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## **SUPPORTIVE EDUCATION FOR CHILDREN WITH ALCOHOL-DEPENDENT PARENTS\*\***

**Abstract:** This contribution deals with the influence of addiction in parents on social aspects of their children’s lives. Children having a parent with an addiction are at risk of experiencing direct effects, such as parental abuse or neglect, or indirect effects, such as fewer household resources. Previous research indicates that the negative effects of addicted parents may differ depending on the type of addiction the parent has (i.e., alcohol or illicit drug). Alcoholism has many victims but perhaps the most defenseless of them are the children of alcoholics. Instead of their parents being sources of wisdom and nurturing, such children have to survive with adults who are violent, unpredictable, and given to their own impulses and desires. Children of alcoholics face risks of mental health trauma and substance abuse in their own adult years, but whether they make the choices of their parents is a complex issue. Our paper describes the scenario of addiction in the family, its impact on the family and codependence syndrome. The author’s priority was to identify the consequences of parent’s alcoholism on children’s socialization and to describe the influence of alcohol dependence on the children’s adult lives. In the conclusion of this article the author offers options of solving this issue caused by codependence.

**Keywords:** *supportive education, children, family, codependence, alcohol-dependent parents.*

### **INTRODUCTION**

Alcohol use is often part of the fabric of marriage and family life, and although it is associated with certain positive effects, excessive drinking and alcohol disorders can exert a negative effect on the marital development and on the development of children in the context of the family (Leonard & Keilen, 2007).

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An addiction is an obsession which enslaves humans, rids them of their freedom and personal integrity. Without trying to fight to overcome it, great destruction awaits the human in their life (Křivohlavý, 2003). According to the World Helath Organisation, addiction is “The state of regularly repeated or chronic intoxication by psychotropic substances. The WHO considers an addiction an intoxication, as in, a consequence of repetitive ingestion of natural or synthetic drugs, when it shows an undeniably harmful effect on the individual, social group, or society” (Gohlert & Kuhn, 2001). The issue of addiction is worldwide. Many international – scale experts are looking for effective ways to get over an addiction or prevent it (Fischer & Škoda, 2009).

According to Gebattel’s theory (In Längle, Probst, 1997), addiction arises as a consequence of the feeling of emptiness and impulse leading to self-destruction, which every human carries inside of them.

In the paper, we focused on connections between the phenomenon of the alcohol depend parents and the concept of adverse childhood experiences. Children of addicted parents may react to what they experienced in primary families in different ways. The mutual interactions of risk and protective factors in family create an environment in which a child finds its own place, own explanations, and own ways to survive.

The aim of our work is to highlight the possibilities of helping children of dependent parents in school environments.

## **ALCOHOL DEPENDENCE AND ITS IMPACT ON A FAMILY**

Alcohol dependence is often called an illness. Alcohol is the most used and most socially acceptable addictive substance. It is used in many social rituals. One can obtain it without difficulty, for fairly little money, and it is available most everywhere (Straka, 2005).

WHO (In Drogy, 2014) states: “The dependence on alcohol comes in when one cannot, despite their best judgment, stop the usual excessive consumption of alcohol, or lower its intake without the apparition of abstinence symptoms”.

Mentions of alcoholism and its harmful effects were made as early as in the works of Hippocrates, Aristoteles, Galeanos or Avicennos, but the breakthrough in medical perception of alcoholism occurred on the turn of the 18/19<sup>th</sup> century. In 1849, the Swedish doctor Magnuss Huss, for the first time in human history, described alcoholism as an illness with a wholesome clinical description (Kunda et al., 1988). Alcoholism was officially accepted by the WHO as a medical problem 100 years later (Kalina, 2003).

The medical point of view differentiates among five basic types of addiction. Gohlert and Kuhn (2001) state:

1. Alpha Type, in which temporary mental addiction occurs, the individual does not lose control, he is though a conflictual, tipsy type, whose drunkenness causes minor familial and social misunderstandings.

