

“I Am My Mother’s Keeper”: Communication Between Substance-Abusing Parents and Their
Children

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The epidemic of substance abusing parents is a sensitive and rarely mentioned topic in both research and reality, as it is a struggle amongst family members who typically attempt to conceal the issue so as to not violating social norms. For the purposes of this study, “addiction” will be defined as the condition of being dependent on any given substance. The review of the literature will examine common themes experienced by children of substance abusers (**COSA’S**) in communication with their parents, including: a) Attachment Styles of COSA’s, b) Psychosocial Outcomes Associated with COSA’s, and c) The Parentification of the COSA.

Imperative to this investigation is the theory of attachment styles, as they represent the communication patterns of our caregivers, as well as the basis of our knowledge of relationships that our parents communicate to us (Wood, 2013). Attachment styles will aid in recognizing the ways COSA’s respond to parental treatment, as well as help explain the maladaptive behaviors typically associated with children of addicts.

Literature Review

COSA Attachment Styles

Given the nature of substance abuse to be “mind-altering,” it is fair to say that that which is mind-altering will also be communication-altering. In other words, parents who abuse substances will experience communicative interaction with their children differently, and perhaps less positively, than their non-addicted parental counterparts (Fals-Stewart, Kelley, Cooke, & Golden, 2003; Gallant, Gorev, Gallant, Perry, & Ryan, 1998; Schroeder, Kelley, &

Fals-Stewart, 2006; Stein, Rotheram-Borus, & Lester, 2007). Scholars in this field have identified attachment styles as a particularly important framework for understanding the way that communication—specifically expressions of love and parental affection—are distorted by substance abusing parents (SAP's) (Fals-Stewart et al, 2003; Gallant et al, 1998; Wood, 2013). Attachment styles reflect the ways in which children come to understand relationships as modeled by their parents' interactions, and while they emerge in developmental stages, they frequently leave a lasting imprint on the child as they progress into adulthood (Wood, 2013).

COSA's are particularly at risk for developing the more negative attachment styles that fall under the category of insecure styles. One of these such styles is an anxious-ambivalent attachment style, which refers to a disposition influenced by parents who are consistently emotionally unavailable to their children, leaving children to fend for themselves and mature at a faster rate. Ultimately, by the time these children enter adulthood, they are self-contained and adamant about not relying on others (Kelley, Nair, Rawlings, Cash, Steer, & Fals-Stewart, 2005; Wood, 2013). COSA's (who are already at higher risk for adopting insecure attachment styles) who develop this attachment style are more likely to adopt substance-abusing behaviors due to their lack of social support, in addition to their greater statistical probability of following in their parents' footsteps with regard to substance-abuse (Fals-Stewart, 2005; Hedges, 2012; Stein et al, 2007).

On the other hand, fearful-avoidant attachment styles refer to children who's parents provided inconsistent nurturing such that they were involved and affectionate sometimes, and disengaged and insensitive at other times. These children are typically confused, insecure, and distrustful of others due to their history of inconsistent nurturance (Wood, 2013). Children who

experience this attachment style frequently mature into adults who are insecure, self-critical, and fearful of intimacy, yet simultaneously have strong desires for intimate relationships (Fals-Stewart et al, 2003; Kelley et al, 2005; Wood, 2013).

A study comparing adult children of alcoholics (ACOA's) and non-ACOA adults found the former to experience significantly greater frequency of fearful-avoidant and anxious-ambivalent patterns than their non-ACOA peers, as well as greater fear of romantic rejection (Kelley et al, 2005). Addiction scholars often attribute insecure styles such as these to be a reaction to the psychological symptoms displayed by the addicted parent, particularly narcissistic, schizoid, and self-defeating behaviors (Fals-Stewart et al, 2003; Gallant et al, 1998; Hedges, 2012; Stein et al, 2007). These insecure attachment styles found in COSA's are consistently linked to issues in intimate relationships such as fearing intimacy or being chronically distrustful of others (Fals-Stewart et al, 2003).

These psychological symptoms, in conjunction with psychoactive effects from substances, influence the parenting style of substance-abusing parents (SAP's) such that their concern for themselves facilitates narcissism that often hinders their abilities to be empathetic, yet increases their dependence on their child for attention. Narcissistic tendencies are also associated with SAP's having inappropriate expectations of their children that often result in parent-child role-reversal, which is generally linked to poor psychosocial outcomes for COSA's (Hedges, 2012; Stein et al, 2007).

