IN CARE — *from previous page*

to visit any of the people she lived with for 14 years because "none of the parents have given permission".

- Stephen, aged 18, who has not seen his parents since he was admitted to St. Nicholas, aged five. *All* Stephen's friends have been banned from visiting, including children as young as seven.
- Phillip, aged 16, whose mother came to visit him last year for the first time that anyone could remember since his admission at the age of one. She had to ask a nurse to show her which one he was, and to introduce her. She stayed 10 minutes. There has been no parental contact since then. All Phillip's friends have been banned from visiting.
- Noelene, aged 15, who hasn't seen her father, a single parent, since her admission seven years ago. The last contact he had with the hospital was some four years ago when he saw a social worker and wrote a note of permission for a volunteer who was interested in Noelene, giving her leave to take Noelene to her home for outings. In late 1980 the hospital declared that this permission was no longer valid, despite the fact that they had not been in touch with her father, who is an intinerant worker. The volunteer has tried to visit Noelene several times since and has been refused admission, as have all Noelene's other friends.

The parents are not to blame for the situation of their children. The State has encouraged them to believe that their children are receiving the best of care and has effectively discouraged them from retaining involvement.

Possibilities for change exist. Victoria has a new Mental Retardation Division with many enthusiastic and forward-looking staff. The Mental Health Act and guardianship provisions are under review. Providing that the new initiatives are not stifled by the politicians or the budget, there is hope that the State will start to care for *all* its children.

Coda

The base-line requirement for a welfare service must be that it does no harm. There is an especial duty not to harm if the client has not sought the service, and has no way of withdrawing from it.

A service shown to harm its clients has three alternatives:

- It can reform itself. Reform has to be immediate or option three comes into effect by default.
- It can cease operations on the ground that reform is impossible.
- It can redefine itself as a penal service.

FAMILIES, CHILDREN AND ALCOHOLISM

Abstract: In dealing with alcohol abuse, a focus on the family is of importance. Conversely, in dealing with problematic children or families there is good reason to recognise the possibility of alcohol abuse. Awareness of the possible adaptiveness of alcohol in the family may assist the professional in helping the family to move.

INTRODUCTION

Practitioners in the field of alcohol and drug dependence are constantly aware of the profound effects of their clients' abusive drinking behaviour. Figures demonstrating the devastation to livers, brains, the road toll, driving licences and job performance abound. Although there has been increased awareness of family issues, this dimension is still low in the priority ratings of most alcoholism practitioners. Undoubtedly funding is attracted more readily for the prospect of reducing the road toll, treating defined medical problems, or reducing the high levels of problems in the workforce which are directly attributable to alcohol. Alcohol and drug agencies tend to operate within a medical orientation and/or a variety of intrapsychic psychological orientations. Interpersonal dimensions relating particularly to the family, tend to be ignored in favour of dealing with the individual and his or her psychopathology which expresses itself in substance abuse. Certainly in my working experience in three of Melbourne's agencies, I have become acutely aware of the powerful culture that assumes that once the individual has begun coping with their own problems, the family will spontaneously resolve its dysfunctional status. The attitude is changing but history still preserves the culture.

Current Work

The body of knowledge developing from the practice and research of a number of family workers makes it increasingly apparent that families are generally inextricably involved in the maintenance as well as the potential cessation of problematic alcohol use. The satisfaction I have experienced in seeing very visible movement in families together with their alcoholic members, personally confirms the importance of dealing with a whole system and has led me to work almost exclusively on the family level. I have been moved to start thinking "systems thinking", gain skills in family therapy, and encourage fellow workers and myself to overcome the fears of looking beyond the individual.

By the same token, it is striking how cautious many helping professionals are in identifying and tackling substance abuse. Steinglass believes that when alcohol abuse is evident, the behavioural and physical consequences are so overwhelming that it is hard to envisage a successful outcome to treatment and the case is unlikely to progress beyond the assessment stage. Professional stereotypes of alcoholics are also dissuasive, with images of poor motivation, self-indulgence and self-destructiveness. In fact only a small proportion of alcohol abusers can be categorized as such, and an even smaller number fit the "skid row" image. People with alcohol problems come in all shapes and sizes, and can be equally problematic being abstainers*, social drinkers, heavy drinkers or addicted drinkers. This too presents a problem of definition as to whose drinking is dysfunctional and whose is not.

