Introduction and Overview of Literature

Emotional intelligence is the ability to perceive use, understand and manage one’s emotions (Mayer and Salovey 2000) but what if this ability is hindered due to factors that are external such as parental alcoholism, violence or illness. The extent that children’s lives are influenced by the parent especially when they are younger raises concerns on the vulnerability of being a child. Daniel Goleman in his book on Emotional Intelligence (1995) stated that family life is the first school of emotional learning. This schooling happens not only in what parents say and do but they are also models of how they handle their emotions. This schooling can be treated as intergenerational lessons on metacognition about emotion. Diamond and Aspinwall (2003) found that parents had ways of transmitting their emotionality to the children. Parents were also forced to become aware of their own temperamental emotionality and to make efforts to alter their behaviour and emotional expressions to enhance socialization of their children.

Goleman says, “Some parents are gifted emotional teachers and some others are atrocious. The children at greatest risk seem to be those whose parents are grossly inept –immature, abusing drugs, depressed or chronically angry, or simply aimless and living chaotic lives”. (Goleman, 1995). If we assess these parameters with respect to the Alcohol or Drugs (AOD) dependent then these traits of immaturity, depression, aimlessness, moodiness and chaos are all evident in the life of such individuals. (Hecht M, 1973) Further Mayer, Caruso and Salovey (2004) found that a higher emotional intelligence was correlated to higher parental warmth and attachment style.

The EI of the individual helps him/her to navigate through life circumstances and this is analysed in the present study against the background of alcoholism in the father. There are at
present 62.5 million alcoholics in India (Ray 2004). Alcoholism is a disease which affects not one individual but the entire family (Kinney and Leaton 1987; Jackson 1958). The children of alcoholics have a high risk of becoming alcoholics themselves (Miller N 1995) up to about 7 times more than normal population. This group could be identified as high risk, due to the genetic nature of this disease.

The link between emotional intelligence (EI) and alcoholism has highlighted the fact that individuals who have a high EI are less likely to indulge in substance abuse and other self-destructive behaviours like violence, crime or antisocial behaviours. They have an openness and an agreeableness in their personality. Individuals who did use alcohol or drugs were found to have lower EI (Mayer and Salovey 2004).

**Problem Statement**

Thus the role that a parent plays in the child’s life as the first agency of socialization is unarguable. It is from the parent that the child learns the first lessons of life and living and they are his/her role models. This teaching learning experience is affected if the parent faces some challenges like being mentally ill or being on Alcohol or Drugs (AOD). The children will have incomplete learning. These children are placed in the care of adults who are not in a position to provide support and guidance in fulfilling their basic emotional needs thus affecting their emotional health and their security.

**Gaps in the Review of Literature**

The literature reviewed reveals the following gaps in the field

Indian studies focusing on growing up with alcoholism in the family are very few. These focus on the impact of burden on both the women and children but do not explore what is the level of impact. ACOA as a group are largely invisible and do not come into the ambit of professional care as they do not demonstrate issues which require attention. The ones who do come in this area are the ones who act out and become alcoholics or addict or get into crime, but we do not find people who come for other compulsive behaviors like exercising too much or sexual promiscuity or workaholics. In fact we admire the person who works more hours
than others. Some of these are ACOAs. The study was undertaken to explore the effects of father’s alcoholism on the emotional intelligence of children.

Studies which look at Emotional Intelligence of ACOAs in the Indian context are absent. The research in EI in other areas like industry are quite strong but the health component is overlooked. So though success is valued in families, issues of alcoholism, violence, crime, illnesses like HIV, Cancer, Schizophrenia, OCD are swept under the carpet. Illness calls upon more resources and a person who has high EI will manage the illness differently from someone with a low EI.

**Rationale of the Study**

As a researcher, I have an interest in understanding the impact on Emotional intelligence in Adult Children of Alcoholics (referred to as ACOA from now onwards) and how do these children cope so that the scars of alcoholism do not impair their well-being. If we assess the treatment centres, in Mumbai, which deal with alcoholics and their family they are few and not a single one has a separate program for the children. The rationale to undertake this study is to bring attention to the ACOAs. The researcher encountered many children in her therapeutic practice- who were, frightened, nervous, angry, nursing broken dreams, emotionally stunted and fighting their personal battles alone. The private hell that children went through and the inability to betray the family secret resulted in bottling up of problems. The study is an attempt to understand this group and how to work with them so that life is more meaningful for them.

