

Breaking the Chain of Addiction's Intergenerational Legacy

The Effects of Trauma: How Pain From One Generation Seeps Into the Next

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Much attention has been paid by the media to chronicling the dark side of addiction; images of celebrities hiding behind sunglasses on the way in to or out of treatment are commonplace. But this is not where the story begins or ends. If only the same rapt attention was paid to the family members whose hearts, minds, and lives have been turned and twisted by the daily chaos and confusion that addiction engenders, the story would be more complete. It's easy to capture drunkenness. It wears a certain disheveled look that grabs our attention. But how do you photograph a broken heart or the shattered sense of self of the wife, husband, or child who lives in addiction's wake? The kind of neglect and pain endured by the loved ones of someone with a substance use disorder is hard to capture in a photo and the story of his or her pain just doesn't sell newspapers. This hidden pain can be much harder to identify, but its effects are nonetheless tenacious and long term. That churning angst can be concealed beneath the surface of a resigned smile or buried inside a quiet kid who doesn't make trouble. It can be what drives the acting out of a child or teenager or what vibrates beneath the surface of the over-achiever who works double time trying to restore the family dignity and ward off shame. It's the trauma that is the direct result of relationship neglect, abuse, and emotional abandonment and it can wear many faces.

According to the Center on the Developing Child at Harvard University (2015), “[t]oxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity — such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship — without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years.”

Growing up with parental addiction and the chaos and stress that surround it has emerged through research as being a primary cause of toxic stress. The child who grows up with addiction is often encircled by additional behaviors occurring in the home that also qualify as risk factors for toxic stress, according to the Adverse Childhood Experiences (ACE) studies performed by Robert Anda and Vincent Felitti (2006) and their team at the Center for Disease Control and Kaiser Permanente's



Health Appraisal Clinic in San Diego. Adverse childhood experiences (“ACEs”) tend to occur in multiples. Once a home environment is disordered by addiction, for example, the risk of witnessing or experiencing emotional, physical, or sexual abuse rises dramatically (Anda, et al., 2006). During one of his lectures, Dr. Anda described why ongoing traumatic experiences, such as growing up with addiction, abuse, or neglect in the home, can have such lasting effects. “For an epidemic of influenza, a hurricane, earthquake, or tornado, the worst is quickly over,” says Anda, “treatment and recovery efforts can begin. In contrast, the chronic disaster that results from ACEs is insidious and constantly rolling out from generation to generation.” If the effects of toxic stress are not understood well enough so that the children in these situations can receive some sort of appropriate understanding and support from home, school, and community, these children simply “vanish from view ... and randomly reappear — as if they are new entities — in all of your service systems later in childhood, adolescence, and adulthood as clients with behavioral, learning, social, criminal, and chronic health problems” (Anda, et al., 2010, p. 3). In other words, when childhood trauma goes unidentified and unattended, it re-emerges as other emotional, psychological, health and behavioral problems.

The Biology of Trauma

Our bodies can't tell the difference between a charging elephant or an abusive parent; our physiological reaction to either will be relatively the same. Nature has evolved in us a “fight or flight” response designed to allow us to get out of harm's way and stay alive. When we feel terror, whether from an attacking beast or a drunken or raging parent, in just a split second our fear causes us to spurt adrenaline, our hearts pump faster and we get increased supply of blood to our muscles so that we can flee for safety or stand and fight. However, children trapped in

homes where an addicted parent is the person in charge of their welfare can often do neither, so they do what they can; they stand there and take it, their bodies remain in the situation but they disappear on the inside. They collapse and withdraw into themselves (Van der Kolk, 1987); they freeze and those fight/flight stress chemicals boil up inside of them, undermining their overall health and well-being. Their fear/adrenaline driven urge to act on their own behalf to stay safe becomes thwarted and they are left with an underlying sense of pain, discomfort, resentment and even rage. This shutting down, dissociating or “freezing,” can be a barely visible reaction to trauma. We shut down our extreme emotional reactions, whether fear, anxiety or simmering rage, in order to keep from burning up inside, similar to how a dangerously hot circuit breaker flips to the “off” position to keep from overheating.