2. Beta Type, typical by excessive, but not regular consumption of alcohol. The weekend or occasional drinker, not developing psychological or somatic addiction, but some somatic problems occur when consuming alcohol, such as nerve inflammation or gastritis.

3. Gamma Type, significant by the loss of control under the influence of the addictive substance, accompanied by psychological, and at a later stage, even somatic addiction. The alcoholic is still able to abstain, although the tolerance margin rises. Alcohol poisoning is regular in this type.

4. Delta Type is unable to abstain, but maintains control over the consumption, therefore excessive drinking and poisoning do not occur. This type has to drink alcohol daily, so they are almost never sober.

5. Epsilon Type is quite rare. After a couple of months, disturbances lasting more than one day occur due to compulsory drinking. Control is lost and a state of distortion occurs. These individuals tend to be clinically and socially inconspicuous.

Different types of alcoholism overlap, thus the development of the illness is marked by transitions among them.

Alcohol dependence not only influences the life of an individual, but also has a great impact on their family, A family with an addicted member has a range of complications, relationships get disturbed among its members, divorces occur (Vasilescu, 2011).

Most families and our society in general do not abide to clear rules (there are rather no rules) of substance abuse – especially when referring to alcohol. What happens in our families is decisive for behaviour of children. In this respect, sociological theories of deviations stress the importance of environment where children are raised, and which influences their opinions, attitudes, and values. This relates mainly to family, which is confirmed by many research studies. Boundaries, relations, and balance are violated in families with addicted parents. There are many risk factors in such environment. According to Savignac (2009), factors such as instable family income, broken family, frequent moving (family mobility), mental disorders / illnesses of parents, substance addiction of parents, young or single mothers, number of children in families and large families, single-parent families, and risky behaviours of parents in past belong to risk factors. Addicted parents fail in their roles, do not fulfil them in relations to their children or even to themselves. In the overview study, Čablová, Miovský (2013) identified the most frequent risk factors in educations as follows: absence of emotional ties and poor relationships in

family, low social support, parental control, family conflicts, absence of ties in family and absence of parental care, inconsistent approach, inefficient parenting, and presence of a drug-addicted parent. The research by Jandáč, Richterová, Šastná (2019) showed that higher parental control by father is connected with lower prevalence of children drinking alcohol, and mother's warm approach is a protective factor in prevention of addictions' emergence. Addicted parents fail in these approaches towards children.

We differentiate three basic types of alcoholic families:

*1. Families where the father is addicted to alcohol*

In the present, the father is still perceived as the main breadwinner whose most important duty is to sustain the family, mainly on the material side. This means that if the father is the one addicted to alcohol, the family suffers not only mentally, but also financially and/or materially. An alcohol-dependent father does not support his family financially, instead he uses his salary to satisfy his interests. It often happens that the father loses his job due to addiction, becoming unemployed, which is when he starts buying alcohol using the financial resources of his wife.

In the behavior of an alcohol-dependent father we recognise two situations: one, when he is under the influence of intoxication, and another in the periods of sobriety. A difficult situation for the relatives starts when the addict becomes aggressive in the period of intoxication, be it physically or verbally. In the time of the father's sobriety the family members are exposed to incessant promises, breaking of said promises, repetitive lying, evading answers, denying the alcohol problem and rationalization of the drinking.

In a family like this, the mother tries to take on the father's role. Many times, due to financial hardship, she works several jobs at a time to compensate for the financial deficit of the family, caused by the father's alcoholism. Caring for the family and the functioning of the household are all on her shoulders. Often, she spends extra energy to deny the alcoholic's problems and misdemeanours. She is chronically tired and overworked, which shows significantly on her behaviour, even towards her children. She is irritated and has inadequate reactions to her children and their needs. She tries to realise the situation and behave kindly towards her children, but given her state she oftentimes is left without even enough energy to smile. She is glad if the children do not have any bigger problems at school, which she would have to solve, and when she doesn't have to pay the least bit of attention to the child. The child is often screamed at, and in case some problems appear with the child, the mother emotionally blackmails them using the family's situation (Phrases like "Why are you making up more problems for me?", "Can't you see I'm busy?"). The child cannot understand the mother's behaviour, they reproach the mother mentally because they are unable to realise that her behaviour is caused by being overworked and the tiredness and exhaustion that comes with it.

