Wish I Didn't Love You: Addicts and the Children That Love Them

By

Chelsea Richardson

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On a scorching September day, Alexandra Dos Santos reflected on her earliest memory of her father. She took a moment to think, fiddled with a straw wrapper and then her face lit up:

"I think it was at an ice cream parlor, and my mom was with me because they were divorced and she would have to come on the visitations with me. We went to this ice cream parlor-- it was like an old classic-style bar, it was an ice cream bar-- which is kind of ironic and I met him there and he brought me a stuffed cat."

The stuffed animal, whom she named Kitty Cat, is still in her possession and she fondly remembers it with a smile, but Dos Santos also remembers being embarrassed in public with her father because of his flamboyant behavior.

"Even as a kid I was always kind of embarrassed," she said. "He would always be really, really loud and that would embarrass me a lot, just be kind of like rude to the servers and stuff." Alex's father left when she was 6 months old and then her mother divorced him. Because she was young, her mother would come to weekly visitations and serve as a buffer between the two, a safety blanket, one she didn't want to go without.

"When I would see him, it was always like fun and laughing, like loudness and goofiness, it was never anything deeper than that," she said.

Dos Santos' father battled with alcoholism for much of her childhood and she, like many other children in similar situations, struggled to understand his sickness. Based on data from the combined 2009 to 2014 National Surveys on Drug Use and Health, about 1 in 8 American children, 8.7 million total, aged 17 or younger lived in households with at least one parent who had a past year substance use disorder (SUD). SUDs are characterized by recurrent use of alcohol or other drugs (or both) that results in significant impairment. About 1 in 10 children, 7.5 million total, lived in households with at least one parent who had a past year alcohol use disorder. About 1 in 35 children, 2.1 million total, lived in households with at least one parent who had a past year illicit drug use disorder.

The National Institute on Drug Abuse estimates that 25 percent of American children grow up within households where addiction to drugs or alcohol is present. Living with someone who has an addiction presents its own special terror. The hostile and often emotionally and physically abusive environment that substance abuse can create causes long-lasting effects and trauma on children and adults. Proper support and treatment are crucial to mitigating the damage, experts say.

According to a 2016 article "Families Affected by Parental Substance Abuse" in the journal Pediatrics, children whose parents use substances and misuse alcohol are three times as likely to be physically, emotionally, or sexually abused and 4 times as likely to be emotionally or physically neglected.

"Whether secondary to inconsistency in parenting, disruption or lack of healthy family routines and rituals, or parental conflict and stress, children of substance-using parents typically are denied the security that is associated with structure and stability provided by appropriate parenting," authors Vincent C. Smith and Celeste R. Wilson wrote. "The parent's SUD [substance use disorder] and the violent and erratic behavior that may be associated place the child at higher risk of being abused or neglected."

Anxiety and Apologies

Did she know that her father was different from other parents, did she know he struggled with alcoholism?

"I always knew it growing up, "Dos Santos said. "My mom protected me and she was always very honest." Her mother had always been transparent but the difference was clear, especially when she paralleled her father's actions, to her step father John's when they took her out one afternoon after a soccer game.

"I remember watching my stepdad, he was very calm and he could hold a conversation and then there was my dad, he was erratic with what he said, sometimes it didn't make sense, and then I saw the difference," she said. "A lot of the time I felt anxiety with my dad and with John, my stepdad, I felt a lot of relief of that anxiety."

After anxiety came admiration, as Dos Santos reflected on what she admired about her father. "He always apologizes," she said, "If he wrongs somebody, or he says something, he regrets or lashes out, I'll wait a few hours and he'll always come around and have some sort of apology." Dos Santos noted, though, that not much came of her father's apologies. "Usually

they're just kind of surface level," she admitted. "He always wants to move on and keep going, if we just leave things on a bad note, then I don't know when we'll talk."

With a swig of her iced coffee and a quick moment of reflection, she said, "He doesn't really learn from it, the apologies happen a lot." With a sigh and a shrug, she added, "I always accept them."

Twelve years later, her father has successfully under gone rehabilitation and remained sober. And despite their tumultuous relationship, Dos Santos respects her father and loves him. She even says her short stint in soccer was because she knew he would love for her to play. "It was one of those things where I just did it for my dad," she said, "My parents thought I needed to exercise and interact with friends, but I kind of hated it."

