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Urban Poor Alcoholic Fathers: A Case Study

Ma. Teresa G. Tuason



This article summarizes a case study of five urban poor families from Daang Tubo, Quezon City, where the fathers (aged thirty to forty-five years old) had been drinking for over ten years. It deals with the stresses placed by an alcoholic father on the family system, and focuses on the familial patterns, ways of coping of family members, attitudes, and ways of life. The fathers had turned to drinking as a way of coping with their problems, and gaining power in the family. The mothers proved to be the more responsible parents, although they tended to deny their own needs in order to support the family. The children had become quiet and distant, afraid of adding to the numerous problems the family experienced as a result of their poverty and their father's alcoholism. The basic atmosphere was violent and unsupportive, where feelings had no room to be expressed. Problems were usually left denied or ignored, and this was reinforced by feelings of helplessness which beset the family. The family members spoke of the importance of togetherness, although the reality of their situation contradicted this value. There was an obvious disparity between the conscious views and desires and the unconscious images taught, thus confusing the development of values within the family.

The study attempted to answer the following questions:

1. What are the consequences of the father's alcohol intake on his appearance, behavior, emotional well-being, way of thinking, and way of communicating?
2. What are the effects of the father's alcoholism on his relationship with each family member? How are individual members affected? How do they perceive the actions, attitudes and concerns?
3. In an alcoholic home, what is the general family atmosphere, basic mood, marital relationship, source of power, intimacy, level of

communication, ways of dealing with the problem, affective life, ways of dealing with loss and change, values, the way children are, presence of a mental patient, prevalent significant emotion, cognitive functioning, repetitive nonproductive sequences and subsystems?

4. What are the ways by which family members cope with and adapt to the father's alcoholism? What roles have individual members learned to employ to cope with the alcoholism?
5. What are the consequences of these coping mechanisms? What do the survival roles mean to the family members' growth processes? How do they affect family functioning and dynamics?

Earlier studies have pointed to several factors that are essential to this study. One factor is that of family dynamics. In the family where one of the "care-providers" is alcoholic, there exists a problem. When the father is alcoholic, he affects not only himself, but his spouse and children, as well. Empirical evidence demonstrates the salience of paternal involvement with children (Parke and Tinsley 1981). When the father is alcoholic, the addiction to alcohol alters the father's personality, eats away at his self-confidence and self-respect, and destroys his will (Ketcham and Gustafson 1989). His addictive behavior disrupts the whole family environment: the compulsive loss of control, the withdrawal symptoms, the blackouts, the abnormal alcohol tolerance, the physical effects, the psychological effects, and social effects all have great implications on the family (Martin 1988). The family environment thus ceases to be nurturing, growth-enhancing and consistent.

The drinking affects the behavior, attitudes, and characteristics not just of the alcoholic but of his children as well. Stark (1987) has observed that these children of alcoholics have a very low level of self-confidence, greatly fear for their own safety, are very insecure about their parents' love, are fearful of accidents, are very terrified of arguments, tend to be isolated, create trouble for themselves, and have an addictive behavior. Black (1981) describes living in an alcoholic family as living in inconsistency and unpredictability. Therefore, individuals living in this atmosphere suffer a lot in matters concerning the whole of their lives, their emotions, perceptions, attitudes, and ways of thinking.

Another important factor is that of ways of coping. Despite the prevalence of these serious problems, most alcoholic families do not accept the reality of the situation they are in. This pervasive theme

of denial is certainly evident in Filipino society, where alcoholism in families is a very common occurrence. Cardenas (1986), in her study on the psychological effects of alcohol ingestion, affirms such denial on alcoholism's impact on the poor Filipino family. The same denial is also described by Elizabeth Stark (1987) as she refers to children of alcoholics as "forgotten victims," and as others refer to the reality as "hidden tragedy" or "neglected problem." (Stark 1987), Black (1981), Wholey (1988), Martin (1988), and Ketcham and Gustafson (1989) all write about the pervasive denial used by the family members to cope with the problem of drinking.