Images of drunkenness can be distasteful to the professional if in fact they are real. Some workers have claimed to be deterred by threats of violence. However, real danger appears no greater than in any other area of health and welfare. According to

https://doi.org/10.1017/S103507720090289X Published online by Cambridge University Press

MAURIE HASEN

Maurie Hasen, B.Sc., B.S.W., has for the last five years been employed by three of Melbourne's major alcohol and drug treatment agencies. He is presently working as a Family Therapist at the Moreland Hall Alcoholism & Drug Treatment Centre.

Family therapy at Moreland Hall

Steinglass et al., and Bowen, greater understanding of the family system can be gained when observing the difference between sober and intoxicated interactional behaviour. The maxim, *in vino veritas* is surprisingly apt in exploring the function of alcohol in the family.

Problem drinkers often escape the attention of professionals dealing with children. Family therapists in particular, are familiar with the child as the identified patient and are easily led astray when the parental drinking behaviour is the adaptive or stabilising mechanism of the family, and the accompanying child's symptomatology is a complementary response.

The consequence of disregarding or not detecting problematic drinking in the family is enormous when considering the prevalence and magnitude of alcohol related problems in the general community.

Statistics

The Senate Standing Committee on Social Welfare reporting on alcohol in Australia states that:

— over one quarter of a million Australians can be classified as alcoholics,

— two in every five divorce or judicial separations result from alcohol-induced problems,

— in 1972-73 problems directly related to alcohol, including industrial accidents and absenteeism, cost the national economy more than $500m,

— alcohol is associated with half the serious crime in Australia,

— alcoholism among the young is increasing dramatically and as many as 10 per cent of school children between the ages of 12 and 17 get 'very drunk' at least once a month.

Amongst these figures that indicate the profound effects of alcohol abuse that must touch so many people's lives, the report estimates that "one million two hundred thousand Australians are affected personally or in their family situations by the abuse of alcohol". Jensen reports that since in alcoholic families a large portion of the family income is spent on maintaining the alcohol addiction, "alcoholism operates as one of the leading causes, if not the main cause, of secondary poverty in the [Australian] community". No doubt alcohol related and consequent symptoms expressed in the families contribute to the basis for dealing with a significant proportion of the clientele seen throughout the health and welfare field. To disregard the possible dimension of alcohol abuse is therefore inappropriate if not irresponsible.

The inter-relationship of families and alcohol abuse can be explored from two directions: a) the immediate and inter-generational effects of alcohol abuse on the family, and b) the effect of the family on the alcohol abuser. Although both directions are explored for the purpose of conceptualising a variety of subsystems that may be evident within a family, it is the inter-relationship of the two that is critical in maintaining the system. The balance lies in the adaptiveness of the drinking behaviour.

The Maladaptive Effects of Alcohol Abuses on the Family.

Families with alcohol abusing members demostrate discord, stress and perhaps even violence. Furthermore a lasting effect appears visible with the recurrence of similar family patterns in subsequent generations. So far, genetic studies (Goodwin), have only made tentative suggestions and appear discountable. Yet 53% of one sample of alcohol abusers (Ellwood) report drug or alcohol abuse in one or more of their parents, compared with 27% of the central population. Twenty-two per cent of the wives of alcoholics had fathers who were alcoholics (James & Goldman).

The British Medical Journal reports that between one-quarter and one-half of the fathers of alcoholics are alcoholics themselves, as are up to 20% of the mothers — rates five to 10 times greater than the corresponding figures for the general population. Children of alcoholics must therefore be subject to powerful influences to "inherit" alcoholism.

The Child's Attitude

Ellwood found that every child interviewed in his sample had some dysfunction in a significant area of behaviour. Over 90% of the children exhibited strongly negative feelings toward an alcoholic parent. In most cases alcoholic parents were unaware, or denied their child's illness or behavioural dysfunction. Thus treatment was often not sought when appropriate. El-Guebaly estimates that parental alcohol usage is related to 60% of the abuse or neglect of children.