However, the anxiety she felt as a child is somewhat squelched because she can now deal with her father on her own terms.

"We have kind've gotten to a point where I'm old enough to stand up for myself and not feel nervous around him," she said. "And if something happens in public, I can take charge of the situation, which I couldn't do as a kid."

With over a decade of sobriety under his belt, Dos Santos is proud of her father's progress and his new beginnings, which include a new girlfriend and baby boy. She enjoys watching him handle the challenge, but has noticed that their interactions are primarily based around her new baby brother and while she doesn't mind that, she knows the relationship between her and her father isn't what it could be. She struggled to find her words, still fiddling with her straw wrapper, "We haven't been out together in a while," she said --"I don't know, he

doesn't really know much about me. We spend time together, we get the visitation hours in, but he doesn't know I like horror movies, he doesn't know about my past boyfriends or anything like that, nothing personal."

Dos Santos says that she is trying to be more open and vulnerable, but she too, is a work in progress. Towards the 2018 holiday season, Dos Santos decided that because she and her father were not on the best of terms, she was reluctant to use his actual name for fear he would discover her interview.

While Dos Santos' mother was transparent about her father's addiction and she is cognizant of the strain on their father-daughter relationship, many are not so lucky. The feelings of anxiety and embarrassment Dos Santos felt toward her father are not uncommon. The stigma surrounding alcohol addiction can be stifling and often families affected by it can be forced to participate in a charade that is almost oppressive.

Intergeneration Transmission

In "Children of Alcoholism, A Survivor's Manual", authors Judith S. Seixas and Geraldine Youcha discuss at length the effects on children raised with an alcoholic parent and how fostering that secret can result in harmful behaviors and long-lasting trauma. They describe how the nature of hiding such a shameful secret can cause children to feel shame or guilt as though they caused the situation and the constant denial or repression of these feelings can result in long-term mistrust or building meaningful relationships into adulthood, a phenomena psychotherapist Dr. Laurie Sloane has studied at length.

"When one or both of the parents have addictions, then the likelihood is that some aspect of that is going to be transmitted in a way that they attach to their children, the way they allow their children to attach to them whether it be insecure or secure." says Sloane, who has studied addiction and its effects on families for upwards of a decade. Parents with addiction, she notes, will have issues with parenting and may be unable to be mentally, physically and emotionally present for their children.

"The likelihood is, that if you have three siblings in a family and the mother is an alcoholic, the likelihood is that one of those three will become addicted, whether it's to alcohol or a substance." Dr. Sloane describes a type "of intergenerational transmission" that is a reasoning for the addiction. She also explained that the child who may develop this addiction, would then have issues of their own attaching to a partner and consequently their child, continuing the cycle. And while Dr. Sloane says there are no definite links of addiction to genetics, a study by the Perelman School of Medicine at the University of Pennsylvania published in April 2019 issue of the journal Nature Communications found 18 "genetic variants of significance" associated with either alcoholism or heavy alcohol consumption, a prerequisite for alcoholism. In Dr. Sloane's years of practice, she has seen some startling patterns and believes there may be a connection. Like authors Youcha and Seixas, Sloane also notes the air of denial with which many people with addictions struggle.

"People come and they blame everybody for their addiction," she said. "It's often anybody and everybody, and circumstances except themselves. They come to me when they have no one else left to blame." Sloane recounts that many instances of recovering addicts coming to her for help or guidance through recovery who have hit rock bottom and have been

caught by a spouse or relative who either didn't know they had relapsed or even had a problem with addiction.

"Shame and embarrassment are the hallmark features of addiction, they don't want friends, relatives, family members to know." Sloane said. But while family are an integral part of the recovery process, Sloane insists that those suffering from addiction must come forth of their own will, and usually family members seeking guidance come on their own accord to find ways to best deal with the stresses that stem from said addicted family member.

"It's very hard when someone comes in and they are not in any way ready to address their addiction," she said, "They may be ready to talk about the problems in a relationship but not about the addiction and it's like the elephant in the room. Sloane advises you must start where the person is and if they are not ready to give up their addiction, harm reduction, is good course of action. "Harm reduction is an idea, a model of treatment, where you start where the person is," Sloane says, "So maybe instead of getting high five times a day, they can agree to get high four times a day as a starting point."