Apart from denial, people living with the alcoholic take on certain roles to keep them alive in the very uncertain situation in which they stay. Black's work with children of alcoholics shows that majority tend to adapt to one or a combination of three roles: the Responsible one, the Adjuster, and the Placater. Sharon Wegscheider similarly identifies five basic roles: the Enabler, the Hero, the Scapegoat, the Lost Child, and the Mascot. Steiner (1973) speaks of several roles: the Rescuer, the Persecutor, the Patsy, and the Connection. Steiner goes further to identify the alcoholic in the role of Player or Victim. This way of surviving, or this means of coping, when held on to, or when compulsively resorted to, becomes a role adapted to by the affected individual (Black 1981).

One last factor is that of the eleven aspects of family competency. Children of alcoholic families describe the family atmosphere or *basic mood* as not normal (Cork 1969). *Marital relationships* in alcoholic families are said to be chaotic and problematic (APA 1980). With regard to *power*, the children and spouse of an alcoholic are described as powerless and without control of their lives and of situations in the family (Estes and Heinemann 1977); Beattie 1987; Gorski 1988; Black 1981). On the issue of *intimacy*, Filstead, et al (1981) report that the profiles for alcoholic families reflected less cohesion and greater conflict. There is the prevalence of "double messages" in the *communication* of the alcoholic family (*Journal of College Student Development*, March 1988). Moreover, the child feels he cannot communicate, and he feels he will not be understood (Estes and Heinemann 1977).

Estes and Heinemann (1977) have observed that family members of the alcoholic *deal with problems* by finding their own means of escape, immersing themselves in work or hobbies, or sinking into apathy and depression. As to their *affective life*, emotions are repressed or are often twisted. When feelings are expressed, it is done

in a judgemental and blaming tone (Black 1981). The stresses in alcoholic families produce an abnormal amount of separation among brothers and sisters (Estes and Heinemann 1977), that may complicate the problem of *dealing with loss or change*. In describing their *values*, Musello (1988) says the family members of the alcoholic have "a distorted sense of reality and a sense of powerlessness over life." There is an escalation of negative feelings and distrust, and these are what the family members learn (Estes and Heinemann 1977).

The *children* in alcoholic families are studied on different dimensions. In terms of emotions, the children may suffer from feelings of inadequacy and may have problems developing trust (*Journal of College Development*, March 1988; Cork 1969). The children are robbed of attention, consistent discipline, and a trustworthy environment (Estes and Heinemann 1977; Benson and Heller 1987). On the cognitive level, there is considerable evidence that children of alcoholics may display increased rates of hyperactivity, behavior disorder, learning disabilities, attention deficit disorder, delinquency, and truancy that may contribute to poor school performance (*Psychological Bulletin*, September 1987; Cork 1969; *Journal of Abnormal Psychology* 1989; Steinhausen et al. 1982; Robins et al. 1978; Miller and Jang 1977; Stark 1987). These children also have difficulties in social or interpersonal relationships (Cork 1969). Finally, on the biological/physiological plane, there is an observed increased risk of children of alcoholics to become alcoholics themselves (Meikangas et al. 1985; Winokur 1970; Stark 1987).

Finally, regarding the *presence of a mental patient*, Nylander (1960) has observed emotional disturbance, or mental insufficiency, to be significantly more common in alcoholic families.

For the purpose of this study, "alcoholism" is defined using the *Diagnostic and Statistical Manual of Mental Disorders*, third edition (DSM-III), 1980. The Diagnostic Criteria for Alcohol Dependence are either a pattern of pathological alcohol use or impairment in social or occupational functioning due to alcohol use or tolerance or withdrawal.

The pattern of pathological alcohol use is the need for daily use of alcohol for adequate functioning; inability to cut down or stop drinking; repeated efforts to control or reduce excess drinking by periods of temporary abstinence or restricting drinking to certain times of the day; intoxication throughout the day for at least two days; occasional consumption of certain amount of alcohol; amnesic

periods for events occurring while intoxicated (blackouts); continuation of drinking despite a serious physical disorder that the individual knows is exacerbated by alcohol use or drinking of nonbeverage alcohol.

Impairment in social or occupational functioning due to alcohol use, e.g., violence while intoxicated, absence from work, loss of job, legal difficulties, arguments or difficulties with family or friends because of excessive alcohol use.

Tolerance is the need for markedly increased amounts of alcohol to achieve the desired effect, or markedly diminished effect with regular use of the same amount.

Withdrawal is the development of alcohol withdrawal (i.e., morning shakes and malaise relieved by drinking) after cessation of or reduction in drinking (p. 170).