**Theoretical Framework**

The premise is that the ACOAs emotional intelligence could be affected but the understanding and management of this phenomenon is negotiated through the process of interpretation. Maslow ‘s humanistic approach guides the researcher as the observation is that though individuals face problems they also demonstrate a capacity to overcome them through the use of free will and choices they make.

The conceptual framework is envisaged as a merging of positive psychology, humanistic framework and phenomenology (Resnick, Warmoth and Serlin, 2001).
The lived experiences of the individual make greater sense when viewed in the context of his/her life. Thus there are no generalized answers but only particular answers in relation to the community, society and environment one is embedded in.

**Research Question**

*What is the effect of alcoholism on the emotional intelligence of adult children of alcoholics?*

**Research Objectives**

The broad objectives of the study were to explore if emotional intelligence is affected in the adult children of alcoholics (ACOAs) due to the alcoholism in the father.

The specific objectives of the study were to

- To explore the effects of Alcoholism on the adult children of alcoholics
- To explore the effects of EI on the adult children of alcoholics
- To explore the psycho-social factors that affect the ACOAs in Mumbai city.

**Research Design**

Though a quasi-experimental design was conceived it was not practical to execute and some factors like respondents moving from non ACOA group to ACOAs group was not anticipated and this resulted in having two groups with unequal numbers. Though this was the research design planned, once data collection began it emerged that the field reality was that there was a difficulty to access the ACOAs as well non ACOAs as the topic of alcohol drinking and the problems caused due to it had stigma and people did not want to talk about it, be they those who had problems or those who did not have any problems. This lead to some revisions the use of comparative method is used the focus was on ACOAs in the study.

**Methodology**
The above questions asked demand the use of mixed methods. The mixed methods approach is a pragmatic way of approaching the problem and though a relatively new area in research it is most appropriate. Since there is no clear paradigm or theory in spite of several authors creating taxonomies, the framework to explain the design used is based on the taxonomy by Tashkkori and Charles. (1998). The dominant – less dominant design is used, which means the basic approach is qualitative. Data was gathered through both qualitative and quantative means with qualitative being the more dominant and quantative the less dominant. The mixed methods in this study refers to not only the way in which data was gathered but also in the way it was analysed and their interconnections. (Tashkorri and Charles, 1998).

The data was collected using different tools; to assess Emotional Intelligence, Emotional Skills Assessment Process (ESAP) was used. The ACOA index was used to understand characteristics of ACOAs that are commonly reported in research. The socio-demographic tool was used to understand the growing up years of the ACOA and contextualising the alcoholism in Indian context. The in-depth questionnaires explored on the ACOAs growing up experiences. Interviews with key informant was also undertaken to report on the ACOAs in Mumbai.

**Analysis**

The overall analysis was done at multiple levels, the first level was entering raw data in SPSS and creating tables. The findings were reported on what could be analyzed from the quantative variables. The second layer of the analysis was of the qualitative data by coding, using matrixes which culminated in themes and sub themes. At the third level the research involved triangulation of quantitative data and qualitative data from the same study. The fourth layer was when findings were plotted against other researchers findings and the fifth level was merging and synthesizing these findings across the different data sets. The last was to arrive at an overarching understanding of the findings and prioritizing the way that the data was to be presented. A break up of how each of the tools were analyzed is given below for clearer understanding.

For the ACOA index and ESAP the researchers guidelines were adhered to. The EI scores were reformulated with the permission of the authors as there was a vast difference in the
scoring pattern followed in the earlier and current study. The socio-demographic tool was analysed using descriptive analysis. The in-depth interviews and key informant interviews were analysed by following thematic analysis. These themes were woven into narratives which highlighted the voices of the ACOAs in the research.

Findings

The key findings that emerged in the study were in the areas of intrapersonal, interpersonal and management of EI. Within the intrapersonal area the ACOA sense of identity was affected due to being a child of an alcoholic which gave rise to certain emotions. The emotions that ACOAs experienced were anger, fear, shame and insecurity. These emotions also affected the self-esteem which emerged as a core area as ACOAs reported that being a child of an alcoholic did affect their self-esteem and overcompensation was a way that some reported that they coped.

