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An Alternative Understanding of the Cognitive, Emotional, and Behavioral Characteristics of Individuals Raised in Alcoholic Homes: A Clinical Theory of the Individual

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ABSTRACT

Historically, clinical sociology has assessed problematic, individual behavior as reflective of immediate social circumstance and situation. As such, practitioners have primarily targeted situational factors contributing to individual distress as areas of intervention. The following paper, however, views problematic, individual behavior as having social origins, yet targets strategies for intervention not at the interpersonal level, but at the intra-personal level—"within" the individual. The logic behind this argument is found in traditional, well-established sociological theory. An analysis of individuals raised in alcoholic homes will be used to demonstrate this perspective.

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Clinical treatment of the individual from a sociological perspective has centered around the individual's "situatedness" within social context (see Swann, 1984). Intervention strategies have accordingly sought solutions through clarification of social context, and ultimately, one's relation to social structure. The emphasis has primarily been on "external" social factors that contribute to problematic behavior for the individual. This is to be expected, due not only to the nature of the discipline, but also to the nature of social reality. This, of course, is not always the rule, nor does this mean that clinical sociology does not address the individual in the context of intervention (see Hall, 1990, and Straus, 1985, for examples).

The following is a clinical theory that finds as its focus of intervention the individual him or herself. This theory proposes strategies that address the treatment of an internalized, unfulfilling social reality. This perspective differs somewhat from other applications of clinical theory, as it places the cause of present problematic behavior not on immediate social situations, nor on current social relationships, but directly on the individual. This is not, however, an example of "blaming the victim." Rather, it is a theory of how the process of primary socialization can result in the internalization of troublesome cognitions, emotions, and behaviors, using as its population of analysis individuals raised within alcoholic homes. Further, this study reveals how these problematic phenomena are maintained and repeated within the course of individuals' lives.

This analysis delves into what has traditionally been considered the jurisdiction of psychology, yet it reaches an understanding of the individual, not through psychological concepts, but rather via traditional, well-established sociological theory. The intention is to affirm the legitimacy of sociology as a means of studying the totality of the individual and to further the clinical endeavor of developing effective and meaningful interventions.

For this analysis, the ideas, concepts, and theories of Mead (1934), Thomas (1923), Cooley (1902), Shibutani (1961), and Berger and Luckmann (1966) will be used. Each theorist's contribution will be examined briefly, with a description of his ideas. These particular theorists were selected because their respective ideas are crucial to the understanding of individual dynamics, but the analysis presented here is not the only one theoretically possible, and other theoretical frameworks would certainly contribute to and benefit the discipline.

Concurrently, the perspective used for the analysis is not one that is exclusive to the population studied (individuals raised within alcoholic homes). This theoretical perspective can be utilized as a clinical framework for other populations or individuals with abusive, unhealthy family histories.

Theoretical Perspectives

Role/Attitude Taking

George Herbert Mead (1934) argued that the development of mind and self is inherently a social process. One is equipped with the biological readiness to acquire mind and self, but they arise only through the mediation of interaction with others.

Mead placed primary importance on language as the vehicle that gives rise to both mind and self because it allows for shared, meaningful gestures between individuals. Language becomes a verbal gesture which brings out in a person the same response that is expected of others, allowing that person to see him or herself reflexively. The importance of this is that individuals are then able to see themselves as objects. This is the foundation for the recognition of selfhood—awareness of self as a separate object.

An individual also has the capacity to take on the roles and attitudes of others, and by doing so is able to become an object in relation to self as reflected by others. A person is further able to gain an awareness of self by taking on the attitudes which others have about him or her. Thus, that individual is able to see himself from the perspective of others, and gain a fuller sense of self.

Looking-Glass Self

Charles Horton Cooley (1902) introduced the notion of the “looking-glass self.” This concept sheds light on how an individual develops a concept of self through the imagined reflection of oneself in others. In other words, we define ourselves by how we think others see us. Cooley stated that an idea of self, in actuality, has three elements: our idea of how we look to another, our idea of the other’s judgement of ourselves, and a feeling to accompany that evaluation. As such, we not only develop ideas of who we are by how we think others see us, but also develop accompanying judgments and feelings in response to this imagined self-image.