The Parents' Attitude

Ellwood points to a number of similarities of child-abuse families and alcoholic families being, "parents' poor rearing experience, inability to use interpersonal relationships to satisfy emotional needs, low self-image and poor marital relationships". He suggests that uniquely, alcoholic parents

*Alcoholics Anonymous identifies the "dry drunk" who replaces alcohol with A.A. without making any significant changes to his/her alcoholic-type lifestyle.

https://doi.org/10.1017/S103507720090289X Published online by Cambridge University Press

demonstrate marked degrees of egocentricity and use alcohol to satisfy emotional needs rather than interpersonal relationships. The spouse of the alcoholic often becomes obsessed with attempts to control the substance abuse. Thus the child's needs are often ignored and nurturing is replaced by neglect, leading to feelings of rejection and the development of negative feelings toward the parents. The child has therefore not only poor role models, but also an overwhelming need for nurturance and ego-fulfillment, together with undeveloped skills at forming interpersonal relationships. It is therefore likely that the child will be predisposed toward behavioural disturbances, psychosomatic illness and more particularly (Gorsush et al.) substance abuse.

Child abuse is common amongst alcoholic parents who express uncontained hostility whilst intoxicated, as well as amongst spouses who may displace their frustration and anger with their spouse, toward the child. Generally systematic abuse is not evident. Rather, abuse is impulsive and once sobriety is attained the abuse ceases. (Ellwood)

Janzen maintains that familial dysfunction is in evidence far sooner than a decline in social functioning or work performance, and thus provides a valuable indicator for early intervention. The presenting symptoms mostly expressed through the child, tend to be undifferentiable to those generally indicative of familial dysfunction, such as a range of psychosomatic illnesses, behavioural problems, anti-social behaviour, school difficulties and substance abuse. On further inquiry elements more specific to suggest alcoholism in the family may become apparent. These may include the suggestion of child abuse, limited positive interaction within the family, inconsistent and rigid limit setting, fear and anger directed at both parents by the child, marital discord, limited family involvement in social activities, and limited close peer relationships of the child (Ellwood).

The Child's Symptoms

Although the child's symptomatology may not be unique, enquiry as to the possibility of alcoholism within the family is important, particularly if the child is not responsive to already established therapy. The inability to adequately treat the child's symptoms tends to indicate ongoing dysfunction within the family, and the pre-occupation of the family with the ongoing substance abuse. Janzen notes that since children are often exploited by parents to take sides in the marital disputes, children are not only victims but also active participants in the consolidation and continuation of the system, and will therefore not respond readily to therapeutic intervention whilst the rest of the system remains static.

A most frustrating response by the family and particularly the alcoholic, is one of denial. Alcoholics Anonymous often refers to alcoholism as a disease of denial, and many authors and practitioners (e.g. Berenson) report that covering up for the alcoholic by the spouse and children is a prevalent occurrence. Bearing in mind the previously mentioned constraints on many health and welfare professionals to identify substance abuse, it becomes all too easy to collude with the family in the denial of substance abuse. A simple direct inquiry is therefore often insufficient as a means to appreciate the extent of possible problem drinking, and the worker often needs to become more confrontational (O'Neill).

Thusfar it becomes apparent as Steinglass suggests, that within an "alcoholic system", "the presence or absence of alcohol becomes the single most important variable determining the interactional behaviour not only between the identified drinker and other members of the family but among non-drinking members of the family as well".

The Adaptive Effect of Alcohol Abuse on the Family.

It is evident that despite the possible disastrous effects of alcohol abuse for the family and its subsequent generations, abusive drinking serves some adaptive functions in the family. The idea of adaptive drinking assumes that the disease model of addiction is inappropriate in describing the maintenance of substance abuse. This is particularly evident when, after physical withdrawal from alcohol and on rejoining the family, the problem drinker will often quickly return to the same drinking patterns. Davis et al. are prompted to ask, "Why do people continue to drink when everyone knows it's so bad for you?" Their answer lies in the adaptive consequences of drinking, and that despite the many other uncomfortable or distressing consequences these are not aversive enough to limit or cease drinking behaviour.