A big paradox in this situation is that the child often tends to have a closer relationship with their father. The relationship with the alcohol-dependent father is not always negative. In fact, ambivalent emotions prevail: love and hate, hope and disappointment, friendliness, understanding, but also resentment, fear, refusal. The child is disappointed many times and this disappointment can lead to a lack of confidence not only towards the father, but is also generalised as a lack of confidence in the whole “outer world”.

## 2. The mother addicted to alcohol

In our society the mother is perceived as the one who makes the household function properly, cares for the children. If the mother is addicted to alcohol, the family suffers in this aspect, too. In a more advanced stage of the mother’s addiction, the children are neglected not only mentally, but also physically, they are dirty, hungry and go to school unprepared.

The situation goes unnoticed by the father/husband, probably because of work duties keeping him out of the house and family. The mother’s duties are most frequently taken on by the grandparents, or the eldest child of the family. In the case of the duties being taken on by the eldest, premature maturity occurs, because the tasks are not ones they would normally accomplish, regarding their age. The mother realises her addiction, she reproaches herself for the situation, tries to start again and live a “normal life”. She seeks impulses which would mean this new start, such as painting the house or moving, or a change of personal image or profession.

The addiction is habitually stronger, though, so the mother fights with repeating failure, which only reinforces her alcohol addiction. She also reproaches herself for neglecting her children.

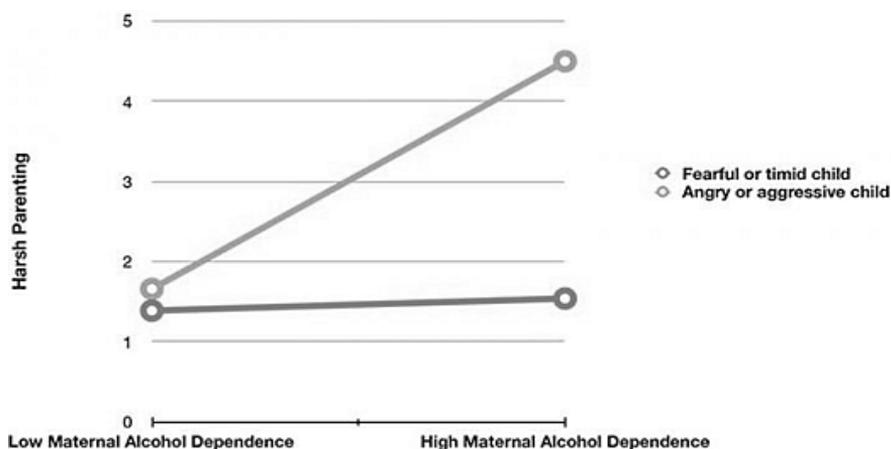


Figure 1. The incidence of harsh parenting is highest for mothers with significant alcohol-related impairments whose children show high levels of frustration, anger, or aggression (Dow, 2019)

In alcohol-dependent women, apart from the frequent remorse, we also observe, mainly at the start, a strong tendency of hiding the addiction from her surroundings, normally they manage to do this for a quite long time. Lies, evading and denying the problem take on a bizarre form. Uhlinger and Tschui (2009) state that one out of every three alcohol addicts is a woman.

