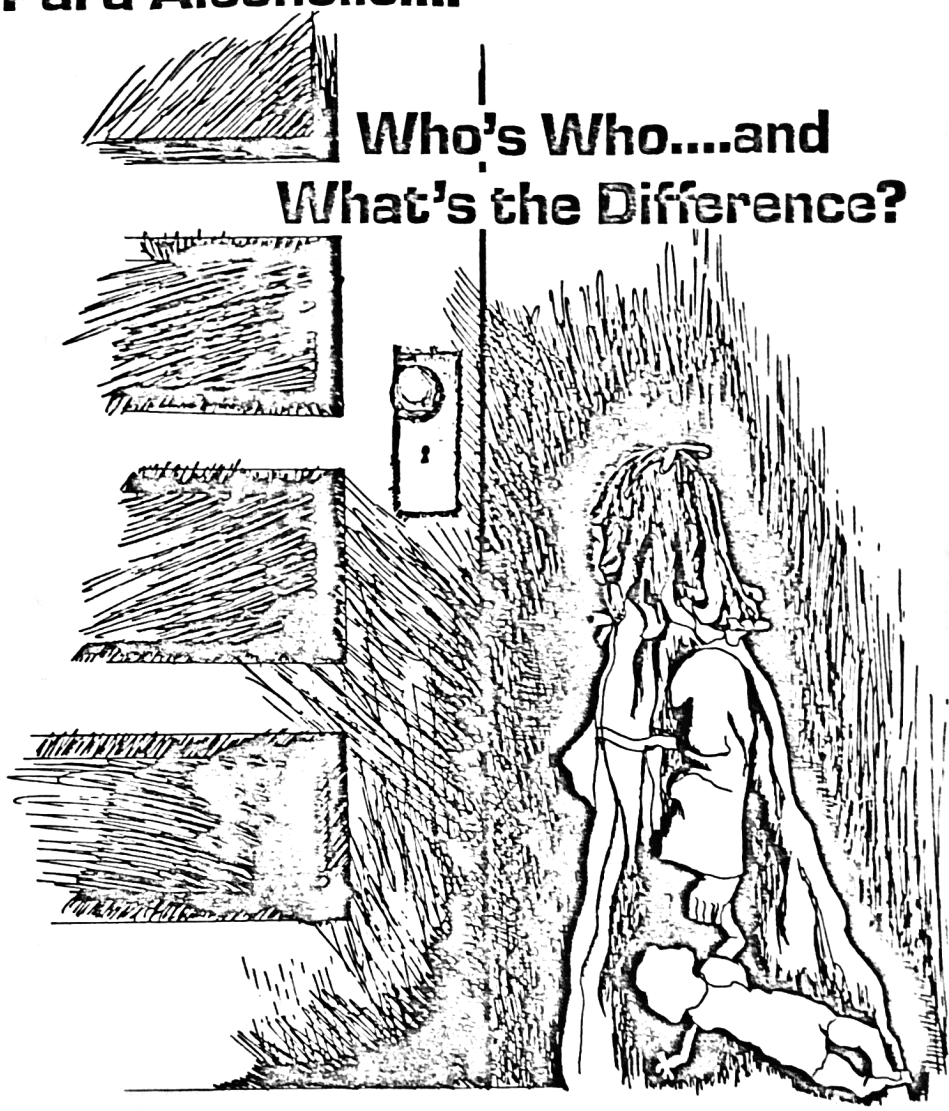
ACC - Family

Co-Alcoholic.... Para-Alcoholic.... Who's Who....and What's the Difference?

By Jael Greenleaf



For some time after we realized and began to fill the need to treat alcoholsim, we ignored the alcoholic's partner. Then, when family treatment became well established, it took still more time to discover a group that had inherited the worst of both worlds. In fact, that group, called "para-alcoholics," may have the most difficult recovery process we have yet to deal with.

The prefix co- means "with or necessary for the functioning of." The adult who helps maintain the social and economic equilibrium of the alcoholic is indeed co-alcoholic. So vital does co-alcoholic support become to the alcoholic that the loss or even threatened loss of it is often the impetus for treatment.

The prefix para- means "like or resembling." The child who grows up in a family with the alcoholic syndrome learns behavior from both parents and becomes a para-alcoholic.

The most immediate differences between the spouse of an alcoholic and the child of an alcoholic parent are volition and mobility.

Differences and Similarities

Adults choose their spouses; they can also choose to leave them. While the choice to marry may be naive and the choice to divorce may seem untenable, still, there is choice and mobility to carry out one's choice.

But children have neither the choice nor the mobility to enter into or exit from the parent-child relationship.

This may seem obvious and overly simplistic, but it is a vital consideration in understanding the causative differences between co-alcoholic and para-alcoholic behavior. Put more simply: The adult may *feel* trapped; the child *is* trapped. The adult is intrapsychially helpless, the child is intrapsychically *and* situationally helpless.