Psychosocial Outcomes for COSA's

Negative attachment styles only represent one of the many negative outcomes faced by COSA's as they progress into adulthood (Fals-Stewart et al, 2003; Schroeder et al, 2006). The

most common outcome associated with COSA's is their statistical probability to adopt substance-abusing behaviors given their parents' identity as a substance-abuser (Schroeder et al, 1006). However, this is not always the case for many COSA's, but that is not to say that they are not left with other harmful effects associated with the COSA identity.

Quite commonly, COSA's adopt an array of maladaptive internalizing behaviors, such as depression, and externalizing behaviors, like aggression or low self-esteem (Schroeder et al, 2006). These maladaptive outcomes enhance the potential of the child to acquire other psychopathologies aside from addiction, such as depression, anxiety, and conduct problems such as anger management issues (Gallant et al, 1998; Schroeder, 2006). Much of the extant literature on parental addiction has also found that child-abuse frequently accompanies substance abuse in the parental repertoire, which can invite even more harmful psychological and psychosocial outcomes for the COSA (Fals-Stewart et al, 2003; Gallant et al, 1998; Hedges, 2012; Schroeder et al, 2006; Stein et al, 2007).

However, the trauma of having a substance-abusing parent is not always associated with exclusively poor outcomes—there in fact are some long-term benefits that COSA's can attain from their experience (Gallant et al, 1998; Stein et al, 2007). The primary withstanding benefit of being a COSA is a knowledge of and great capacity for responsibility (Fals-Stewart et al, 2003; Hedges, 2012; Schroeder et al, 2006; Stein et al, 2007). As COSA's are often left with responsibilities that their SAP could not carry out (Stein et al, 2007), they inevitably have to assume responsibilities at a younger age and engage in *age-inappropriate* activities such as watering down alcohol bottles, being a caregiver for siblings, or calling 911 in the event of parental overdose. Thus, the more they practice responsibility, the more responsible they become

as individuals (Fals-Stewart et al, 2003; Gallant et al, 1998; Schroeder et al, 2006; Stein et al, 2007).

Similar to responsibility in that it is acquired at a younger age, (leading a child to ‘grow up fast’) awareness of other concepts usually learned in the maturation process become areas of great strength for COSA’s (Schroeder et al, 2006; Stein et al, 2007). This overall awareness is typically seen as people advance in age, but the fast-paced maturation process for COSA’s leads to developing this sense of awareness at a younger age (Kelley et al, 2005; Stein et al, 2007).

In addition to awareness of responsibility, awareness of social issues like diversity and discrimination also develops in COSA’s. This is likely due to their experience with parents who are inevitably viewed as different and/or abnormal by other families that may openly discriminate against the substance-abusing family as a whole (Gallant et al, 1998; Hedges, 2012).

Being subject to this discrimination repeatedly typically leads to an understanding of difference, and an eventual acceptance of having an identity that differs from generalized others (Fals-Stewart et al, 2003). This awareness can breed not only acceptance, but also a developed sense of empathy for the parent inflicted by addiction (Fals-Stewart et al, 2003; Kelley et al, 2005). This developed sense of empathy is often a strength for COSA’s as they approach personal relationships in adulthood, or pursue careers that demand qualities like empathy, such as social work or psychotherapy (Schroeder et al, 2006; Stein et al, 2007).

Parentification

Parentification is a term that refers to role-reversal between parent and child such that a child prematurely assumes parental responsibilities at an inappropriately young age (Hedges, 2012; Schroeder et al, 2006; Stein et al, 2007). This phenomenon is especially prominent in

families that engage in or are victim to high-risk behavior such as parental addiction, child-abuse, and the like (Fals-Stewart et al, 2003; Hedges, 2012; Stein et al 2007). Whether it is a negative or positive overall experience for the child, effects of parentification are long-lasting (Stein et al, 2007).

Parentified children have been associated with certain negative outcomes, such as feelings of incompetence and inadequacy (Hedges, 2012). This is likely because the care that a COSA had to extend to their parent(s), and possibly to their siblings, occupied the time and space traditionally designated for the COSA to learn how to care for themselves (Fals-Stewart et al, 2003; Kelley et al, 2005). On the other hand, feelings of inadequacy may emerge in COSA's who feel that they have failed in their care-giving abilities when the SAP experiences relapse or other harmful experiences involving substance abuse (Stein et al, 2007).