Jacques et al. (2019) observed mothers and their children in two contexts: during free play and during a cleanup task. Coders then rated each of the mothers' interactions on a nine-point scale measuring the degree of harshness (The researchers also collected observations about the child's temperament through another set of experiments, and assessed the mother's alcohol dependence with the help of a widely-used diagnostic interview schedule). The study focused on mostly ethnic minority, low-income families, following a high-risk sample of 201 moms with their two-year-old children over a one-year period, observing behaviors during nine separate visits to a research laboratory. They found that:

1. Alcohol-dependent mothers act more harshly when disciplining, but not when playing with their child.

2. Alcohol-dependent mothers used harsher discipline when their child is highly frustrated, but not when their child is sad or fearful.

3. A child's temperament plays a direct role in how mothers react: when children express intense negative emotions such as defiance and anger, or aggressive traits, mothers are more likely to react harshly.

4. A mother's alcohol dependence is a significant predictor of harsh parenting over time—well above other parenting risk factors, such as mental disorders, the mother's age, and family income. Specifically, harsh parenting among non-alcohol-dependent mothers *decreased* by 36 percent over the one-year study period; however, among alcohol-dependent mothers harsh parenting *increased* by about 9 percent during that same time.

5. Mothers with greater psychological-behavioral difficulties stemming from alcohol impairment—who also have children with higher levels of negative emotions, behaviors, and characteristics—show higher levels of harsh parenting over time. Mothers with alcohol-related impairments were approximately 66 percent more likely to become harsher over time compared to mothers without alcohol-related impairments.

### *3. Both parents addicted to alcohol*

According to Okruhlica et al. (1998) this is a serious pathological situation, which, paradoxically, sometimes holds the partners together substantially longer than in asymmetric pairs, where there is only one alcohol-dependent person. In this case, the partners are not bonded by deep feelings or love, but by a common passion – drinking alcohol. They realise that a different, non-dependent partner would not

stay with them, whereas with this one they have feelings, problems in common, that are the center of their thinking. Even if they manage to get over the addiction and abstain, the relationship is almost always doomed. The abuse of alcohol in both partners has catastrophic consequences on the lives of their children. They are very vulnerable, mentally and physically neglected, sometimes abused. Many times, the phenomenon of parents alternating in drinking occurs.

The worst situation arises if both parents drink parallelly, at the same time. The atmosphere of the family is emotionally unstable, aggressivity prevails and the parents fail to bring up their children. The eldest children take care of the younger siblings. The parents' behaviour represents a difficulty for them. In many cases this supports the siblingly cohesion, but this is not always true. They could be aggressive and maladaptive and they fail in school. Influenced by the situation, they try to run away from home, many times they show suicidal thoughts or intentions. As adults, they show mental and social problems – they get into a repetitive, vicious violent circle – men become alcoholics and girls, more frequently than average, find addicted partners again (Bentovim, 1998).

Pathological addiction to alcohol and focus on it and its acquiring means the loss of interest for oneself in man, but also loss of interest in one's family, their sentimental life weakens, the family is disrupted (Višňovský & Valentík, 1989). A dysfunctional family system can create individual psychopathology, which then complicatedly affects the optimal functioning of the family as a whole (Matoušek In Sobotková, 1997).

The conduct of a family member within the family system is affected by the conduct of the other family members. Uncontrolled alcoholism menaces the effectivity of communication in the family, emotional relationships crash, the family members feel loneliness, emptiness. Often, the most important conclusion of alcoholism in the family is the children leaving at the first opportunity, although they are not ready for a self-sustaining life (Profous, 2011).

A family with an alcohol-dependent member gradually passes from a healthy one to being a codependent family, its viewpoint on addiction changes, it passes through several phases shown by changes in the members' behavior and are accompanied by diverse feelings.

## CODEPENDENCE SYNDROME

The term codependence emerged in the 80's in the United States of America. It started being used in treatment centers in Minnesota. They used it in alcoholics anonymous groups, with the members of the addicts' families. In the 40's, groups founded by addicts' spouses started to arise gradually. Their main goal was to understand the system and main principles of codependence and to learn to handle situations caused by it (Laskovská, 2007).