For hurting children, it's a double whammy. The very people to whom they'd normally go to for reassurance and to let them feel safe and to help them calm down are the ones who are causing their pain and fear. They lose access to their most immediate source of support and emotional regulation and their support people become people who cause deep pain that all too often does not get acknowledged and worked through.

The Child's Dilemma

Picture the child facing his or her drunk parent. The child is small and has limited reasoning skills, and the parent is physically larger with a more developed mind. When a parent is in a state of anger or rage, he or she is likely looking for someone on whom to pin his or her mood. Children are sitting ducks and can easily become the container of pain and blame. They absorb it and often wind up feeling somehow responsible for it.

They make sense of the situation with only the developmental equipment available to them at that particular stage of maturity. They feel abandoned by those people on whom they should be allowed to depend. Children who are abandoned in this fashion often learn to abandon themselves; they lose their ability to identify their



needs because they have not received the kind of consistent and reliable responses that allow them to learn to solidify the communication loop that would teach them what it feels like to be seen and heard. They do not learn good interpersonal skills, such as how to expect or need something from another human being, how to give back, and how to regulate their neediness and deep desire for connection within both themselves and their intimate relationships. This can lead to a loss of ability to find emotional middle ground. They lose their ability to “self regulate” or to easily “right” themselves when they get off balance, which can lead to the sort of black and white thinking and feeling that characterizes addiction.

Some of the factors that sear trauma in place and make it more likely that a child of a parent suffering from an addiction (COA) will develop PTSD include whether or not escape is possible, whether or not there is a power imbalance, and the length of time that the COA spends in a numbed out or dissociated state. The power imbalance between an adult and child is clear. The child is dependent and the parent is the one who has created the home and who is, or is supposed to be, in charge. (Dayton 2015) The parent has the keys to the house, drives the car, and supplies food and shelter. The child is trapped in a world created, run and paid for by the parent, with limited access to other resources or sources of support. He or she can try to fight back, but will eventually lose. Children quickly learn that if they fight back, they risk humiliation and hurt, getting into trouble, being hit or punished, or having their allowance taken away. Instead, they learn to comply, withdraw and shut down. They freeze and hold their pain, hurt, and tension in the musculature of their little bodies.

The combination of the power imbalance, the length of time spent in a dissociated state, and the inability to escape are factors that can contribute to PTSD or pain from childhood resurfacing in adulthood. When the trauma is relational and occurs at the hand of those who are meant to love and protect us, the loss of trust can be profound. The pain can lie dormant for days, weeks, years or decades. It becomes intergenerational when that COA grows up, becomes an adult (ACoA), and creates a family of his or her own. The very feelings of innocence, vulnerability and dependence that are a part of falling in love, raising children and creating a family can act as triggers for the unresolved pain they carry from childhood. The ACoA parent is “yesterday’s child” who never unwound his or her pain and got the help that was needed to understand himself or herself, and self in relation to others, so cannot bring to parenting what was never received or learned. In a classic seesaw pattern, ACoA parents may overreact or underreact to the emotional pressures of partnering and parenting; remember it is emotional middle ground that eludes the person who has been traumatized. Over reaction or under reaction characterize the trauma response.

Changing the Legacy

But these very triggers can also light a path into the unconscious, revealing to us what was once too painful to look at. What triggers us sends up a red flag as to where our buried pain lies. Once we can understand why we get triggered, we have a choice to re-enact and pass pain down to the next generation or to understand, work through and resolve lives; we do have a choice about how we play that hand. ACoAs need treatment as surely as anyone suffering from a substance use disorder needs treatment. ACoAs need to treat their trauma so that it does not engender pain, confusion and alienation in the next generation, and so that the trauma they pass on does not lead to a desire to self medicate in those close to them and contribute to the insidious, intergenerational pattern of addiction.