"Elephant in the Room" syndrome, which is where families know a relative has an addiction and no one addresses it, creates an air of tension among everyone involved. Here, Dr. Sloane advises first addressing the issue. "The first way is to verbalize in a family that you all know there's a problem" she says. But with this approach, she wants families to understand that there may be resistance and, definitely, you cannot make someone stop doing something they simply don't want to. The person addicted must be an autonomous part of the recovery process and able to make and decline decisions every step of the way unless otherwise agreed upon.

Dealing with younger children, Sloane looks to give an outlet and also, coping mechanisms. “It’s like any family problem with young children, let’s say up to the age 11 or 12,” she says, “Often children think it’s their fault, they always blame themselves and the work with young children is to help them understand that it’s not their fault and they are entitled to have a lot of feelings.” She notes in many of these cases patients have a lot of grief and anger, with children she uses play therapy to release emotion and express their feelings. Sloane knows addiction is a difficult, complex issue. “Living with a family member or spouse who has an addiction problem,” she says, “is a really hard thing to bear witness to.”

Moving into the mind of someone struggling with addiction, Sloane notes that they are more than likely struggling with feelings of inadequacy, rage, insecurity and poor self-esteem. “The most consistent reporting that people with addictions have is emptiness.” she says. Those feelings of emptiness are exactly why recovery efforts are group oriented. Dual diagnosis are also common with patients who struggle from addiction. “Often they have an addiction to some kind of substance and they also have a mental illness concurrently.” she said.

‘Hold Each Other and Cry’

When Bryana Degraff remembered her mother Danielle, a tortured mind and the wish to take it all away isn’t what bubbled to the surface.

“It was my sixth birthday,” Degraff recalled. “She taught me how to wave like a princess, how to be a princess,” And some odd years later in the middle of a metropolitan Whole Foods, that little princess, clad in pink ruffles and a tiara, now 20 sat with all the poise of a true monarch. Degraff explained that she believed her parent’s union is what caused her mother’s

issues with addiction. To her knowledge, when they got together, the two began selling and using drugs. “She met my dad, they were young, she was gorgeous,” says Degraff. “He was selling dope, that’s how he spits it to me -- I’m pretty sure that means heroin, that means crack, that means everything, I don’t know if she ever sold or used before she met him.”

Subsequently, her mother lost custody of Degraff and her siblings (Degraff is one of seven children), so for most of Degraff’s childhood, she bounced around from family member to family member. But whenever her mother came to visit her at her great-grandmother Rose’s home, none of that mattered, they were the only two in the room. “She cared a lot,” says Degraff. “We would promise that when it was time for her to go we wouldn’t cry, but then we would just hold each other and cry.”

Degraff’s mother struggled with her addiction from the early 90s into the mid-2000s when she subsequently committed suicide, but her mother’s memory is filled with light and many lessons. “She had hope, she had faith in God; my grandfather was a reverend, that’s what I know I have too--true faith.” said Degraff. After moving in with her biological father who also suffered from addiction, she found several of her mother’s things which included self-help books. “She was struggling; she was in and out or rehab,” says Degraff. “She was healing.” As a child her family referred to her mother’s stints in rehab as “detox” leading the little girl to believe a little white patch on the bottom of her mother’s foot would cure her addiction. As an adult, she knows now her mother’s battle was more than that.

Degraff notes that her mother’s life was anything but easy, as Danielle was the only child of her parents, John and Sylvia, who were very young and not financially secure when they had

her, which resulted in them moving around a lot. But her mother was charismatic and smart, skipping two grades in elementary school and liked to sing. Degraff's mother was surrounded by an extended family of aunts and uncles. Degraff also knows that her mother was molested by an uncle, one whom she had to stay with for a short time as a child. "I know she had pain, trauma, hurt and that's all I can say." said Degraff.

Though Degraff has been living with her father for the past three years, the two could not reconcile their relationship. Prior to her living with him, the two did not speak and he was not consistently in her life. Though her father no longer abuses substances, he is a womanizer and Degraff believes he holds a lot of guilt about her mother's death. She lived in his apartment with all her siblings, but her father barely paid bills or provided groceries. So after several confrontations, the last in October 2019 resulted in him kicking her out of the apartment.