Codependence is characterized by a person belonging to a dysfunctional, one-sided relationship where one person relies on the other for meeting nearly all of their emotional and self-esteem needs. It also describes a relationship that enables another person to maintain their irresponsible, addictive, or underachieving behavior (Lancer, 2016).

Either a child, adult child, adult, partner, wife, grandparent or friend can be codependent. The nature of codependent behaviour is an uncontrollable need to help and control (Vasilescu, 2011).

Codependence is frequently the main reason why the family member's alcohol dependence persists.

It shows these characteristic signs:

- the need for caring after others,
- pathological behaviour,
- lack of self-confidence,
- incessant controlling and self-blame for the situation arisen in the family,
- long-time denial of the existing problem,
- predispositions for addiction,
- failing communication,
- insufficient boundary determination,
- little shown confidence,
- anger.

While statistics on codependence in children are lacking, experts agree that it is becoming an increasingly more prevalent problem. Historically, there was an expectation that children become more autonomous at a much younger age (Cassada Lohmann, 2013).

Jackson 1958 (In Gabura, 2012) describes the stages through which a family with an alcohol-dependent member passes:

- the family tries to deny the problem and have everything under control,
- the family tries to rid itself of the problem, isolating the member,
- the family is disorganised, conflictual situations and threats occur,
- the family desperately tries to find solutions, shows effort to reorganize,
- the family wants to flee the problem, the addict is isolated,
- the family reorganises by seeking specialised help.

According Cassada Lohman (2013) general rules within families that may cause codependency may include:

- Don't talk about your problems or how you feel.
- Feelings should not be expressed.
- Be strong and “suck up” your problems.
- Work hard, be good, seek perfection.
- Strive to meet unrealistic expectations.
- Do as I say not as I do.

Alcohol dependence in a family member remarkably affects their children. The family environment of Children of people with alcohol dependence (COAs) was characterized by lack of independence for its members, greater perceived control and lack of adequate cultural and intellectual activities (Raman, Prasad, Appaya, 2010).

There is help for recovery and change for people who are codependent. The first step is getting guidance and support. These symptoms are deeply ingrained habits and difficult to identify and change on your own. Join a 12 – Step program, such as Codependents Anonymous or seek counseling. Work on becoming more assertive and building your self-esteem (<https://psychcentral.com/lib/symptoms-of-codependency#5>).

## **HELPING CHILDREN WITH ALCOHOL-DEPENDENT PARENTS**

Pavelová (2009) states that in the current time, very little attention is paid to the codependent. She considers the existing self-help groups meaningful groups of people trying to achieve a new quality of life. She considers elements which help weaken the feeling of isolation in people with any type of problems, while also offering emotional support, or other help mutually offered among the group members, substantial in the work of any self-help group.

A significant element of the system is dealing with hardship through mutual help among people with similar difficulties (Matoušek, 2001).

According to Children's programme Kit (Supportive Education for Children of Addicted Parents) (2003), growing evidence suggests that genetics and social environmental factors can predispose children of alcohol-dependent parents to the onset of behavioral problems or to become abusers of alcohol or illegal drugs themselves. These children also are at a higher than average risk for problems in school and in social relationships, factors that can result in still greater stress for families in which parents are in treatment for substance abuse. Children of alcohol-dependent parents can and often do overcome the effects of these potentially damaging environmental and genetics factors. Proactive interventions, such as support groups for the children of parents in treatment for alcohol dependence can benefit both the children and their parents. The entire family can be strengthened, their stress levels reduced, their resilience enhanced, when services are provided to these children. Groups provide education, a safe and supportive environment in which children of alcohol-dependent parents can explore and express their feelings freely. They are a safety net, building a sense of belonging, reducing isolation, and enhancing protective factors. Groups also lessen children's confusion and provide a framework for understanding their experiences. Children are empowered in groups and they have fun.