Although each individual family has its own adaptive responses, Davis et al. and Stienglass et al. describe several case examples which give some idea of the adaptive function of drinking.

Moreland Hall, Brunswick

Right — Children, Parents and Maurie Hasen work together in Family theraphy.

In a relationship marked by aloofness and separateness whilst sober, interactional distance quickly decreased when drinking began. Warmth and caring were able to be expressed, and the rigidity of roles relaxed such that a monopoly of caring was not held by one person. In contrast sometimes clarification of roles and the distribution of power becomes more apparent when alcohol is used and thus acts to alleviate stress arising from the ambiguity of roles.

In a relationship that required an outlet for aggression and violence, alcohol provided the opportunity for controlled and manageable expression.

In a family which lacked affective communication, the onset of drinking animated all the family members, intensified inter-relating and heightened the level of openness particularly with the drinker.

There are many other family situations where drinking is adaptive. Sexual difficulties may be effectively avoided by the spouse rejecting the offending drinker or the drinker being conveniently too drunk to perform. Intimacy may be avoided or gained without the perceived threat of separation. The expression of feelings may be possible in an otherwise non-expressive milieu. Drinking may give unity to a family by providing a focus for its attention. It may also distract the family from issues that threaten its existence far more than the substance abuse.

https://doi.org/10.1017/S103507720090289X Published online by Cambridge University Press

CALL FOR NATIONAL CHILD PROTECTION CENTRE AT BRISBANE CHILD ABUSE CONFERENCE.

BUREAU NEWS

Professor Boss, Social Worker Professor at Monash University in Melbourne urged the Federal Government to establish a National Child Protection Centre in a report to the final session of the Second Australian Child Abuse Conference held in Brisbane recently.

Professor Boss said that the establishment of a centre was an urgent priority if the issues of child protection were to be given proper attention. He made his remarks during a report on the work Task Group which was studying the extent of research into child abuse in Australia, and whether a National body was a necessity.

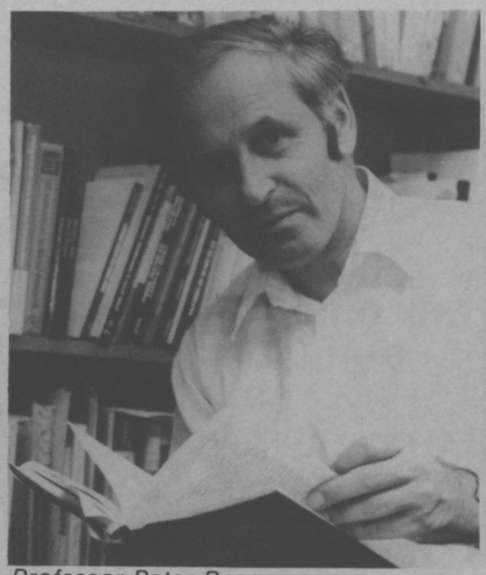
Professor Boss said that the dearth of research in Australia — (the last group discovered only about 50 research projects related to child abuse) was the primary reason why a National Centre was required.

At the present time there is no comprehensive directory of services available to those working in the field, there are no National figures on child abuse available and accurately estimating the numbers of children abused each year is not possible. Figures range as high as 100,000 children per year in Australia suffering serious physical abuse at the hands of some adult — usually their parent/s.

Professor Boss said that in the light of cuts in Government spending it was not anticipated that a large staff would be appointed to a National Centre, but the task group believed that at least a start should be made with a Director, Research Officer and clerical staff.

It was felt that the Centre should be established within the Department of Social Security and work in close co-operation with the office of Child Care, Wel stats and other bodies concerned with the general field of child protection.

Professor Boss said that he would be encouraging individual bodies to take the matter up with the Minister of Social Security, Senator Chaney.



Professor Peter Boss

PARIS CONGRESS ON INSTITUTIONAL ABUSE

The theme for the 4th International Congress on Child Abuse and Neglect to be held in Paris from the 8 — 10 September, 1982 will be "Child Abuse, Neglect and Exploitation in Institutions and in the Community."

