
Implications for Practice

Adlerian Individual Psychology could be applicable to the treatment of ACOAs in many ways. Applying Adlerian theory to a family system that experiences parental alcoholism could assist helping professionals to normalize individual behaviors within the dysfunctional family system. Helping professionals may be able to normalize how behaviors or characteristics once served the individual within the family unit. Furthermore, helping professionals may explore behaviors and characteristics and how they currently serve to compensate for feelings of insignificance and the desire for belonging (Pienkowski, 2014). This normalization, through the lens of Adlerian Individual Psychology, may allow individuals and others to see themselves from a different perspective. For example, clients could begin to understand how dysfunctional behaviors served a purpose in the alcoholic family system. This understanding may remove some of the shame and self-blame. Additionally, clients might come to realize that the dysfunctional behaviors that once served them have now become maladaptive behaviors. This awareness can be a valuable tool for helping families and individuals move from feelings of shame and blame to correcting the mistaken beliefs and maladaptive behaviors.

As noted above, Adlerian Individual Psychology could be applied and utilized in any helping profession working with ACOAs and their families. As previously discussed, every person in an alcoholic family plays a role in the family dysfunction (Deutsch, 1982). From a holistic perspective, therapeutic interventions should be directed at the functioning patterns of the entire family. All members of the family should be encouraged to modify dysfunctional behaviors. Every small adjustment in individual behavior may have an impact on the entire system. Therefore, individual behavior changes could help all members within the system, including the alcoholic, even if the alcoholic makes no adjustment to behavior or alcohol use.
When applying Adlerian Psychology, the helping professional should keep Adler’s (1927) six critical principals in mind:

1) Unity of the Individual

Thinking, feeling, emotion, and behavior can be understood through observation of the individual’s style of life or way of dealing with life.

2) Goal Orientation

All behavior is a future-oriented striving toward a goal of significance, superiority, or success. In the well-adjusted individual, it is the movement towards socially useful significance or superiority over life tasks. In the maladjusted individual, it is a movement toward exaggerated significance or superiority over others which will direct all behavior patterns and ultimately indicates the individual’s unconscious fictional goal.

3) Self-Determination and Uniqueness

An individual’s fictional goal is influenced by many factors including experiences, perceptions, hereditary, and even cultural factors. Helping professionals can gather information such as birth order, repeated coping patterns, and early childhood memories that infer the possible fictional goal from which to form a working hypothesis.

4) Social Context

Individuals are a part of larger system including family, the community, all of humanity, the planet, and the cosmos. Within these systems, individuals must contend with three important life tasks: occupation, love and sex, and relationship with other people. An individual’s way of responding to their first social system, the family constellation, may become the prototype of their world view and attitude toward life.
5) The Feeling of Community

Every human being has the capacity for learning to cooperate within society and a desire for social connectedness or belonging. Social interest must be developed and fostered in order for an individual to have a sense of belonging and to cooperate within society.

6) Mental Health

Human connectedness or feelings of belonging and a willingness to contribute to the welfare of others are the main criteria of well-adjusted mental health. When these qualities are absent, the individual will develop an unconscious fictional goal that is self-serving and maladjusted.

With these concepts in mind, helping professionals should consider treatment plans for the ACOA population that addresses both the feelings of inferiority and the lack of belonging or community that was not available in the dysfunctional alcoholic family system (Pienkowski, 2014).

**Recommendations for Future Research**

The research reviewed in this paper identified some important issues relevant to ACOAs. Simultaneously, the literature raised additional questions about best practices regarding diagnostic criteria, gender differences, theoretical application, and treatment options for the ACOA population. Significant deficiencies in the life task functioning of the ACOA population were noted; however, literature revealed that there is still much debate among helping professionals regarding specific diagnostic criteria for the ACOA population (Deutsch, 1982; Hibbard, 1987; Seefeldt & Lyon, 1992). Research presented (Domenico & Windle, 1993; Olmsted et al., 2003; Parker & Harford, 1988; Shainheit & Wright, 2012) suggested that female and male ACOAs suffered different effects of parental alcoholism and displayed different
deficiencies in life task functioning. Additionally, Olmsted et al. (2003) suggested that social factors may contribute to the gender differences in life task functioning within the ACOA population. While reviewing the literature on ACOA deficiencies in life task functioning, there appeared to be significant research comparing ACOAs to non-ACOAs; however, limited research was available regarding the effects of parental alcoholism according to the ACOA’s gender. Based on these findings, a closer examination of the mechanisms that contribute to deficiencies in life task functioning for female and male ACOAs, and the mediating or moderating influences associated with ACOA gender status, calls for further exploration.

In addition to research regarding diagnostic criteria, it may be beneficial to conduct research with ACOAs and the use of additional theoretical approaches. For example, Adler’s Individual Psychology could assist helping professionals with providing an alternative framework for understanding the maladaptive behaviors of ACOAs and assist in the exploration of alternative treatment options for the ACOA population. Research and exploration of additional classifications, theoretical frameworks, and gender differences within the ACOA population would be useful to both researchers and helping professionals in creating diagnostic criteria and providing evidence-based treatment and practices for the ACOA population (Bartek et al., 1989; Cochran, 2014; Hall & Webster, 2007; Hibbard, 1987; Olmsted et al., 2003).
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