Case Study Data

The fathers' ages range from thirty to forty-five years, which place them all in the middle adulthood level of development, presupposing a similarity of needs and issues. Their occupations are very unstable, and they can easily be laid off due to their drinking problem. The fathers, who all come from big families, are all middle children. Their own fathers were also alcoholic, save for one who was, however, a womanizer. Their mothers were mostly housewives, none of whom were alcoholic. The fathers in this present study have all been alcoholic for more than ten years now, with three of them drinking for over twenty years. They all began drinking in their adolescence.

The mothers' ages range from twenty-five to forty-seven years putting most of them in the middle adulthood bracket as well. Although generally better-educated than their husbands, all five are housewives. They, too, come from big families.

The number of children in each family varies from two to nine. Although the developmental levels to which they belong differ, each child is affected by his father's alcoholism, and touch the concerns, conflicts, crises and priorities peculiar to his own developmental stage.

All names in the study are fictitious.

Case #1. The Baldo Family

The father copes with the reality of poverty by drinking. His drinking, however, only makes things worse for the family: he ends up fighting with his wife, frightening the children, and increasing the financial burdens of the family. The father limits his role to that of financial provider. He does not pay attention to the children nor does he give them emotional support. He is rarely in the house, and prefers the company of his neighbors, with whom he drinks and gambles.

The wife ends up assuming all the responsibilities in the house. She plays the role of both mother and father to the children. Because of all the work the mother has to do, she often neglects herself and ends up harassed, stressed and overburdened. It helps her to think of herself as the only parent, and to think that she can rely only on herself to fulfill everyone's needs. The closeness between the mother and her children enables her to communicate to them her need for help, her need to be taken care of, and her need to have things made lighter for her.

The children are quiet, restrained and unsure of themselves. They feel uncertain and cope with the situation by keeping quiet and staying away to avoid being an added burden. They find it difficult to relate with their father, and have slowly become isolated from him. Because of their father's absence, they have grown closer to their mother who attends to all their needs.

Case #2. The Cipriano Family

The father perceives himself as weak, and copes with this by drinking. He feels insecure about his wife's dominance in the home, and the only way for him to become powerful is to drink because then he can demand a lot, and be obeyed and attended to. In these occasions, he can also express his past hurts and hidden angers. When their father is drunk, the children just follow his every wish. They become scared of him and the fights that ensue between him and their mother. When he is sober, the father wins them back by spending more time with them, taking them out and buying them things.

Although husband and wife share the responsibility of earning money and providing for their family, the wife seems to have an edge over her husband. Aside from helping to earn the money, she spends much more time with the children, and does the household chores as well. This makes her the more powerful and visible parent. This taking on of responsibility is the wife's way of coping with the unpredictability and uncertainty caused by her husband's alcoholism, but the effect on her husband is more negative. He tends to feel useless and unattended to. The eldest child helps her mother in carrying out her tasks.

The children learn not to express their own needs and emotions as they help their mother and attempt to make things easier for her.

Case #3. The Murano Family

The husband in this family is lazy and irresponsible. He demands that he have power over his wife and children, but because of his constant absence, neglect and his gambling and drinking, the power and respect he gets do not seem to be real.

The wife, therefore, has to do everything around the house. She takes charge of the children and makes a little money from her *jueteng*. She is the most concerned about the home. She is often called a carabao by her neighbors because of the way she works and takes charge of things. The wife copes with her husband's drinking problem by keeping quiet and being subservient to him. She obeys him and leaves him to shout, curse and put people down. She feels that she has gotten so used to things being this way that these things are no longer problems for her. She no longer pays attention to her own feelings, reactions, and needs.

The wife rears the children and is closer to them. However, she expects her husband to discipline them. She complains that he shouts at them and curses them, but does not do anything about it. Because she allows things to be the way they are now, she cannot discipline the children, specially the older ones, who often shout back at her, adding to her feelings of loneliness.

The children are slowly realizing their father's irresponsibility. The older children give in to everything the father demands when he is drunk, although they know that saying yes does not really signify anything. They are slowly losing their respect for their father, whose inadequacies, they believe, are the cause for their condition. The children recognize their mother's efforts at keeping things going, but also see her inability to fight against their father's abuses. She allows herself to be manipulated and taken for granted. As a result, the children are slowly losing their respect for their mother as well. The eldest son, in particular, has begun to treat his mother the same way his father treats her.