This brings us to the most important causative distinction — the adaptive response behavior of the adult versus the imitative response behavior of the child.

Children are not born with standards for evaluating behavior, social skills or moral values. They learn what they see and they do not learn what they do not see. Again, this may seem overly simplistic and vague, but when one considers that blind children must be taught to chew, one begins to have a sense of the importance of imitation in the development of a child's skills for living. Moral values and the limits of tolerable behavior are also initially acquired imitatively.

What do they see?

Thus, it is not enough to say that children are hurt by distorted parental behavior. We must ask what they see and what they do not see. What they do learn becomes the model not only for their own behavior, but for their choice of future relationships.

An American may learn Chinese as an adaptive measure while living in China. The ability to speak English is retained. Not only can it be used when necessary but the opportunity to do so will probably be comforting and familiar. If that American has a child while living in China, and the only language the child hears is Chinese, it should be no surprise when the child can speak only

Chinese. Such a child will find the opportunity to speak English threatening and bewildering rather than comforting or familiar. To insist that the child "shape up" on return to America and suddenly speak English is to indulge in the most cruel form of crazy-making.

So it is with para-alcoholic children. They grow up speaking a very strange language indeed, but it is the only one that they know. To insist that they suddenly speak "normie" because the alcoholic parent receives treatment or leaves is to pile crazy-making upon crazy-making.

Learned or Impromptu?

We must remember that the alcholism syndrome produces particular kinds of *behaviors*, not particular kinds of *people*. The first question we need to ask when we observe dysfunctional behavior is: Is this learned behavior or is it a naive attempt to fill a gap in the behavioral repertory?

If we understand that there is a difference between persons and behaviors we can work from a positive and active belief in the efficiency of change and in the inherent desire for health of all persons. We need not be the victims of our biographies.

We need not be victims of our biographies

We have worked so long to bring dignity to the treatment of the disease of alcoholism. It is time we recognize the dignity of those who suffer with them. It was only when alcoholism was differentiated from mental illness and other diseases that adequate and effective services for co-alcoholic and para-alcoholic persons depend on the same kind of differentiation.

Most of all, we need ourselves. If we do not provide adequate services for children, they will not go away. They will simply grow up and keep some alcoholism treatment programs in business. Perhaps some day, someone in one of those programs will wonder why there are so many clients with the same last name.

Jael Greenleaf is president of Greenleaf & Associates, a consulting firm. She is director of 361 Foundation, which designs treatment programs for dysfunctional families. She conducts workshops and training for children of alcoholic marriages.

BEHAVIOR/ATTITUDE	CO-ALCOHOLIC	PARA-ALCOHOLIC
Grandiosity	Often based on real assessment of task. A sort of martyred egotism at having done the work of two people.	Defense mechanism that is vital in preserving the nascent ego from collapse. Often based on fantasies of future success or revenge.
Managing/controlling others	Assumes spouse's responsibilites in order to preserve situation and status. Previous experience and skill.	Assumes parent's responsibilities in order to preserve own (and siblings) life. No previous experience or skill. By-product of terror.
Lack of trust	Disappointment in spouse often based on naive belief that spouse can or will be changed. Initial trust disintegrates.	Trust never develops due to inconsistent, unpredictable parental behavior. No visible model of trust. Trust is seen as a trick or a trap.
Denial of drinking	Suppression of accurate perception to avoid facing reality and/or taking action. Often includes magical thinking. Requires that other family members agree.	Initially accurate perceptions denied by parents, paradoxical messages result in confusion. Visible model of denial. Deep sense of shame.
Blaming/Projecting	Fear of admission of "failure to make marriage work"; avoidance of responsibility for making changes in own attitude/behavior.	Has never learned realistic consequences of behavior. No adult model for taking responsibility. No model of separateness or boundaries.
BEHAVIOR OR SET	**CO-ALCOHOLIC**	**PARA-ALCOHOLIC**
Lying	Learn to live with lies then begin to tell them. Aware of falsehood, intent to do good. Guilt-inducing.	No model for discriminating between truth and lie. No concept of value of truth. Guilt is rare.
Depression	Based on loss, frustration, and "might have been."	1. Deprivation, helplessness, loneliness. 2. Assuming adult or parenting role without adult skill; role confusion. 3. Modeled addiction to depression.
Flattened effect.	Stems largely from denial of drinking and problems. Avoiding loss of marriage ideal. Blocking **own** actions. Suppression.	Lack of feeling vocabulary. Reaction to negative judgement and/or direct reprimand. Reaction formation. Absence of healthy model. Model of flattened affect. Repression. Blocking **others** actions.

The above is excerpted from Jael Greenleaf's pamphlet of the same name. To order the complete chart and text write her at: Box 30036, Los Angeles, CA 90036, enclosing your name and full address, and a check or money order for $3.00 payable to Jael Greenleaf.