"I looked at him and I said okay," says Degraff. "Just know my mother is watching. He didn't say anything else after that." Her grandfather initially put her in a hotel for three days after the incident but that arrangement was not permanent. She has been living in a youth shelter since then, but she only sees this as a minor setback. "Although I'm "homeless", I'm okay," she says. "I'm always taken care of." Degraff is currently working at a production company on a paid internship and is attempting to save as much money as possible to get on her feet.

But she is far from the light at the end of the tunnel and her mother's suicide has had lasting effects she finds are a never-ending battle. Her mother Danielle jumped to her death from a two-story apartment building in California when Bryana was 11 and living in New York. Her

grandmother Sylvia followed her daughter Danielle to the rooftop where a struggle ensued, resulting in Sylvia breaking a leg. Still, she could not stop Danielle from falling.

"I couldn't sleep that night, I couldn't sleep" says Degraff. "The phone rings and it's my Aunt Tina and she's flipping out, and there's a lot of hanging up and calling back. At some point the calling stopped." Though her mother is no longer physically present, Degraff's bond with her isn't any weaker and Degraff says she feels very connected to her mother. "I have a deep sense that she's very sorry, we talk and though I don't know how to relay those conversations, we're on our way," said Degraff.

Degraff also is very self-aware of her harmful coping mechanisms like isolating her family and friends when she is having a rough time or using weed or other recreational drugs to deal with her feelings. "I definitely have a substance abuse problem, oh my God!" says Degraff." "I've said it to myself as a side note but never as a full conversation." This is another bond she shares with her mother and despite her struggles, Degraff knows her mother would be proud. "I know she would say I was doing great, keep your head up," Degraff said. "You're beautiful."

'Drugs Was Like the Norm'

When the crack epidemic took New York City by storm in the mid-'80s, the smokeable, much cheaper version of cocaine ravaged urban, impoverished neighborhoods. And while government regulation only sought out to demonize and criminalize dealers and addicts alike, fueling the "War on Drugs", critics say they did not provide adequate protection for children of parents suffering from the addiction. The introduction of crack also destroyed familial

relationships in these communities. The highly addictive nature and after-effects of the drug could cause parents to leave toddlers or children alone for long stretches of time compounding other types of neglect like starvation and abuse, or even magnify the effects of an infant crying. Many children found themselves in the care of extended family members or even child protective services. A study on African American grandparents serving as the primary caretakers of grandchildren (born during the crack epidemic) found that a disproportionately higher rate of African American children were living under their grandparent's care.

The opioid epidemic has once again reawakened these primal fears. According to the National Institute on Drug Abuse (NIDA,) in 2017 alone, more than 70,000 Americans died from overdose caused by illicit drug use or prescription opioids which was a two-fold increase in over a decade. And though the response is a lot swifter to provide resources and outreach programs, survivors of the original pandemic remember when addicts weren't given such grace.

Saneek Beard is one of these survivors. He was moved around from relatives in Brooklyn to the state until he was adopted at age 10. Both his mother and father as well as the maternal aunts he lived with used heroin or crack, but he didn't see anything abnormal about his upbringing.

"How can I explain this, I never looked at it as nothing wrong," says Beard. "I grew up in the crack era, when crack came through it was everywhere. To be honest I thought it was normal, everyone was on drugs. Drugs was like, the norm." He didn't find himself to be any imminent danger although the memory of his parents are foggy. "My mother? I remember her like when I

was around nine or 10 years old," he said. "My dad? Nothing, like blank, and the one thing I do remember was the last time I saw him, he was doing drugs; he was shooting up heroin."

Beard has six other siblings, the eldest of whom were old enough to take care of themselves by the time the state intervened, but he was adopted by the Bethea family in Hempstead, Long Island. "I went from a real bad situation and then was put in a good situation," he says. "It was like a culture shock."

However, even with his new "normal," Beard still struggled to adjust to his new environment and the jeering of his peers. "In elementary school, I was a terror," he said. "You know how kids are, they find out something about you and they just keep teasing and teasing." This constant bullying was the driving force behind Beard's tendency to get into several fights throughout his formative years until his adoptive father took him to a Rikers Island "Scared Straight" program to give him a reality check of what was in store for him if he didn't change his ways. "I've been good ever since."