In Slovakia, the self-help groups exist as an option of self-help for adult children of alcohol addicts. In 1935, the first of such groups emerged in the US. In these groups, friends and relatives of alcohol addicts come together to support each other, exchange experience, give each other strength to solve their common problem. The group was founded with the goal of helping families. Within Al-Anon, adult children of alcohol addicts meet because their parents' drinking has left consequences on them. There are no professional therapists nor specialised experts in Al-Anon. They create informal discussion groups, where group members talk about their feelings, learn to work with their fear, to understand their feelings, and work together on their healing.

Another option of effective help for adult children of alcoholics is social counseling. The primary goal of social counseling should be removing the victim, sufferer, or codependent role. It is necessary to help in removing feelings of anger, hate toward the addict and fear. Within individual counseling, there are solutions to any neurotic problems, which are the result of long-term trauma or victimisation. Importance is mainly attributed to education in the matters of alcoholism to exclude myths forthcoming from distorted information and possible stigmatisation.

Okruhlica (1998) is of the opinion that professional counseling in the area of addiction should be left in the hands of medical workers, as in, specialised doctors working in the area of addiction, psychologists and trained nurses. Pavelová (2008) opposes this, stating that specialised social counseling aimed at the area of addiction belongs not only into the competence of medical workers, but also social workers having acquired the necessary knowledge and having the personal prerequisites to work with an addicted client.

## CONCLUSIONS

Children of parents with alcohol dependence syndrome are particularly at high risk for substance use as well as other emotional and behavioral problems such as learning disability, hyperactivity, psychomotor delays, somatic symptoms and emotional problems (Raman, Prasad, Appaya, 2010).

Children who, in the family of an alcohol addict, are constantly injured and oftentimes confused by what's happening around them, protect themselves by lying, denying and hiding their feelings, and avoiding close relationships.

The addiction of the parent greatly affects the child's self-confidence. The child is not capable of social contact and constantly blames themselves for the pathological situation in the family. The lives of children with parents addicted to alcohol are affected even into adulthood. They have low self-esteem, feelings of inferiority, they are unable to finish tasks. They have a big problem relaxing in company, which stems from their high levels of self-control, and an inability to confide in other people. They use the form of defense, acquired in childhood and adolescence, in adulthood, without realising it (Šavrnochová, 2011).

It is necessary for children of alcohol-dependent people to get adequate help and could thus fully live their life. In our society, though, we do not yet realise the need for help for children who, during their whole life, have suffered due to the alcohol addiction of their parents.

The following tips can help prevent codependency and create a positive parent-child relationship:

- Establish a trusting relationship.
- Maintain healthy boundaries.
- Set reasonable rules.
- Set realistic expectations.
- Encourage your child to openly express his/her thoughts and feelings.
- Provide a nurturing and supportive environment.
- Allow your child to explore and be independent.
- Encourage problem solving. Don't rush to fix everything; rather, guide and encourage your child to find the solution.
- Provide positive feedback and give lots of compliments.

- Build self-esteem by encouraging your child to try new things, and to persevere with difficult tasks. Believe in your child's ability to achieve.
- Most important, build them up with words; don't tear them down.

A primary goal of parenting is to provide an environment for children to grow to be happy and independent adults. Codependent children will struggle to achieve that goal (Cassada Lohman, 2013).

Treatment of codependency includes education and individual and group therapy. Parents of codependent children must learn to challenge distortions and unrealistic expectations and identify self-defeating behavior patterns.

### **Pedagogical implications**

It is necessary to support specialised education of competent people working in this field. It is also indispensable to get a multidisciplinary team into their treatment, consisting of a special pedagogue, a social worker, a psychologist and a psychotherapist. Systematic implementation of specialised teams into practice can perspectively influence not only the mental health of alcoholics' children, but also diminish the risk of addiction in families they will further create themselves.