The younger children, however, are still very dependent on their mother and call on her for their needs. Even so, at such young ages, the children go about on their own, playing and working independently. They seem to have gotten used to being generally neglected and unattended to.

Case #4. The Reyes Family

The husband used to be regularly employed, but this brought more harm than good because he drank excessively with his co-workers and even womanized. Doing odd jobs seemed to be better for the family, in that it

prevented him from indulging in his vices. However, this arrangement did not provide the family a stable income since the father dictated his own working time, and an invitation to drink could easily displace a day's work. The constant insecurity and instability over the source of the family's next meal create tensions and a chaotic family atmosphere. The father, then, drinks to compensate for his inadequacy in providing enough finances for the family. But drinking would often lead to his inability to work the next day, thus perpetuating the cycle.

It is when the husband drinks that he feels most powerful. When he is drunk, he fights with his wife and shouts at her and the children. When the father is not drunk, he is actually very gentle, and to win the children back when he is sober, he spoils them, buys them toys and gives them whatever they want. Because of this, the mother is forced to be the disciplinarian, and this makes the children perceive of their parents as inconsistent.

The wife often takes the responsibility of working for the family. She is sometimes aided by her husband, who also shares the household chores with her. The wife copes with the problems at home by focusing all her energies on the household chores. When she and her husband fight, she tries to tolerate his abuses, but when she has had too much, she fights back, shouts back at him and hurts him as well. The wife blames her husband for his drinking problem and continually points out his shortcomings as a husband and father, thus indirectly encouraging her husband to drink in order for him to feel more in control.

The children have become very quiet. They experience much putdowns from the neglect of their parents and the insults of their neighbors. Both children become afraid and cry very easily.

Case #5. The Motera Family

This is the husband's third marriage and the wife's second. Each have children from their previous marriages (some of whom live with them), but none of their own. This marriage is more peaceful and stable compared to the husband's earlier marriages, but he feels insecure because of his wife's greater educational attainment. He also feels powerless and weak because his wife makes all the decisions in the family. This feeling of helplessness, compounded by their poverty, pushes the husband to drink. He refers to his drinking as his only joy in life, serving as a coping mechanism for his feelings of inferiority.

The power in the family obviously belongs to the wife who decides even on the smallest details in family matters. She can be affectionate and kind at times, but she can also be very loud, aggressive and violent. The objects of her ire are usually her stepchildren, who are made to do the heavy work around the house. She openly favors her own children, giving them less

chores, more favorable errands, and better and more food. Her husband's drinking reinforces her unfavorable treatment of his children.

The wife's older children are not greatly affected by their stepfather's drinking. In fact, when the couple fights, these children even side with their stepfather against their own mother. Only her youngest daughter regrets having him as her stepfather. Those most affected by the father's drinking are his own children, who are younger than the wife's. They keep quiet and become afraid when their father drinks. They are greatly affected by the marital fights, their stepmother's violence, and her putdowns which add to the humiliation they often feel due to these incidents.

Analysis of Data

Family Stress

The data reveals that the father's drinking becomes a problem of the whole family because of the chaos that is created when he is drunk, because of his many inadequacies as a father and husband when under the influence of alcohol, and the many consequences this has on the family's behavior patterns and life in general. The wives and children feel they suffer from the alcoholic's loss of control, his anger outbursts, the violence he expresses, the hurt and the fear inflicted, the demands and the forcefulness, the shouting and the fights. The fathers become unavailable and inaccessible to their families. They are unable to help in the household and to support their wives in all their problems and struggles. The fathers' drinking bouts have subsequent financial repercussions which can be a heavy burden for the family. The alcoholism causes an increase in marital fights and it becomes the venue for aggression and violence in the family. Moreover, the husbands fail to be present to and supportive of their wives, making the wives feel that they have to function both as mothers and fathers.

The wives feel that their husbands do not spend enough time with the children for recreation, for rearing them, and for providing them with adequate love and attention.

Because of the alcoholics' drinking problems, the children have become very scared of their fathers. They avoid him and become very distant from him.

Their future, these families believe, relies heavily on the children's effort and perseverance to help in the household, most specially in

the financial aspect. Further, the families' direction is perceived to lie in the alcoholic's initiative to change, to stop drinking, or to work more. The wives feel that if their husbands changed their drinking ways, every aspect of the families' lives will definitely become better. This line of thinking and this attitude shown by the wives of alcoholics has been identified by Beattie (1987) as codependency.