Definition of the Situation

W. I. Thomas (1923) pioneered the idea of the “definition of the situation” as part of the individual’s understanding of social reality. One of the essential components of this concept is that behavior cannot be understood devoid of a situational context (Volkart, 1951). Behavior is a response to

the situation in which an individual finds him or herself. A second component is inherent in the first, i.e., that the individual must "define" the situation before he or she can act in relation to it. This introduces the subjective element of the individual within the social context. As Volkart (1951, p. 7) notes, "...the 'definition of the situation' is the crucial link that connects experience and adjustive behavior to the situation." One must first understand the situational context in which one finds oneself. Once this is established, behavior is initiated as adjustment to the now-defined situation. The behavior is predicated on the understanding of the individual and the individual's situation.

Adjustment and Adaptation

Tamotsu Shibutani (1961) offers a deeper subjective understanding of individual action within social context. Specifically, he explores behavior in relation to the adjustments made by an individual in response to situations that are defined as problematic. Shibutani demonstrates how Freudian defense mechanisms such as repression, regression, and projection can be understood from a social-psychological context. He reveals how these can be seen, in essence, as adjustments to various social situations that an individual encounters. If the individual defines a situation as being potentially harmful, he or she may respond in ways that will provide protection from the situation. In this manner these subjective individual adjustments leave the realm of the traditionally psychological unconscious and enter into the world of social reality.

Another concept that Shibutani develops is the idea of adaptation (1961, p. 87). This is characterized by "...a peculiar combination of techniques for coping with difficulties...." The techniques are "...well-organized ways of coping with typical problems which become crystallized through a succession of adjustments." These can then become part of the personality, as established behavioral responses to certain situations. Adaptations can also be generalized to similar problematic situations.

Truth

A valuable insight offered by Berger and Luckmann (1966) is the notion of "truth" about self and the world as understood by a child. They note that a child is unable to choose into which family he or she is born. As such, children are unable to willingly choose with whom they identify. Hence, they internalize the roles and attitudes of their significant others and, in the process, internalize their significant others' reality. They do not internalize

a pluralistic reality, but rather, internalize their parents' reality as "...*the* [original emphasis] world, the only existent and only conceivable world... (Berger & Luckman, 1966, p. 134)." The importance of this lies within the impact that this has on the individual in later life. "It is for this reason that the world internalized in primary socialization is so much more firmly entrenched in consciousness than worlds internalized in secondary socializations (Berger & Luckman, 1966, p. 135)." This sheds light on the impact of primary socialization on the maintenance of certain cognitions, emotions, and behaviors.

Review of Current Literature on Individuals Raised in Alcoholic Homes

Recent studies of adult children of alcoholics have found that they are more susceptible to developing problems with alcohol and drugs (Pandina & Johnson, 1990; Parker & Harford, 1988); have an increased chance of antisocial personality disorder (Cadoret, Troughton, & O'Gorman, 1987); exhibit a higher incidence of psychopathology (West & Prinz, 1987); are more likely to experience marital disruptions (Parker & Harford, 1988), and have more problems with issues of emotions, trust, interpersonal communication, and control (Cermak & Brown, 1982).

There exists a large pool of popular literature on alcoholic families and the personality characteristics of individuals raised within alcoholic homes (see Ackerman, 1983; Black, 1981; Bradshaw, 1988; Woititz, 1983). This literature, based on clinical observations and case studies, provides a rich, description of life in the alcoholic home, which is lacking in empirical studies. The literature includes descriptions of the emotional, cognitive, and behavioral characteristics of individuals raised in alcoholic homes. For the most part, growing up in alcoholic homes as depicted in these works is characterized by the development of protective and defensive traits in response to the alcoholic environment. These traits prevail throughout the adult life of these individuals, giving rise to the realization that their condition is a traumatic and lifelong burden that they must endure.

These troublesome behavior patterns affect the individual throughout his or her adult life. Accompanying these patterns are feelings of deep shame, inadequacy, low self-esteem, and poor self-concept. The individual often believes that there is something "wrong with him or her." These individuals are frequently unable to see the impact of social context on their lives.

Overall, the accepted explanation for the manifestations of these behaviors is often of a psychological nature. Even though "others" are taken into

account when explaining the emergence of problematic behavior, the popular perspective lacks the sociological understanding of the development of self, and as such, is unable to present a comprehensive treatment of this phenomenon. This is not to say that there is no acknowledgement of social context within these works. The popular literature has popularized the idea of "dysfunctional families," so there is "sociology" within these works. However, the sociology contained within them is latent—it is neither acknowledged nor directly referenced, and, most importantly, it is not developed to the extent that it could be to ensure the most life-enhancing intervention.

