CHAPTER 6- PREVALENCE OF ANXIETY IN CHILDREN OF CHRONIC ALCOHOLICS

6.1 Introduction 142
6.2 Materials and Methods 144
6.3 Results 145
6.4 Discussion 146
CHAPTER 6 - PREVALENCE OF ANXIETY IN CHILDREN OF CHRONIC ALCOHOLICS

6.1 INTRODUCTION

Anxiety (also called solicitude) is a physiological state characterized by cognitive, somatic, emotional, and behavioral components (Seligman et al., 2001). These components combine to create the feelings that we typically recognize as anger and known as fear, apprehension, or worry. Anxiety is often accompanied by physical sensations such as heart palpitations, nausea, and chest pain, shortness of breath, stomach aches, or headache. The cognitive component entails expectation of a diffuse and certain danger. Somatically the body prepares the organism to deal with threat (known as an emergency reaction) blood pressure and heart rate are increased, sweating is increased, blood flow to the major muscle groups is increased, and immune and digestive system functions are inhibited (the 'fight or flight' response). Externally, somatic signs of anxiety may include pale skin, sweating, trembling, and pupillary dilation. Emotionally, anxiety causes a sense of dread or panic and physically causes nausea, diarrhea, and chills. Behaviorally, both voluntary and involuntary behaviors may arise directed at escaping or avoiding the source of anxiety and often maladaptive, being most extreme in anxiety disorders.

Alcoholism is widely recognized as a major problem in our society. But many do not realize the impact which this disease has on the persons who grew up in an environment of alcohol or drug abuse. This experience results in a recognizable and treatable condition which can be passed from one generation to the next. Despite the widespread recognition and acceptance of alcoholism as a family illness, children of alcoholics continue to be ignored, misdiagnosed, and under treated.

Children of alcoholics are prone to experience a range of psychological difficulties including learning disabilities, anxiety, attempted and committed suicides, eating disorders, over-achieving and other forms of compulsive behavior. Physical symptoms of General Anxiety Disorder include, Restlessness, Fatigue/Inability to sleep, Difficulty in concentration, Irritability and Muscle tension (Clark et al., 1994; Al-Gelban, 2007, Beesdo et al., 2007).
Children with GAD tend to be very hard on themselves, striving for perfection, sometimes redoing tasks repeatedly. They may also seek constant approval or reassurance from others.

Previous reports suggest that children of alcoholic often adapt to the chaos and inconsistency of an alcoholic home by developing an inability to trust, an extreme need to control, excessive sense of responsibility, and denial of feelings, all of which result in low self-esteem, depression, isolation, guilt, and difficulty maintaining satisfying relationships. These and other problems often persist throughout adulthood (Kaplow et al., 2001, Velting et al., 2004, Boden et al., 2007).

The problems of most children of alcoholics (COAs) remain invisible because their coping behavior tends to be approval-seeking and is viewed as socially acceptable. However, a disproportionate number of those entering the juvenile justice system, courts, prisons, mental health facilities, employee assistance programs, and school counseling are children of alcoholics.

Children of alcoholics are at the highest risk of developing alcoholism themselves or marrying someone who becomes alcoholic. Medical research has shown that children of alcoholics are at the highest risk of developing attention deficit disorders, stress-related medical problems, fetal alcohol syndrome, and other birth defects. In up to 90% of child abuse cases, alcohol is a significant factor. Children of alcoholics are also frequently victims of incest, child neglect and other forms of violence and exploitation. Children of alcoholics will have feeling of anger, frustration, disgust, or bitterness toward the parent whose drinking behaviors have ruined his relationship with him. They may be grieving over the change in a special person’s personality due to drinking (Russell et al., 1984, Connolly et al., 2007).

Objectives: To compare the anxiety level in normal children, 8 to 12 years with children of chronic alcoholics using the Revised Children’s Manifest Anxiety Scale (RCMAS).

Knowing and understanding the anxiety level in children of alcoholics and the problems they will face having an alcoholic parent will help us to help them the coping strategy in their life. These children have a right to specific remedial and preventive services.
6.2 MATERIALS AND METHODS:

44 Children, in the age group of 8-12 years, of Chronic asymptomatic alcoholics admitted to the Vailankanni Rehabilitation ward, Father Muller’s Medical Hospital and LINK De-addiction center, Bolar, Mangalore were selected as subjects. Ethical committee clearance was obtained from our Institute and Informed consent was received from all the subjects. 44 children of alcoholics were chosen for the study and compared to 44 normal children in the same age group. All children of alcoholics had fathers who were 30-50 years in age, drinking Rum, Whisky, Gin, Brandy or Vodka for the past 10 years or more.

The parameter that was chosen for assessing the anxiety was The Revised Children’s Manifest Anxiety Scale (RCMAS)(Reynolds, 1980).