The absentee father, who is truly unavailable and inaccessible to his wife and children, adds further trouble with the violence and chaos he creates. He is practically not present to his family, and even when he is physically in the house, he is psychologically and emotionally absent. The wife's codependency and her compulsive care-taking sustain the family and the everyday events here. When the alcoholic is inadequate in his roles as husband and father, the wife takes on responsibilities for him instead. She earns the money, takes care of the children by herself, and is relied on for every concern in the house. She covers up for the absentee father and sacrifices for the good of everyone else. The *taga-salo* (Carandang 1987) mother assures, sometimes even beyond her capacities, the survival of everyone.

The wives' coping methods of martyrdom, *pananalo* (Carandang 1987), and emotional dependency on the alcoholic are ways which also reinforce the abuse and continuous drinking of husbands. The wives learn to cope with their husbands. They suffer and blindly accept all the neglect and irresponsibility. Their coping indirectly makes it easier for their husbands to continue drinking. They are codependents and they, without even realizing it, reinforce the drinking. The system continues in the same dynamics and, to help the mothers in this endeavor, the children are expected or pressured to lighten their mother's burdens.

The children help the mother care for the family even, and especially, when the father becomes inadequate and absent. The children become the mother's only support system, in the efforts of letting the family move on and live despite the handicap of having an alcoholic for a husband and father. And with the mother, the children continue, though unintentionally and unconsciously, to reinforce the father's alcohol intake. The children become codependents as well, as they allow, by their compulsive care-taking of their mother, their father to be continually dependent on alcohol.

This pervasive codependency is what keeps the family going. Even when the alcoholism creates terrible chaos in the home, even when emotions go up and down very suddenly, and even when family

members are constantly neglected and abandoned, still the family is able to withstand these stresses by the interlocking dependency and codependency relationships. The father continues to be dependent on alcohol, while the mother and the children allows this dependency by being the "dependables." Because of the mothers' and the children's codependency, it becomes easier for the father to continue drinking and to be absent in the family. It is a complex, yet very powerful interlocking relationship which adequately maintains the family's equilibrium and sustains them through the chaos and violence they experience.

In such conditions, the whole system provides for reinforcing each others' behaviors, thus reinforcing the existence of destructive behavioral patterns. The family may be unpredictable, aggressive or abusive, yet the family is continually perpetuating itself, thus creating a closed, stable, and generational system and dynamics amidst the chaos.

The onset of the fathers' alcoholism was seen in their adolescent years. They were so adversely affected by their own alcoholic fathers, that they coped by drinking heavily themselves. It was in this developmental stage that they acted out problems in the family by also drinking. This alcoholism now affects their own children by the inconsistencies and troubles in the home, the unavailability and absenteeism of the father, and by the lack of love and security in the family atmosphere. Thus, a vicious cycle continues, with their own children turning to the bottle as well, in order to cope with the difficult situation in their homes, the insecurity caused by the absence of the father, and the lack of love in the family atmosphere.

The father, who is powerful and yet helpless about the family's poverty, copes with this ambivalence by drinking. When he drinks, he puts himself in a powerful stance, where he gains full control of the circumstances, consequently making everyone else feel powerless. The mother and the children find themselves in a situation where they feel they are helpless and they feel that they cannot do anything.

When he becomes powerful because of the drinking, the father dictates the atmosphere and mood of the family. They adjust to his state, and the entire family's mood becomes a response to the father's. If he is drunk, violent or irritable, the family becomes quiet, self-denying or sullen. If the father is happy, the family loosens up and they can become expressive, loud and happy, too. In a sense, who they are at any one moment highly depends on how the father is.

Family Rules

There are certain unwritten, unexpressed family rules, but which are strongly interwoven in the dynamics of alcoholic families. These rules, which pertain to behaviors and ways of coping, are communicated by the circumstances and, indirectly, by the family members. In alcoholic families, the wife and children should not feel. Within the atmosphere, it is communicated that there is no room for feelings, no one to listen, and nothing to be done about these. Moreover, they should not talk. Family members should not express their reactions, they have to keep quiet, they have to keep their thoughts and emotions inside. They have to do this to ensure their safety and emotional survival. They would rather not feel, talk or complain. They choose not to voice out whatever grievances they have because they feel nothing can be done about these anyway. All these rules, which are strongly established in the home, all confirm Black's (1981) earlier discoveries.

