

Alcoholism's Hidden Curriculum

Learning to recognize them in our schools is the first step in helping the other victims of the disease: the children of alcoholics.

Alcoholism hurts us all. But those hurt most are the children of alcoholics. Their lives are devastated by the hidden curriculum of alcoholism, even if they never take a drink.

For example, children of alcoholics (CoAs) are victims of fetal alcohol syndrome, a leading cause of mental re-

tardation and birth defects, to the extent of 24,000 births yearly. They are victims of incest and suicide more often than others. More enter our juvenile justice system, prisons, and mental health facilities. Fifty-six million Americans report family trouble related to alcoholism, including 40 percent of child abuse. In addition, CoAs are at

four times greater risk than others for alcoholism; 40 to 60 percent develop addiction (National Council on Alcoholism 1986).

Even CoAs who escape birth defects, family violence, and alcoholism (more than half) suffer retarded social development and severe emotional scars. All are victims of alcoholism's *hidden curriculum*, a curriculum of devastation it often takes a lifetime to repair. CoAs grow up with distorted views of themselves and with little self-esteem. Without intervention, for example, CoAs are at great risk for marrying alcoholics, often more than once. They become addicted to compulsive behaviors of all kinds—all substitutes for feeling good about themselves (National Council on Alcoholism 1986).

The Hidden Curriculum

At the core of alcoholism's hidden curriculum is a domino effect of denial—a culture's denying that alcohol is a dangerous drug; our society's denying the magnitude of alcoholism; the alcoholic's denying addiction; the enabler's denying codependence¹; a family's denying daily abuse, violence, fear, and anxiety; and CoAs' denying their own experiences, feelings, needs, and, ultimately, themselves.

Parents in alcoholic homes are models of inappropriate behavior; for example, erratic, often violent, acting



Children of alcoholics show their suffering in many differing patterns of symptoms, making it difficult for their teachers to diagnose their troubles accurately.

out of feelings on one hand and complete repression of feelings on the other. Isolated by their denial mechanisms, egocentric children learn survival roles that disavow the pain inflicted by otherwise unacceptable behavior. They substitute being caretaker, scapegoat, placater, and entertainer for being children. Lacking healthy role models, CoAs learn patterns of behavior that dissociate thinking, feeling, and acting—patterns they may not recognize until many years later.

CoAs in School

The 28 million CoAs in the U.S. (Ackerman 1983) include 12 to 15 million students (Pilat and Jones 1984-85), who can be found in virtually every preschool, elementary school, and secondary school. They manifest a variety of academic and behavioral problems, which educators may not recognize as having developed as a result of living with alcoholic parents. For example, CoAs are prone to learning disabilities, attention deficit disorders, anxiety, and compulsive overachievement. Even where educators recognize alcohol's hidden curriculum, the needs of CoAs, the role of the school, and the adequacy of the curriculum in addressing their needs can be disputed.

Student CoAs bring their family roles to school, roles that allow survival in the alcoholic home but are dysfunctional outside it. These survival roles include compulsive superachievers who don't allow themselves to make mistakes, disruptive students unable to concentrate, "class clowns" demanding excessive attention, and quiet isolates little noticed by teachers or peers.

Ackerman (1983) has identified several criteria for identifying CoAs in school. These include signs of neglect in appearance or health; extreme fastidiousness; fatigue and listlessness as well as hyperactivity and emotional outbursts; and tardiness, poor attendance, and undue concern for getting home after school. CoAs may suffer unexplained shifts in academic per-

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formance and developmental regression. They may demonstrate excessive concern with pleasing authority, avoidance of conflict, and fear of home-school contact. No one criterion can identify CoAs. Rather, identification is based on a pattern of behaviors observed over time.

What Educators Can Do

There are a number of steps educators can take to address the needs of CoAs in schools. First, we can learn more about alcoholism and the children of alcoholics. Publications by Cork (1969), Deutsch (1982), Ackerman (1983), and Morehouse and Scola (1986) should be part of every school's staff development library. We also need to share children's books about alcoholism and CoAs with even our youngest students.

Second, we must examine our own experiences with alcohol, alcoholism, alcoholics, and our attitudes toward these. We can lead older students in making their own examinations by drawing on the growing number of available resources.

Third, educators and schools need to network with alcohol treatment

professionals, community agencies, and juvenile authorities; for example, in establishing identification and referral procedures, providing support groups, and coordinating community efforts.

These actions will help educators make effective use of available resources. But, ultimately, alcohol education must be an integral part of the school curriculum and of teacher education. Only when alcoholism and the children of alcoholics are no longer subjects to be covered up can educators and society make headway in the prevention and treatment of our most serious health problem. □

1. "Enablers" are people who take responsibility for an alcoholic, perhaps unintentionally, thus allowing the alcoholic to ignore, minimize, or delay coming to terms with the disease. "Codependence" is the specific condition characterized by preoccupation with and extreme dependence on another person.

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