Papers on this general theme are being sought and contributors are invited to submit abstracts to the organisers.

Information regarding the Conference can be sought from:—

DR. P. STRANS,
A.F.I.R.E.M.,
HOSPITAL DES ENFANTS MALADES,
149, RUE DE SERRES,
75730 PARIS. CEDEX 15. FRANCE.

https://doi.org/10.1017/S103507720090289X Published online by Cambridge University Press

Childrens Week

TUNE IN TO CHILDREN'S WEEK

Children's Week in Victoria begins on the 25th of October, 1981 with the theme "Tune in to Children".

It is hoped that the theme will ecourage communication with children particularly during *I.Y.D.P.* with children who are 'out of tune' through disability or deprivation.

Activities for the week will include:—

Sunday, October 25:	Official Opening of Children's Week at City Mall and Children's March to Sydney Myer Music Bowl for Teddy Bear Picnic, in association with F.E.I.P. and Radio 3XY.
	Children's Week Service, St James Old Cathedral.
Monday, October 26 — Saturday, October 31:	City Square, week-days noon — 2.00 p.m., Saturday 10.00 a.m. — noon. A series of children's activities including drama, dance, jazz, folk and orchestral music, young orators.
Tuesday, October 27:	Mission of St James and St John Stamp Gatherers' Club Rally, 10.30 a.m.
Wednesday, October 28:	Y.W.C.A. Universal Children's Day activities for schools at Royal Park.
Sunday, November 1:	Children's Fun Run, Alexandra Avenue, 11.00 a.m.

THE CHILDREN'S BUREAU NEEDS YOU!

The Children's Bureau of Australia was established in 1971, (it was know formerly as the Child and Family Welfare Council of Australia).

It has a membership approaching 200, comprising administrators, academics, child care workers from both the government and non-government sectors. Membership is open to persons or organizations with an interest in children. You are invited to write for further information. If you desire a Constitution will be provided on request.

The Children's Bureau of Australia is the only national non-government organisation with activities geared to promoting adequate and informed services for children of all ages. The Bureau seeks to foster in the community a practical concern for all children, and especially those whose lives are disrupted through breakdown in family life or other causes of disadvantage.

We initiate discussion, consultation and co-operation among voluntary and statutory child and family services organisations.

We bring an action orientation to the child and family services field, gathering information and data, identifying needs, assessing present services, and advocating changes where this is desirable.

THE CHILDREN'S BUREAU OF AUSTRALIA

P.O. Box 13
Black Rock
Vic. 3193

APPLICATION FOR MEMBERSHIP
(INDIVIDUAL)

SURNAME.....

CHRISTIAN OR GIVEN NAMES.....

ADDRESS.....

.....POSTCODE.....

PHONE NUMBER..... (BUS.)..... (HOME)

OCCUPATION.....

BUSINESS ADDRESS.....

.....

.....$.....

SIGNATURE.....DATE / /

MEMBERSHIP FEE

— ORGANIZATION $60
INDIVIDUAL $25

Members recieve a copy of the Bureau's quarterly Journal, Australian Child and Family Welfare and other selected publications.

https://doi.org/10.1017/S103507720090289X Published online by Cambridge University Press

NATIONAL SURVEY COMPLETED

The National Survey into Non-Government Children's Homes and Foster Care has now been completed and will be launched at occasions on various dates over the next few months.

The survey was commenced during 1979 and its objectives were:—

1. To identify trends in the admission of children into voluntary children's homes and foster care.

2. To identify the financial and other opportunities and constraints that exist within agencies providing substitute residential care.

3. To identify the extent to which these agencies are caring for children under the guardianship of their parents, and children under the guardianship of people other than their parents.

4. To obtain a profile of the organizational and caring characteristics of the various types of agencies providing substitute residential care.

A total 247 organizations were identified as coming within the scope of the Survey and information was received from 212. This provided information on 5,690 children — 4,285 in children's homes, 757 in homes for intellectually handicapped children, 364 with foster care agencies and 174 in homes for physically handicapped children and 110 in a home caring for both physically and intellectually handicapped children.