However, like many of the psychosocial outcomes for COSA's, parentification may provide positive, adaptive outcomes for COSA's (Hedges, 2012; Stein et al, 2007). The experience of being a care-giver entails a variety of important qualities such as patience, empathy, compassion, resiliency, and acceptance—all of which are traditionally seen as positive characteristics that can indeed serve COSA's well in their future (Fals-Stewart et al, 2003; Stein et al, 2007). These qualities may even aid in renegotiating insecure attachment styles as COSA's progress into adulthood, which could greatly improve the quality of life for COSA's (Kelley et al, 2005; Wood, 2013). However, little research has been done on the effects of parentification, especially in the context of parentified children of substance abusers.

Critique of the Literature

The research studies on communication between children and their substance-abusing parents are strong in that a variety of approaches are taken to view the phenomenon in various lights. The emergence of the concept of parentification as it pertains to children of substance abusers contributes greatly to understanding the experiences faced by COSA's. It is of great importance that parentification is studied further, as this body of research is weakened due to the tendency to neglect the viewpoints of the child, and put sole focus on the parents' experience.

The Current Study

It is imperative that more studies are done to understand and analyze the parentified COSA, as the results may even facilitate recovery efforts made by substance-abusing parents, as well as bring a sense of comfort to COSA's who may feel as though they are alone in their experience. Based on the above critique of the literature, specifically the lack of focus on COSA accounts of experience, the following research questions are posed:

RQ 1: What is the impact of parentification on children of substance-abusing parents with regard to how they communicate their identity within and outside the family?

RQ 2: Does parentification provide both beneficial and disadvantageous effects on children of substance abusing parents?

Method

Research for this study was conducted using qualitative methods in the form of in depth, semi-structured interviews. This methodology was applied due to the strengths of qualitative approaches to exact imperative information that may be neglected or unattainable through the use of other research paradigms. Additionally, sensitive topics, such as those regarding family or addiction matters, tend to be more comfortably and explicatively revealed through interview

processes as opposed to surveys or other methods of data collection. The phenomenon of parentification is therefore necessary to study in order to better understand the experiences of children of substance abusers, (COSA's) as well as to illuminate other salient experiential elements of addiction in the family.

Data Collection

Participants.

For this study, three participants who identified as *parentified* children of substance-abusers (COSA's) were interviewed for approximately an hour and a half in a private setting. For purposes of confidentiality, participants were assigned pseudonyms: Jacob (22 years-old), Carmen (22 years-old), and Derek (21 years-old). Jacob and Derek identified as male, and Carmen as a female. All participants reside in a major metropolitan city in the west coast of the United States, where the study was conducted.

Procedures.

The study was conducted at a private University in northern California in the Spring of 2016. Interviews took place in participants' homes to facilitate their comfort in the interview process, which proved to be conducive to more participant disclosures. Convenience sampling was used for this study, as revealing sensitive and stigmatized information such as matters of addiction tends to be done most effectively between people who are familiar with each other.

The interview was designed to exact participant accounts of their experience in being parentified by their substance-abusing parents (SAP's) by beginning with questions about family history, the communication between COSA and SAP, and the impact parental substance abuse had on COSA's. The questions that followed from there were formulated to reveal the specific

parentification experience endured by each participant, as well as to assess how participants' identities' (and expressions of identity) were influenced by the parentification process (to view a complete list of interview questions, see Appendix A). Interviews were recorded and transcribed, and averaged at about an hour and a half in length for a total of four and a half hours of interviews. Interviews commenced only after participants had consented to the research procedures.

Data Analysis

Interviews were analyzed using open coding to derive commonalities amongst participant accounts, which then underwent analysis wherein three significant themes emerged: 1) Anxiety Associated with Parentification Responsibilities, 2) Anxiety Associated with Existing as a Support System, and 3) Withstanding Effects of Parentification on COSA's. These themes, as well as future directions for research in this field, are presented in the remainder of this study.

Results

Research Question One

The first research question sought to answer what the impact of parentification was on children of substance-abusing parents with regard to how they communicated their identity within and outside the family. Participants remarked on their experiences in communicating with their SAP and found that parentification had mixed effects on their wellbeing and directly impacted their sense of identity.

Anxieties associated with parentification responsibilities. All three of the participants explained that they acquired high stress levels and immense feelings of anxiety with regard to the role-reversal between parent and child. Two of the three participants explained that they had

been formally diagnosed with moderate to severe anxiety disorders by psychiatrists, and when asked about the impact parentification had on them, anxiety and stress were the first sentiments mentioned by all participants.