Because this pain can be hard to see, hidden under veil after veil of denial, repression and dissociation, it often goes untreated. At least with addiction, you have something to point at, and the problem is only too

visible. But the all too often silent suffering of those traumatized by growing up with ACEs can go unidentified both by the ACoA who does not wish to revisit his or her painful past and those close to the ACoA. However, it’s the responsibility of the ACoA to get the help he or she needs to become emotionally sober just as surely as the addict needs to become physiologically sober. PTSD is treatable, and experiential forms of group therapy have proved very successful in bringing an inner frozenness back to life and in giving pain a voice and safe space to express itself. Twelve step programs such as Al-Anon, CODA and ACoA groups provide a safe and ongoing container for pain to surface in an atmosphere of support and understanding alongside a new sense of good and orderly living.

The idea of growth through suffering is not a new one, but it has only recently been studied. *Post-traumatic growth* (PTG), a phrase coined by Drs. Richard Tedeschi and Lawrence Calhoun — editors of *The Handbook of Post Traumatic Growth*— describes the positive self-transformation that people undergo through meeting challenges head on. It refers to a profound, life altering response to adversity that changes us on the inside as we actively summon qualities like fortitude, forgiveness, gratitude, and strength that enable us to not only survive tough circumstances but also thrive. Twelve step programs have long operated with just these principles. Recovery offers an opportunity to transform personal pain into personal growth and to take the bold and self-affirming steps we need to take to save our children and grandchildren from the legacy of pain, and to break the chain of trauma and addiction.

A Call to Action from NACoA: Finding Freedom for Hurting Kids – What You Can Do

The first line of defense in a child’s life are teachers, pediatricians and clergy, as well as friends, family and neighbors. Those who touch the children’s lives on a daily basis are in a position to have the strongest impact in their lives.

Passing the pain of trauma through the generations doesn’t need to happen. We know that when children at early ages are provided with the education to understand what is happening in their family and have the nurturing support of even one caring adult, they can develop the capacity to become resilient and thrive despite the chaos at home. About the same time that the devastating findings of the ACE Study, and the trauma and PTSD that followed, were becoming known, the Substance Abuse and Mental Health Services Administration (SAMHSA) made available *The Children’s Program Kit*, an extraordinary and effective tool for educational support groups to help impacted children from early childhood through high school age. Thousands of kits were distributed and have been used in student assistance programs with the children of clients in addiction treatment, in Native American family education programs, and by other youth-serving agencies. Awareness of the devastating results of ignoring the study’s truth are increasingly apparent across our systems. Many of the program kits are still used in weekend camps, in treatment programs, and where student assistance programs still function. The ACE Study’s conclusions cry out for clinicians to become advocates for services for the children of their clients. Such programs provide curriculum based educational support groups with children of a similar age. In these programs, the children learn that their parents are trapped by a disease, that it is no one’s fault, and that there are people whom they can trust and who could help them to heal. Such experiences can change the trajectory of a child’s life. However, when the silence in the addicted family carries into the offices of the pediatrician and family doctor, and into schools, faith communities and youth organizations, the trauma from the chronic emotional stress remains invisible and unaddressed.

The potential is immeasurable for the enlightened clinician to impact both the healing of the client who is an adult traumatized in childhood (often an ACoA) and the client's children. Without that intervention, the client is likely to pass the pain onto their children and set the next generation up for mental health problems. Imagine what could happen if a handful of doctors, teachers, treatment administrators and local faith communities all decide to break the silence they have supported for too long and name the pain and confusion being suffered by the 1 in 4 children (Grant, 2000; 2006) within their reach. Breaking the chain of addiction and trauma that locks generations into cycles of repeated pain can start with one committed and compelling clinician who advocates with their clients to find recovery support services for their children and with the schools and courts to look deeper into troubled children and families and find treatment and support for their core issues rather than expulsion or incarceration.

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