We consider it is important for school-age children to understand the issue of addiction. Therefore, we think that it is important to convey the topic of addiction risk to children through discussion not only in professional lectures, but also in selected subjects within the framework of teaching.

For individual work with the children of dependent parents, it is necessary to know the professional procedures. Van Fleet (1994) mentions the following as therapeutic goals which are applied for children in education:

- give the children the possibility to know and express their feelings,
- give the children the opportunity to be heard out,
- help the children find effective ways to solve problems,
- increase the children's self-confidence and self-worth,
- increase the children's confidence toward their parents,
- reduce the current problems,
- help the children develop a more active behavior,
- support an open and collective atmosphere inside the family (and also inside the school environment), which adds to the child's healthy and balanced development in all the spheres, social, emotional, intellectual, behavioral, physical and mental.

Two projects that are examples of programs meeting the criteria noted above are Project Northland (Perry et al., 2002) and Communities that Care (Hawkins et al., 2009). These community-wide programs used evidence-based school curricula, supplemented with parental involvement, peer leadership, and community action to achieve reductions in the onset of alcohol use in early adolescence.

Some pedagogical implications and possible ways of educational support we can see in specialised institutions offer a variety of programmes, procedures and ways of helping children of dependent parents. For example, Our health service (2021) offer some advices, how to help a child of a problem drinker. This and similar programmes are oriented towards an individual approach to the child and could therefore be well usable even in the school environment.

We treat as important, that children of alcoholics need the support of professional school counselors. Currently, many children of alcoholics remain unidentified within schools. Therefore, these students may not be receiving the counseling services they deserve and require (Lambie & Shary, 2005).

We can only affirm the already known suppositions that delinquency prevention in children and juveniles definitely depends on positive relationships. In our case, it showed that a good relationship with parents and school shows a lower risk of delinquency emergence in school environment. It also showed the relationship between the parents' employment, child's preference and subsequent risk behavior. Based on our findings, we can also formulate the supposition that in risk behavior (alcohol and other psychoactive substance use) it is not possible to use one's potential. This reflects that specific needs of children and juveniles require sensitive actions. It is therefore doubtless that it is necessary to give this issue an attention on the levels of education, science or practice itself. If young people learn to raise children without violence, its line will weaken and an ambiance of acceptance, understanding and affectionate relationships.

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## **СУПОРТИВНО ОБРАЗОВАЊЕ ДЕЦЕ ЧИЈИ СУ РОДИТЕЉИ ЗАВИСНИ ОД АЛКОХОЛА**

### **Резиме**

Овај рад се бави утицајем зависности код родитеља на друштвене аспекте живота њихове деце. Деца која имају родитеља са зависношћу ризикују да доживе директне последице, попут злостављања или занемаривања од стране родитеља, или индиректне последице, као што је мањи број погодности у домаћинству. Претходна истраживања показују да се негативни ефекти родитеља зависника могу разликовати у зависности од врсте зависности коју родитељ има (на пример од алкохола или недозвољене дроге). Алкохолизам има много жртава, али можда су најнезаштићеније од њих деца алкохоличара. Уместо да им родитељи буду извор мудрости и неге, таква деца морају да преживе са одраслима који су насилни, непредвидиви и да буду препуштени њиховим импулсима и жељама. Деца алкохоличара суочавају се са ризицима траума менталног здравља и злоупотребом супстанци у својим одраслим годинама, али да ли доносе одлуке као и своји родитељи је сложено питање. Наш рад описује сценарио зависности у породици, њен утицај на породицу и синдром међусобне зависности. Приоритет аутора био је да идентификује последице алкохолизма родитеља на социјализацију деце и да опише утицај зависности од алкохола на одрасли живот деце. У закључку овог чланка аутор нуди опције за решавање овог проблема изазваног узајамном зависношћу.

**Кључне речи:** *супортивно образовање, деца, породица, узајамна зависност, родитељи зависни од алкохола.*