Analysis of Cognitions: Impact of Parental Roles and Attitudes on Self-Concept

A child is born into a family unsocialized, as Parsons (1951) notes, a "barbarian." Within this family, the child learns the skills necessary to live, and develops a self through the process of interaction with family members. From a Meadian standpoint, as part of the process of developing a self, the child takes on the roles of significant others. This process occurs within any family, alcoholic and non-alcoholic alike.

The clinical literature on alcoholic homes indicates that parenting styles and parental roles can frequently be inconsistent, chaotic, uncompromisingly rigid, or a combination of all three (see Black, 1981; Bradshaw, 1988). In such an atmosphere, the maturing child takes on roles that are not necessarily appropriate (Fein, 1990). An alcoholic parent may lie, rage, become physically violent, and/or abuse family members, and the child growing up amidst this behavior may take on these dysfunctional roles. The model of self portrayed by alcoholic parents is one that, on its own, reflects chaos, pain, and torment. Living out these roles, the child, who later becomes an adult, experiences to some extent the same difficulties in life that the alcoholic parent encountered.

The child may also take on attitudes corresponding to these roles which may be painful and abusive in relation to self, others, and the world. Attitudes toward the child that alcoholic parents reflect back to the child are often degrading, hurtful, and shaming. The child, in response, gains a sense of self that is inevitably negative and shameful. A non-alcoholic husband, for instance, may tell his daughter in anger that she is "just like [her] mother." If the child identifies the mother as an abusive, rageful alcoholic, she may internalize a sense of self that reflects mother, i.e., a negative and shaming sense of self.

The child defines "self" from what significant others say about him or her. If they describe the child as bad, a bother, or as stupid, the child may responsively internalize attitudes of self that reflect these qualities. A child developing a self through interaction with others, taking on attitudes about self from significant others, can only respond in this way.

The child, then, knows him or herself from reflections of family members, and in alcoholic families, the reflections can be disproportionately negative. As such, the cognitions about self become inherently distressing and ultimately life-inhibiting.

With the application of Cooley's concept of the looking-glass self, it becomes more apparent why children of alcoholics develop low self-esteem and poor self concept. If they imagine that their parents see them in a negative light, i.e., adopt the negative images of self that have been presented by parents, they will judge themselves as such, and will have negative feelings in response. Children of alcoholics often think that their parents see them in negative ways, as this is often how alcoholic parents address themselves, telling them that they are "dumb," "no good," "crazy," etc. They imagine that their parents see them negatively, evaluate this negative image in a concurrent manner, and feel shame and self-loathing in response. If parental behavior consistently reflects negative attitudes about child's self, poor self-image will be reinforced, and will be internalized as self-concept.

As Berger and Luckmann have pointed out, the world that children come to know and understand is the world according to their parents. They accept as truth that which their parents tell them. Thus, the attitudes of self that children receive from their parents are accepted by the children as the truth about them. This phenomenon solidifies even further the negative self-concept that the child has internalized. The years of internalization of negative self attitudes compounded with the belief that these attitudes are the truth about themselves create a legacy of pain that adult children of alcoholics live and suffer with for many years. As Berger and Luckmann note, the effect of primary socialization is significantly more "entrenched" than secondary socializations, leading to the maintenance of a painful self-concept, even throughout adult life.

Behavioral Responses to the Alcoholic Environment

Thomas' definition of the situation and Shibutani's concept of adaptation aid in understanding behavioral characteristics common to children and adult children of alcoholics. Shared by both theorists is the notion that social actors interpret their environments and act in response to their defi-

nition of the situations—individuals raised in alcoholic homes respond no differently.

If a child defines the situation in an alcoholic home as threatening or out of control, he or she will respond in a way that offers maximum self-protection. Their adjustment to these harmful situations will often be by some form of defensive posturing. If both the situation and the interpretation of threat persist, which is often the case in alcoholic homes, the child will begin to respond to these situations in an “adapted” manner. He or she will cope with the situation by adapting, rather than adjusting to the situation in a healthy way. To a certain extent, there is no other reasonable way to “adjust” than to adapt. This, then, becomes the child’s primary means of interaction with the world. Berger and Luckmann’s thesis applies here as well—the “truth” about the “world” is that it is primarily threatening, and one must be “on guard” against it.