And even though he admits smoking marijuana, he insists that it is his own leisurely hobby. "What I do, smoking a little Mary Jane, it's not because of them," he said. "That's what I want to do. Now at 41 with a wife and two daughters, things have come full circle for him and his humble roots in North Carolina are his main focus.

"I'm always going to be there for my family," he says, "I'm gonna take care of them."

He has high aspirations for his little girls, Olyvia and Lauren, for whom he says the sky is the limit. "They are still young, I just want them to explore whatever they love," Beard said.

“Right now, Olyvia loves to sing, so whatever they decide, whether its sports, the arts, I’ll be there to support it.”

‘There’s a Lot of Hurt’

Dr. Amy Levin, a substance abuse counselor in Tarrytown, N.Y., says that it’s important for children with loved ones or parents with addictions to be able to reach a common ground. “Pretty much anybody who grows up in a home with a loved one or a parent with an addiction, they are most definitely impacted,” says Levin. “These are kids who are really unsure, there’s a real sense of anxiety and mistrust; there’s a lot of hurt.” Levin clarified the objectives may be different for many patients who have survived living with someone who suffers from addiction, since there is no one-size-fits-all approach to counseling.

“In older adults, it’s more about not mirroring what they grew up with because many times we copy what we saw.” says Levin.” It’s about learning how to cope with stress, how to cope with adversity, without going to drugs or alcohol.” And although she does not specialize in the counseling of younger children and adolescents, the objectives would be helping them to understand that it is not their fault and there is nothing that they have or could have done to stop or prevent their loved ones’ substance abuse.

And though her practice focuses on a guiding patients through addiction and substance abuse with a loving hand, Dr. Levin is passionate about the education of the addiction and giving both who have witnessed addiction or suffered, options.

“There’s a lot of information out there that makes them think that they will become a substance abuser,” says Levin. “I’m not of the all-or-nothing mindset. It’s about amounts,

lifestyle and how it affects them." Dr. Levin also clarified that the accessibility to resources for families suffering through addiction is imperative and that there is much to be changed within the stratosphere of treatment as well as rehabilitation.

"One of the most dangerous drugs is alcohol and that's completely legal," says Levin. "It's about understanding what these drugs can do." Her objectives also include creating autonomy and choice for patients who most likely have grown up in an environment where they suffered instability.

"It's important for them to know, 'I have the ability to choose my own destiny'," Levin says.

For Dos Santos, Beard and Degraff, the struggle to overcome their pasts remains a daily battle.

"I have so many questions," says Degraff. "I just want to know why, but I guess I just may never know."

Sources

Beard, Saneek. Telephone Interview. April 2019

Degraff, Bryana. Personal Interview. 2 April 2019.

Dos Santos, Alexandra. Personal Interview. 4 September 2018.

Levin, Amy. Telephone Interview. 20 April 2019

Sloane, Laurie. Personal Interview. 30 October 2018

Bibliography

https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates

Fullilove, Thompson, Mindy. Watkins Xaviera, Beverly. "The Crack Epidemic and the Failure of Epidemic Response, 2001

Rachel N. Lipari, Ph.D., and Struther L. Van Horn, M.A. Rachel N. Lipari, Ph.D., and Struther L. Van Horn, M.A., "Children Living With Parents Who Have A Substance Abuse Disorder", Substance Abuse and Mental Health Administration, 2017.

Minkler, Meredith. Roe, Kathleen, Saunders, Frances., Thomson, Gregg E., "Grandmothers as Caregivers: Raising children of the crack cocaine epidemic", Medical Care Vol. 34 (Nov 1996), P.1072-1084.

National Institute on Alcohol Abuse and Alcoholism, https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-facts-and-statistics

Perelman School of Medicine at the University of Pennsylvania, "Study reveals genes associated with heavy drinking and alcoholism"

Sexias, Judith. Youcha, Geraldine, "Children of Alcoholism: a Survivor's Manual", Crown Publishers Inc.,1985, Print.

Smith, Vincent C. MD, MPH, FAAP, Wilson Celeste R. MD, FAAP, Committee on Substance Use and Prevention, American Academy of Pediatrics, “Families Affected by Substance Abuse”