**Type of instrument:** The RCMAS is a 37-item self-report inventory used to measure anxiety in children, for clinical purposes (diagnosis and treatment evaluation), educational settings, and for research purposes. The RCMAS consists of 28 Anxiety items and 9 Lie (social desirability) items. Each item is purported to embody a feeling or action that reflects an aspect of anxiety, hence the subtitle, “What I think and Feel”. It is a relatively brief instrument, which has been subjected to extensive study to ensure that it is psychometrically sound (Reynolds et al., 1979 and 1983).

**Devised by:** The Revised Children’s Manifest Anxiety Scale (Appendix IV, page 175) was developed by Reynolds and Richmond (1978) to assess “the degree and quality of anxiety experienced by children and adolescents”. It is based on the Children’s Manifest Anxiety Scale (CMAS), which was devised by Casteneda, McCandless and Palermo (1956). The Revised version of the CMAS deletes adds and reorders items from the CMAS to meet psychometric standards. Reynolds and Richmond (1978) also renamed the instrument, “What I Think and Feel”, although subsequent papers primarily refer to it as the Revised Children’s Manifest Anxiety Scale (RCMAS). The validity of this scale has been reported in many studies (Stark and Laurent, 2001).

Assessment of anxiety in children of alcoholics is a valuable measure of clinical status.
Administration: The RCMAS is suitable for individual or group administration. Eight to twelve year old children were given the questionnaire and carefully monitored as they read the items themselves, with explanations given for words that they do not understand.

Scoring method: Stellard et al (2001) recommend that an overall cut-off point of 19 out of 28 be used to identify children experiencing clinically significant levels of anxiety.

6.3 RESULTS
Data entry and analysis were performed with SPSS (Version 15.0, Chicago, United States of America) Mean and standard deviation were obtained for all the anxiety scores. Student’s Unpaired T Test was used for comparison. Results: a) The anxiety scores of normal children was 9.72 ± 1.62 b) The anxiety scores of children of alcoholics was 19.34 ± 1.51 (P < 0.001)

Table 6.1: Comparison of Anxiety scores in normal children and in children of chronic alcoholics

<table>
<thead>
<tr>
<th>RCMAS Anxiety scores</th>
<th>Normal children (44)</th>
<th>Children of chronic alcoholics (44)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>9.72 ± 1.62</td>
<td>19.34 ± 1.51*</td>
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</table>

Values are Mean ± S.E M
Chronic alcoholics versus Normal subjects p< 0.001
Figures in parenthesis represent the number of subjects studied.
Anxiety levels in normal children and children of Alcoholics

Figure 6.1. Alterations in anxiety scores in children of alcoholics in comparison to normal children.

6.4 DISCUSSION

A high anxiety score of 19 in children of alcoholics has revealed the presence of anxiety in children 8-12 years living with an alcoholic parent.

Our findings are contradictory to some reports. While research findings suggest that some children suffer negative consequences due to parental alcoholism, a larger proportion of Children of alcoholics and do not develop serious problems. In a longitudinal study of children of alcoholics born on the island of Kauai, Werner, (1986) reported that, although 41 percent of the children developed serious coping problems by 18 years of age, 59 percent did not develop problems. These resilient children shared several characteristics that contributed to their success, including the ability to obtain positive attention from other people, adequate communication skills, average intelligence, a caring attitude, a desire to achieve, and a belief in self-help.

But Ervin and her colleagues, 1984 found that Full IQ, performance (a measure of abstract and conceptual reasoning), and verbal scores were lower among a sample of children raised by alcoholic fathers than among children raised by nonalcoholic fathers. Gabrielli and Mednick, 1983 reported similar results for verbal and Full IQ tests, but not for performance tests. Bennett and colleagues (Bennett et al., 1988) found that children from alcoholic families had lower IQ, arithmetic, reading, and verbal scores. Despite the lower scores, however, COAs performed within normal ranges for intelligence tests in each of these studies.

The possible mechanism of higher anxiety existing in children of alcoholics in our study could be due to excessive brain activity. The origins of anxiety disorders...
Among adolescents have been found in brain activity using functional magnetic resonance imagery (fMRI), medical co-morbidities, and family issues. Another possibility is activation of the ventro lateral prefrontal cortex was heightened in response to viewing angry faces when compared to healthy adolescents. Hyperactivation of the amygdala and insula in patients with social anxiety disorder and specific phobias, as well as under activation of dorsal and rostral anterior cingulate cortices and the ventromedial prefrontal cortex could result in anxiety states.

Future studies are possible on the academic performance in children of alcoholics could be a good measure to evaluate the effect of living with an alcoholic parent.

Conclusion and significance of the study

Children of alcoholics exhibit higher levels of anxiety than children of non-alcoholics and may adversely affect their psychology, academic performance and motivational difficulties.

Summary:

As alcohol is consumed easily and eagerly by a majority of the population, this topic is highly relevant and important to reveal the harmful effects it has on the human body. This information can help the doctors to monitor their patients, subjects to understand the deleterious effects, family members to reason out the benefits of withdrawal and counselors to negotiate and educate their alcoholic patients.