Support Systems

The only vivid and available support for mothers who are overburdened in their alcoholic homes are her children. The children learn to repress their realities and instead focus their energies into making things more manageable for their mothers. They would not want to add to her troubles, express their needs, or demand attention.

The children are the primary support system of the mothers. They cope by acting like the parents, acting out their parents' roles, and fulfilling their parents' wishes. As a consequence, they neglect themselves. There is a pervasive sense of unworthiness, fear and insecurity. They are quiet, and oftentimes paralyzed by immense anxiety. These dynamics are identical with those of sexually abused children. And it may be proposed that the similarity lies in the abuse, for children belonging to alcoholic families are abused in various forms—either verbal, physical or emotional.

Levels of Family Competence

The family system, under the stress of a significant member's alcoholism, certainly experiences a whole complexity of consequences

which create the family's overall dynamics. As described, the families mostly belong to a dominated, conflicted, and severely troubled level of family competency (Lewis 1979).

The five families all perceive themselves to be happy, yet this contradicts the expressions in their faces and the stories they narrate about the husband's drinking and the consequences of this. Their faces are often sad, full of fear, and troubled. The reality seems to be that the alcoholic family, as described in each level of family competency, is situated more towards the conflicted and severely troubled side of the continuum. The basic mood is mostly angry, antagonistic, hopeless, or in despair. The atmosphere of resignation to the family situation is clearly evident. With this pervading atmosphere, people are cautious, tense, and distant.

Their relationships are characterized by resignation and, for some, despair. Couples often fight over money, the husband's drinking, his jealousy, past relationships, and the children. The usual dominance-submission stance of husband and wife is seen in their marital fights. The observations of Chafetz and associates (1971) confirm the great marital instability in alcoholic families.

For most of the families, the power lies in only one parent, the alcoholic, who is also the more dominant one and has the most control over things. In other families, it would be a tug-of-war between husband and wife over power; and still, for the rest, it would be entirely unpredictable.

There is a noticeable distance between the father and his children. If at all, the children feel comfortable expressing their needs and emotions only to their mothers. This difficulty the children have in expressing themselves and being close to one another, confirms Musello's (1988) observation of "poor relationships" among children of alcoholics. Moreover, this confirms Beattie's (1989) observed issue of intimacy avoidance in children of alcoholics, and Benson and Heller's (1987) finding on the children's inability to feel intimate or close to one another.

In the families, there is so much expressed anger, which actually highlights the way family members communicate. However, their communication patterns swing unpredictably between two extremes. They can either be quiet, keeping their bitter feelings to themselves (being unable to spontaneously express their emotions, needs and preferences), or they can be openly bitter about their situation. In any case, this type of communication reflects the chaos which is experi-

enced in alcoholic families, and confirms Virginia Satir's (1988) description of the level of communication of family members where one is addicted.

When the alcoholic starts drinking, things are left unresolved until he becomes sober and level-headed enough to talk. Problem-solving is very much dependent on the father, his emotional state, and—in a sense—on his drinking. The family members' stories indicate that the problems are most usually left denied or ignored.

The family's affective feelings are hardly ever verbalized. They do not let each other know of their caring. Instead, they simply express this in actions. Family members feel that their fathers are cold, distant, rough and scary, specially when drunk. Therefore, the family members learn to be quiet, unexpressive, and unaware of the movements within themselves. This confirms what Beattie (1989) has discovered about the family's emotional state. She described the emotional state to be frozen because the emotions are denied and blocked from the self.

There are strong feelings of regret, quiet and difficulty, specially when the loss or change is due to the negative consequences of the father's drinking. The same observations were arrived at by Wolin, Bennett and Teitelbaum (1980) whose study looked into the effects of the many changes or disruptions in family events or rituals when the fathers are under the influence of alcohol.

They also feel too powerless to do anything about the things happening to them. This phenomenon is characteristic of both poor families (Hess 1977) and alcoholic families (Musello 1988). The condition of poverty gives them a sense of inadequacy to solve problems, to initiate change, or to feel strong in coping with losses. The fathers' alcoholism leaves the members too weak to overcome their fear, insensitive to others' feelings as well as to theirs, and powerless to do anything with circumstances that imprison them.