In the intrapersonal area of emotional intelligence, the findings reveal that a core area of empathy is affected along with other areas such as time management, assertion, drive strength. In other areas like stress management both ACOAs and non-ACOAs were on par. The areas of perceived isolation and self-condemnation was found to be low in ACOAS due to the presence of strong social support systems in the form of joint family and neighbours and relatives. The finding converge on relationship problems with both parents and partners. The high need for approval and high rigidity related to need for control and inconsistency were also characteristics found in ACOAs.

An important finding is that drinking behaviour is not restricted to homes that have alcoholic father but also those who did not have alcoholic fathers were drinking and they drank much more than ACOAs. The other compulsive behaviours that emerged in the ACOAs were smoking, drug use, gambling, less exercising, working longer hours than non ACOAs.

In the interpersonal area the relationship with the father was significant and ranged from very close to non-communicative. The father’s role varied from him being an abuser to being dependent on the ACOA. The relationship with the mother varied but was reported as difficult as mother was pre-occupied with the father. The quality of the parental relationship also affected the ACOAs with most damage to those who experienced violence and abuse.
With respect to love relationships it was found that women ACOAs had at times married partners who were drinking and even men ACOAs had partners who drank or smoked. Multiple relationships, dual or parallel relationships, live in relationships were reported by both men and women. ACOAs reported witnessing deprivation, abuse and violence in differing forms from deprivations of basic necessities to verbal, emotional, sexual, physical abuse. Other significant findings reveal that grandparents emerged as the source of support and nurturance for ACOAs.

In the management of EI, the ACOAs managed stress in different ways. From pretending that the problem did not exist to withdrawal, detachment, lying and joining support groups were other behaviours observed. It was seen some used yoga, to accept whatever was happening in their life. Others used religion and spirituality. The second way that EI was managed was by following unspoken rules in the house. These were “don’t talk”, “don’t feel” and “don’t trust”. This meant that ACOAs did not talk about the alcohol or its related problems to those outside the family and protected the family secret. Expression of feelings was either not encouraged or when expressed not addressed satisfactorily and mixed messages were present. Trust was a problem area especially for those who reported sexual abuse. The third way they managed the EI was adopting different roles like family hero, lost child or placator or mascot. Though the roles were not fixed and varied for the same ACOAs at different times in his/her life.

**Difficulties of the Study**

The sample of ACOAs is self-reported. This self-reported technique has barriers. If an ACOA reports of having an alcoholic parent then he or she was included so those who did not report or did not reveal the alcoholism, could not be accessed.

The access to ACOAs was largely dependent on support groups, treatment centres and homes where ACOAs could be contacted through their parents in treatment as there is no active network of ACOAs in Mumbai. This resulted in smaller sample than anticipated.

The tools were limited in their understanding and tools from an Indian perspective need to be developed in the areas EI. Cross cultural studies need to be undertaken in the area of EI and its understanding in the Indian context. Certain factors that have emerged as different in
the study is because of using foreign tools which may be contextual, like perceived isolation in India is less as the large network of social support are there in the form of family, friends and neighbours.

A key learning in data collection was that follow up and motivating ACOAs for interviews was like motivating the alcoholic to go for treatments, a difficult process as they are reluctant to talk about the effects that alcohol has had on them. This “bottling up” was reported by key informants as well members of support group when they were helping out the researcher in the sampling process.

**Conclusion**

The study seeks to highlight the intervention with high risk groups and communities that are susceptible not only to addiction but also to other high risk behaviours like relationship problems, crime, delinquency, and violence against women and children. The understanding behind the study is that groups that are indirectly affected by the alcohol and drug abuse in the family are as vulnerable and in need of interventions as the alcoholic him/herself and enhancing EI in general can raise the quality of life. Thus, applicability of the study is wide as all systems are made of individuals and emotional lives do get affected which in turn affects the working lives of individuals. The systems theory needs to be applied as alcoholism affects not only the individual but the family and society that he or she lives in.

The purpose of this study is also to facilitate understanding and building EI in individuals and groups. Emotional intelligence affects all areas of one’s life and if one can contextualises EI in India we can use it to intervene, counsel, train, coach and enhance people’s capacity to cope with and deal with life and work and attain a healthy work life balance.

The study also highlights the importance and easy applicability of EI in other areas like psychology, education, healthcare, social work and management. Planned intervention and training in EI can enhance pro-social group behavior which in turn enhance human interactions.
Questions and comments

Thank you.

rizwana.nulwala@gmail.com or rizwana.nulwala@tiss.edu; tweets @rizwanaghadiali