The anxieties most emphasized by participants were those associated with feelings of responsibility for the parent and his/her wellbeing. Jacob, the son of a heroin addict, explained that this was the first type of stress he had experienced that was fatally consequential:

I had dealt with anxiety before because of my parents' divorce—so it wasn't like it was a foreign concept to me. But when my Dad's addiction grew more severe...I genuinely feared for his life everyday. I knew that with one shot, my whole family's life could be turned upside down more than the divorce ever could have. I started watching him like a hawk, thinking that if I could supervise that I could somehow prevent a disaster.

All participants mirrored this sense of responsibility for one's parent such that they believed if they could carry out the process of parentification and be a 'good' parent to their parent, then they could potentially heal their SAP and protect their family from the negative impacts of being associated with a substance abuser.

When asked about how their role as a pseudo-parent impacted their identity, all three participants remarked that they felt as though they became defined by their responsibility and sense of parental duty. Derek explained that he didn't even acknowledge opportunities to have fun or care for himself as a child because he was consumed with taking care of his mother:

I kind of just realized I wasn't going to have the same kind of adolescence as my friends could have...I couldn't afford to leave the house for too long because I had to keep an

eye on my Mom, because I had learned that catastrophe struck whenever I left...it was safest for me to be there.

Carmen spoke of the way her friends came to know her as the “mom” of the group, because she was always the one thinking of potential harms and long-term consequences. She acknowledged that her role as a parent made her very strict with herself, her family, and her friends, and that she struggled most with trying to behave appropriately in her various roles as daughter, sister, student, and parentified COSA.

Jacob too was adamant about his identity being largely a result of his being parentified. He claimed:

I am who I am because of him—I am responsible, cautious, and hell-bent on being successful and not like him. He has taught me about the kind of parent I want to be in the future...not the kind who puts their child through this. But, he also taught me to be humble, to care for my loved ones, and to look out for my family.

All of the participants spoke of the ways in which their parent’s addiction impacted their personal sense of identity and how it was communicated within and outside of the family in an ambiguous manner. All three COSA’s explained that they had a difficult time disengaging from their role as parent in the other arenas of their life, and that it was difficult to balance multiple identities. Jacob and Derek even employed self-descriptors like “drill sergeant” and “interrogator,” when referring to the strict nature of their parentified identity, while Carmen iterated that she was essentially “her Mother’s keeper.” These descriptions and accounts of COSA’s parentified experiences indicate that parentification prompted role-strain and role-

ambiguity that challenged participants' personal sense of identity and how they enacted it with family and friends/outsideers alike.

Research Question Two

The second research question sought to explain whether or not the parentification experiences faced by COSA's provided them with both advantageous and disadvantageous long-term effects. There was significant consensus among all three participants who believed that while challenging, their experience of parentification imbued them with both beneficial and unfavorable outcomes.

Anxiety associated with existing as a support system. All of the participants explained that alongside their role as a disciplinarian, they also had to cultivate a supportive and empathetic environment in interactions with their SAP's. When asked about the function of these supportive and immediate behaviors, all of the participants agreed that it was necessary to get through to their SAP when being authoritative failed to influence their SAP's actions. Derek explained how his mother would shut down eventually after he would have to discipline her, and that the only way to get her to engage was to be sympathetic:

If I were trying to explain to her that what she was doing was wrong, that it endangered her life and the lives of others—whatever it was—she would frequently break down and self-deprecate. I had no choice then but to try and comfort her, because if she doesn't have my trust and support then why would she ever listen to me when I try to guide her in the right direction?

Similarly, Jacob and Carmen explained empathetic practices as being part of their parentification regimen, though they framed it in a different way. They both explained that

empathy was usually being utilized as a response to support demands of their addicted parent. Carmen remarked on the frequency with which her mother would come home distraught, hopeless, and looking for a bottle, and how the only effective means of lifting her from that state was to be as supportive as possible. When asked what this entailed, Carmen stated that she found warmth and understanding to be the most helpful in changing her Mother's mood, and that she would typically embrace her mother and express positive reinforcement, such as acknowledging her as a good mother. This, she claims, is "just as much a part of my parenting responsibilities as is disciplining her."

Withstanding effects of parentification on COSA's. While all of the participants explained the immense struggles of being parentified COSA's, they all had at least one positive outcome that arose specifically from that experience. All three participants claimed that the hardest aspects of being parentified often translated into building character, making them stronger, and providing them with important knowledge of behavior and qualities to aid in influencing the behavior of others and improving relationships.