When asked about what they value as a family, family members speak of giving importance to togetherness, closeness and staying intact as a family, even when they struggle and experience so much poverty and difficulty. It is striking how these values and desires contradict the values which the children actually learn in their homes. There is a very strong presence of negative emotions: anger, blaming, rigidity, and abuse. The sense of unworthiness, loss of control, and powerlessness over realities are the values unintentionally transmitted in the home. This conflict was confirmed by Estes and Heinemann (1977), when they discussed the confusion in val-

ues development caused by the disparity between the conscious views and desires and the unconscious images and values taught.

The direction the family is to take and the values which they are all to uphold, therefore, are all unclear. Certain realities of values and priorities which are practiced, rules which are dictated, and actions which are controlled, all expose the family members to very insecure, inconsistent and unstable structures of the family. These strongly confirm Black's (1981) family rules, Steiner's (1973) survival roles, and Whitfield's (1988) experienced distortion of the image of the self, which all have consequences on the family members who live with the alcoholic.

The children in these alcoholic families are perceived as happy, and able to get along very well together, but a closer look will reveal that they are actually distant from each other and generally very quiet. When the father drinks, the children cope by going out to play, in order to escape the stresses. They generally keep their feelings to themselves, busy themselves by helping their mothers with household chores, and keep themselves unnoticed.

Most of the children are greatly affected by their father's drinking, regardless of the developmental level to which they belong. The effects differ only in degree. Among the children, the ones greatly affected are the adolescents. The ambivalence, chaos, and their vulnerability somehow lead them to drink too. It is in the same developmental stage that the fathers had been affected by alcoholism, and have resorted to drinking to cope.

There are no mental patients in the families included in this study, but several common diseases were noted. Most of these illnesses are respiratory in nature (tuberculosis, broncho-pneumonia, asthma, chest and kidney problems, heart disease, weak lungs, leukemia), confirming the reports of Roberts and Brent (1982), Steinhausen et al. (1982), Stark (1987), and Haberman (1966), on the significant number of psychosomatic illnesses in alcoholic families.

The familial dynamics, the coping mechanisms of the wives, and the structures, rules and relationships which exist cause the alcohol dependency to continue, worsen and to be transmitted to the next generations. Underlying moral values are learned and passed on from generation to generation in these alcoholic families. What is transmitted, whether realized or not, verbalized or otherwise, are unclear values and experiences filled with other negative emotions. All five representative alcoholic families are witness to these realities.

Conclusion

The father's alcohol intake makes him behave irresponsibly and think unreasonably. He appears haggard and dirty, and his emotions shift drastically. He can become very unstable, thus creating chaos in the way the family communicates. The alcoholic will do anything to attract attention. He becomes violent, often destroying things and shouting at people or fighting with them.

The alcoholic family lies in the conflicted and severely troubled level of family competency. The basic mood is angry and antagonistic, where people are cautious and distant. The marriage is characterized by chaos and fights, since the power lies in the unreliable alcoholic parent. Communication and levels of intimacy are very ambivalent. Thus, family members are too paralyzed to deal with problems, loss and change. The values which are perpetuated in the family are unclear and inconsistent. The children become very unstable, and most of the members are afflicted with psychosomatic illnesses.

The father turns to alcohol for a sense of power in his otherwise powerless situation. In the process, he becomes violent, causing him and the family members to be weak. Most of the wives ignore or deny their husband's drunkenness, preferring to remain quiet and do whatever their husbands desire. The other wives fight back and lose control as well. The children are generally afraid and so they stay quiet and they obey everything they are made to do. They are cautious and hardly speak. Moreover, they serve as support systems to the mother, and in the process of being neglectful of their own needs and feelings, they cushion the blows in the home.

The family patterns of chaos, unpredictability, violence and alcohol intake are reinforced by the dependency and codependency systems. Since the mothers and the children behave as though they can survive with an absentee father, the alcoholism is then reinforced. The roller coaster of emotions are strengthened by the unwritten but powerful family rules of not feeling, talking, nor trusting. Thus, the survival roles of family members create a generational, perpetuating system. Even when the chaos and the violence are intense, these are sustained by the closed, stable system due to the ways the family members cope with the problem.

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