The Survey provides important information about children in care in Australia and the organizations that care for them.

If you would like a copy of the Report, please complete the slip above and return to the Bureau's office. Cost 10.00 plus postage.

The secretary,
Children's Bureau of Australia,
P.O. Box 13, BLACK ROCK, 3193.

Please forward.....copies of National Survey on Non Government Children's Homes to:—

Please use block letters

Name: .....

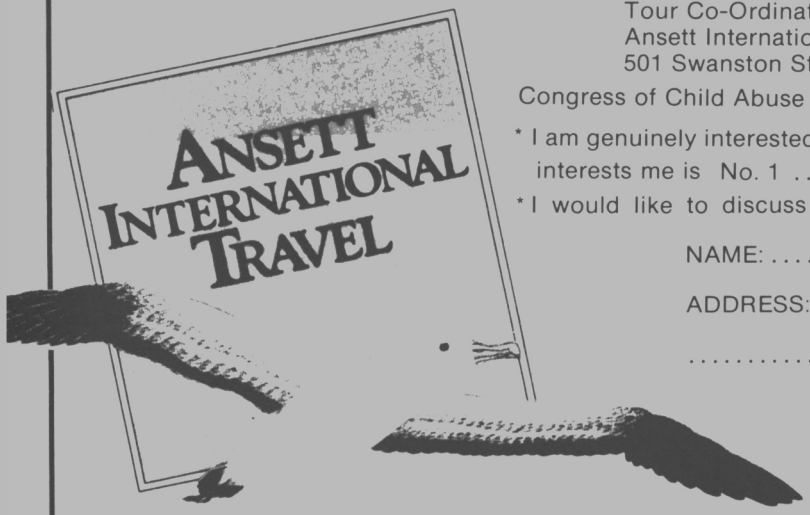
Address: .....

..... Post Code.....

Cheque for $ .....enclosed.

Cut out this coupon and return it to:

Mr Damon Rapke
Tour Co-Ordinator
Ansett International Travel
501 Swanston Street, Melbourne. Ph: 342 1851



Congress of Child Abuse and Neglect Paris — September 1982

* I am genuinely interested in attending the 1982 Conference. The tour which interests me is No. 1 ..... No. 2 .....

* I would like to discuss individual arrangements with Ansett International ...

NAME: .....

ADDRESS: .....

.....

Phone (Bus) .....

(Pvt) .....

Phone (Bus) ..... (Pvt).....

PARIS CONGRESS — SPECIAL TRAVEL PACKAGE

Ansett International Travel, in conjunction with the Children's Bureau have arranged a special package for members and others who wish to attend the Fourth International Congress on Child Abuse and Neglect which is to be held in Paris from 8th — 10th September, 1982.

Ansett are holding group allotments on two travel options.

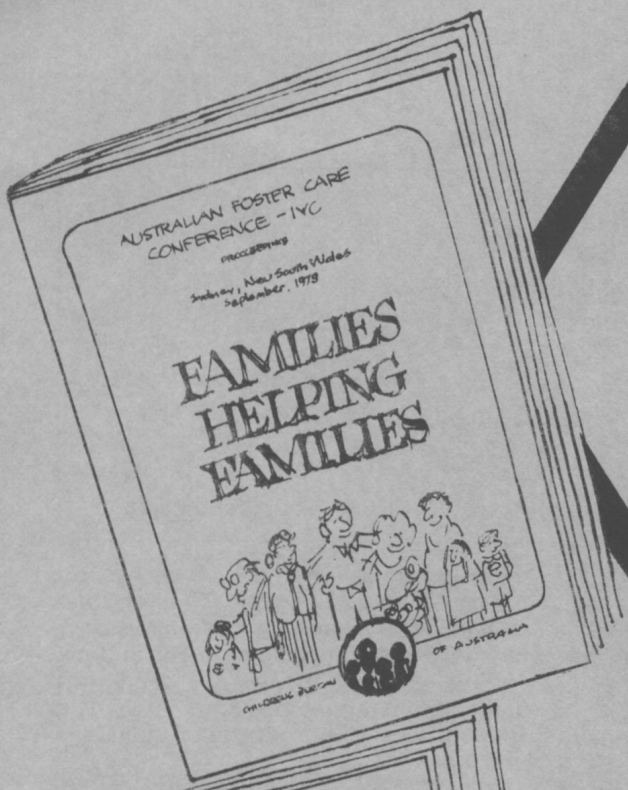
The first involves a Melbourne to Paris ticket departing 5th September and returning from London.