Perhaps the most frequently mentioned benefits attained from this experience were results of the abundance of responsibility that COSA's had to assume at a young age. Specifically, participants remarked on how their sense of responsibility helped in their self-discipline practices in terms of keeping themselves healthy and well-functioning. Jacob reasoned that his academic success was largely a result of his efforts to avoid his parent's fate through "parenting himself," while Derek posited that his passion for social work and his ability to help others were direct results of his parentified experience.

It was also common among all three participants to acknowledge their parent's stigmatized illness as a catalyst for their personal sense of acceptance and awareness of struggles faced by others. They all asserted that these qualities improved their other relationships, including their relationship with themselves.

Discussion

In answer to research question one; the interviews indicated that parentification has a significant impact on the identities of COSA's such that identity is compromised given the role-reversal between parent and child, specifically with regard to how the parentified identity conflicts with other elements of the COSA identity. COSA's found that this struggle manifested in their expressions of identity within and external to the family in that they found it hard to disengage from their role as parent and assume their other appropriate and designated roles outside of the family realm. Research question two sought to understand if both positive and negative effects could stem from being parentified, and all of the COSA'S believed that they had acquired both benefits and disadvantages from their experience. This indicates that while troublesome and taxing, the parentified experience provides educational and behavioral benefits.

These findings are in keeping with extant literature that has explored parentification as not being exclusively associated with negative outcomes, but rather state that positive ones also emerge (Hedges, 2012; Stein et al, 2007). Additionally, the results of this study further support the theory of parentification within the context of COSA-parent relations (Gallant et al, 1998; Fals-Stewart et al, 2003; Hedges, 2012; Schroeder et al, 2006; Stein et al, 2007).

There were several limitations to this study, however, beginning with the small sample size. Given the time constraints of the assignment, a small pool of three participants were

sampled for research, but having a larger sum could provide different, more diverse insights that could shed more light on the phenomenon of parentification. Future studies should include a larger sample and perhaps interview varying age ranges to see if time effects COSA's perceptions of parentification. It would also be interesting to see if dyadic interviews that include the SAP with the COSA would result in different findings.

The results of this study acknowledge parentification as compromising COSA's expression of identity such that they find it hard to disengage from their role as pseudo-parent, and confirm that COSA's are faced with both positive and negative outcomes with regard to parentification. These findings are extremely important as they can provide a framework for COSA's to better understand and interpret their parentification, and hopefully make them feel as though they are not alone in their experience. Additionally, knowledge of the process of parentification is important for parents—whether it is the SAP, the sober spouse, or both parents—because it can make them realize the extent to which the SAP's actions impact the COSA, and perhaps help them develop preventative measures to ensure that their child does not take on more responsibility than he/she can handle.

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Appendix A

Interview Questions

1. How is your experience in communicating with your addicted parent (negative, positive, mixed)—could you provide an example of that communication?
2. Are you close with your addicted parent, and if so, has it always been that way?
Why do you think your relationship is the way it is?
3. Does your addicted parent think that they have a problem with addiction, or do they deny it—depending on your answer, why do you think that is the case?
4. How does your parent's addiction make you feel?
5. Is the topic of your parent's addiction acknowledged within the family—and if so, how is it addressed?
6. How, if at all, do you discuss your parent's addiction with your family, and does that discussion include your addicted parent?
7. Could you describe a time when your family has communicated about this issue?
8. Has anyone outside of the family ever addressed this as an issue to you or your family members, and if so, how did that discussion go?
9. How, if at all, do you disclose your parent's addiction to outsiders? (friends, teachers, therapists, etc.)
10. How, if at all, has your parent's addiction affected you personally?
11. Has your parent's addiction had an impact on your family, and if so, what impact?
12. How would you describe your experience of the process of parentification?

13. Does being parentified impact your life within and outside of the family, and if so, how?
14. What, if any, responsibilities do you assume due to the actions of your addicted parent?
15. Do you think your upbringing was different from others because of your parent's addiction, and if so, how?
16. Do you feel responsible for the health and wellbeing of your addicted parent, and if so, why do you think you feel that way?
17. What are your views on substance use and abuse? Do you still use substances despite your parent's addiction? If you do, what are your thoughts on your use?
18. What negative effects, if any, have you experienced due to your parent's problem?
19. What positive effects, if any, have you experienced due to your parent's problem?
20. How do you view your parent's addiction?
21. What role do you think you play in your parent's addiction and why?