Accordingly, the child will often generalize these defensive postures in response to other potentially threatening situations that recall those in the home. These adaptations become unhealthy, automatic, internalized behavioral responses to both home and social situations. Unfortunately, as noted, these adaptations often become the primary means of interaction as adults, as well.

As reported in the literature, some common adaptations of individuals raised in alcoholic homes are rigidity, overcontrolling of self and environment, compulsivity, alcohol abuse, addiction, and psychopathology.

Implications for Intervention

After reaching a sociological understanding of an individual’s problematic thoughts, emotions, and behaviors, the sociologist is able to develop a number of specific interventions. The sociologist’s primary assessment should be to determine if the individual comes from an alcoholic home. If the determination is made that this is indeed the case, then the practitioner could proceed with several strategies.

Initially, an individual can benefit from education and elucidation about how painful thoughts, emotions, and behaviors arise through interaction with family members, i.e., how self is formed. This helps the individual to understand the origin of these painful phenomena, and also makes clear that these thoughts, emotions, and behaviors are all subject to change—the internalized familial “truth” about self can be challenged. The individual can engage in the redefinition of self. With this information, the individual is able to begin the process of self-resocialization—intentionally replacing

negative self-images, attitudes, and behaviors with more positive, life-affirming ones.

The individual needs to understand that the origin of the problematic behavior is primarily of a social nature, and that it is the "reflected" content of self that is problematic, not the individual him or herself, *per se*. Once this is understood, however, the individual must also realize that knowing the origin of the problem does not, in and of itself, alleviate the problem. Rather, the individual must come to realize that although there were others who contributed to his or her current condition, the process of change is solely the responsibility of the individual him or herself. This is often a frustrating and difficult awareness to cultivate for both the client and the practitioner.

One does not have to "go it alone" in the process of change, however. Self-resocialization can be significantly enhanced and promoted by attendance at the appropriate self-help support groups (for example, Adult Children of Alcoholics, Al-Anon). Overall, these groups aid in the resocialization process by providing a new group of significant others who support and welcome positive, individual change. Since self is ultimately a social process, surrounding oneself with others who are committed to developing healthier, more life-affirming selves can serve to reinforce the individual effort to reconstruct a more positive self.

The individual can also be taught the sociological view of self as a process, and how it can constitute a flexible reality. This knowledge can offset the internalized behavioral adaptations to certain situations that result in fear and/or frustration. Adaptive behaviors can be challenged and problematic situations can be redefined through the process of therapeutic role-play. Replacing troublesome adaptations with more viable or healthier responses to situations can not only decrease anxiety, but increase self-esteem.

Other, more directed interventions can also be implemented. The reenactment of family roles through sociodrama can reveal further information about family dynamics and environment. One-on-one sociotherapy might prove useful by challenging inhibiting conceptions of self or harmful or self-destructive behaviors. Inviting current significant others to participate in the therapeutic process is another possible intervention.

If the adaptive behavior falls outside of the practitioner's area of expertise (for example, if the individual is engaged in active addiction, alcoholism, or some other potentially life-threatening adaptive behavior), other interventions may be necessary, and referral to the proper resource may be required.

Discussion

The purpose of this paper is to develop a distinctly sociological, clinical theory of the individual that can offer understanding into problematic behavior, and to propose tailored strategies for intervention. As demonstrated, our current theoretical base allows for powerful clinical analysis of not only interpersonal dynamics, but also of "intra"-personal dynamics. To be sure, the insights that traditional sociological theory affords the practitioner for developing effective interventions on an individual level are extensive and invaluable.

In this particular example, Meadian theory of the development of the self can offer an individual with low self-esteem a perspective on how "self" was formed. Through recognition that formation of self is ultimately a social process, the burden of shame for an "ineffective" and unfulfilling self is alleviated. The "fault" for problematic and painful behavior is retrospectively redistributed among responsible family members. Thus, traditional theory itself can be used as an intervention when disclosed in an understandable way to the individual seeking help.

There are those who have argued that some sociological theory "loses" the individual. As is revealed from the above analysis, this is not the case with all social theory. In fact, our theoretical history is resplendent with clinical insights, concepts, and ideas for interventions. All that is required of the practitioner is to see "...the relevance that sociology and its theoretical perspectives have for daily living and for change toward more fulfilling behavior and relationships" (Cohen, 1981, p. 4).

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