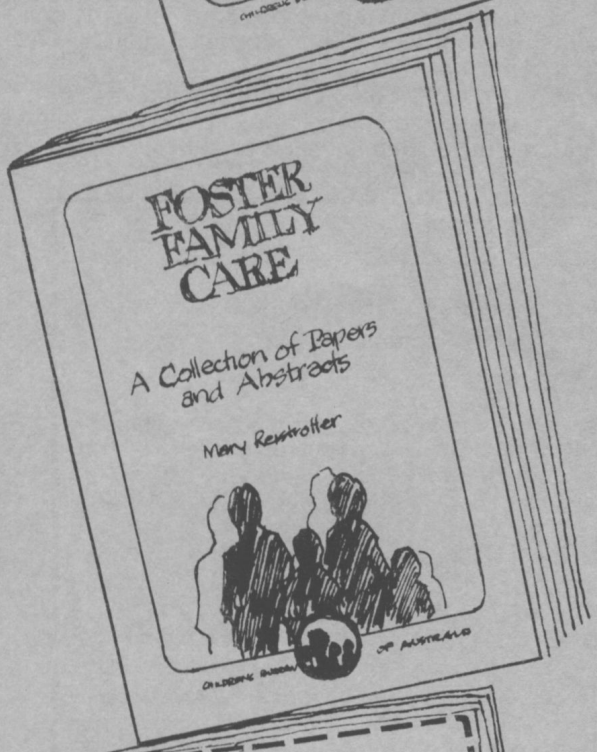
The second involves either a departure from Melbourne or Sydney — to New York (2 days) then to Paris (Congress duration), London (5 days), Los Angeles (3 nights), Honolulu (3 nights) and return to Melbourne.

Ansett International Travel will service individual travel needs as required by members not availing themselves of the above options which are based on Group Travel rates and benefits.

For further information or assistance kindly complete the attached form to ensure further particulars on either the group or individual travel to the Congress are forwarded to you.

https://doi.org/10.1017/S103507720090289X Published online by Cambridge University Press





TWO PUBLICATIONS ON FOSTER CARE— AND ONE TO COME

FAMILIES HELPING FAMILIES

Report of proceedings of Foster Care Conference held September 1979 Sydney. Edited by Mary McLelland.

(A useful collection of papers for all interested in Foster Care).

FOSTER FAMILY CARE

A Collection of papers and extracts by Mary Reistroffer. This book is necessary reading for foster parents, and foster care social workers and administrators.

...ONE TO COME

A further series of papers from Mary Reistroffer centred around the care of hyperactive children.

ORDER FORM

Please send me

1. *FAMILIES HELPING FAMILIES* ☐
2. *FOSTER FAMILY CARE* ☐
3. *I AM INTERESTED IN* ☐

Name .....

Address .....

.....

Therefore, in dealing with the alcoholic family a consideration of the adaptive consequences is necessary if the family is to move out of its alcoholic state.

Directions for Change

Bowen observes that stress appears as an outcome of the drinking behaviour, more severely in the person who is most dependent on the drinker than in the drinker per se. The greater the stress and anxiety, the more the recriminations, hostility or distancing, the more the drinking and thus the further the escalation of this system such that family members become more strongly entrenched in their defined roles within an alcoholic family. The ever increasing levels of anxiety and drinking may be limited by simply assisting the non-alcoholic spouse to deal with their own anxiety or their dependency on the drinking partner. A "loving detachment" is one of the basic principles of Al-Anon, the self-support group of spouses of alcoholics. Most authors similarly agree that effective change may result only when the family pattern of sustaining the alcohol abuse is changed, and this can best be achieved by encouraging the spouse to become emotionally detached. The only other alternatives for the spouse are to continue in the same behavioural pattern or to separate completely. When offered these three alternatives it becomes very apparent that the focus of the non-drinking spouse's attention needs to be on him or herself and that there is nothing that they can directly do to change their spouse's drinking behaviour. They can only create the context in which the drinker is allowed the possibility of change. No guarantees can be offered as to whether the drinking will lessen. Indeed drinking may intensify and accompany other self-destructive threats in order to bring the spouse back into the alcoholic system. It is not uncommon, however, that when, despite the threats or cajolement the drinker realises the spouse is acting in all seriousness, that there is no alternative short of heading towards rock bottom or making a conscious decision to do something about the drinking. Regardless of how the alcohol abuser behaves, the rest of the family are able to focus on themselves and become free of the constraints involved in trying to live within an alcoholic framework. Throughout this movement the family is treading on new ground and requires support and encouragement. Should the drinking cease then the whole family may wish to explore alternative modes of relating and behaving, and at this phase effective family counselling or therapy may begin.

There are not many answers to questions of substance abuse, but the directions are clear. A systems view which considers the whole family looks beyond the individual and his problems, and allows an examination of interactions that maintain the drinking behaviour as well as other dysfunctional patterns. Within this framework, alcohol problems cannot be overlooked even when the presenting symptoms initially appear unrelated.

Alcohol abuse is a "family disease" and thus requires the family's participation in therapy. It also generates many symptoms in other members of the family and thus investigation needs to be made regarding the possible coexistence of substance abuse with the presenting problem. Neither the alcohol abuse nor the family should be underestimated.

References

1. Steinglass, P., (1976) Experimenting with family treatment approaches to alcoholism, 1950-1975: A review, *Family Process* 15:97-123
2. Steinglass, P., Davis, D.I. & Berenson, D., (1977) Observations of conjointly hospitalised 'alcoholic couples' during sobriety and intoxication, *Family Process*, 16:1-16.
3. Bowen, M., (1973) Alcoholism and the family system, *The Family*, 1:20-25.
4. Baume, P., (1977) Drug Problems in Australia, AGPS, Canberra.
5. Jensen, G., (1977) The family & alcoholism, in The Family in Australia, eds. J. Krupinski & A. Stoller, Pergamon, pp230-39.
6. Goodwin, D.W. (1980) The genetics of alcoholism, *Substance and Alcohol Actions/Misuse*, 1:101-177.
7. Ellwood, L.C., (1980) Effects of alcoholism as a family illness on child behaviour & development, *Military Medicine*, 145(3):188-92.
8. James, J.E. & Goldman, M. (1971) Behaviour trends of wives of alcoholics. *Q.J. Stud. Alcohol* 32:373-381, 1971.
9. British Medical Journal, Editorial, 281:1301-2, 1980.
10. El-Guebaly, N. & Offord, D.R., (1977) The offspring of alcoholics: A critical review, *Am. J. Psychiatry*, 134:357-65, 1977.
11. Gorsush, R.L. & Butler, M., (1976) Initial drug abuse: A review of predisposing social psychological factors, *Psychol. Bull.*, 83:120-137, 1976.
12. Janzen, C., Family treatment for alcoholism: a review, *Social Work*, 135-141, March 1978.
13. Janzen, C., (1977) Families in the treatment of alcoholism, *J. Stud. Alcohol*, 38:114-21.
14. Berenson, D., (1979) The therapist's relationship with couples with an alcoholic member, in Family Therapy of Drug & Alcohol Abuse, eds. E. Kaufman & P.N. Kaufmann, Gardner Press Inc., N.Y., pp 233-242.
15. O'Neill, P., (1976), Alconfrontation, *Australian Journal of Alcohol and Drug Dependence*, 3:2, 43-45.
16. Steinglass (1976) p.106.
17. Davis, D.I., Berenson, D., Steinglass, P. & Davis, S., The adaptive consequences of drinking, *Psychiatry*, 37:209-215, 1974.

https://doi.org/10.1017/S103507720090289X Published online by Cambridge University Press