CHAPTER I

INTRODUCTION
IMPACT OF ALCOHOLISM ON FAMILY
CHILDREN OF ALCOHOLICS
NEED AND SIGNIFICANCE OF THE STUDY
STATEMENT OF THE PROBLEM
OBJECTIVES
HYPOTHESES
Alcoholism is today clearly seen as a 'family disease' — ravaging not just the individual who drinks excessively but also the entire family. The primary victim is the individual who drinks excessively, no doubt, but the family members are also affected with just the same intensity, if not more.

Families complicated by alcoholism can be considered as families in a never-ending series of crisis. Alcoholism disrupts even normal routine family tasks and functions. increases conflicts and demands adaptive responses from family members who simply do not know 'how' to respond appropriately. The social stigma associated with alcoholism, the economic drain on the family’s resources, the threat to physical well being, job insecurity—all compound to the problem.

IMPACT OF ALCOHOLISM ON FAMILY

When two or more persons live together over a period of time, patterns of relating to one another evolve. In a family, a division of functions occurs and roles interlock. For the family to function smoothly, each person must play his role in a predictable manner and according to the expectations of others in the family. When the family as a whole is functioning smoothly, individual members of the family also tend to function well.

Family crises tend to follow a pattern, regardless of the nature of the precipitant. Usually there is an initial denial that a problem exists. The family tries to continue its usual behavior patterns until it is obvious that these patterns are no longer effective. At this point there is a downward slump in organization. Roles are played with less enthusiasm and there is an increase in
tensions and strained relationships. Finally an improvement may occur as some adjutivne technique is successful. Family organization then becomes stabilized at a new level. At each stage of the crisis there is a reshuffling of roles among family members, changes in status and prestige, changes in “self” and “other” images, shifts in family solidarity and self-sufficiency and in the visibility of the crisis to outsiders. While the crisis is in process, considerable mental conflict is engendered in all family members and personality distortion occurs. The phases vary in length and intensity, depending on the nature of the crisis and the nature of the individuals involved in it.

When one of the adults in a family becomes an alcoholic, there are usually recurrent, subsidiary crises which complicate the overall situation and attempts at resolving it. Shame, unemployment, impoverishment, desertion, non-support, infidelity, imprisonment, illness and progressive dissension also occur.

For other types of family crises there are cultural prescriptions for procedures which will terminate the crisis. But this is not so in the case of alcoholism. The view of our culture is that alcoholism is shameful and should not occur. Thus, when facing alcoholism, the family is in a socially unstructured situation and must find the techniques for handling the crisis through trial and error, and without social support. In many respects there are marked similarities between the type of crisis precipitated by alcoholism and those precipitated by mental illness.

Thus alcoholism is a family disease. Excessive drinking of alcohol by a father or mother, or both, affects every member of the family—emotionally, spiritually, and often economically, socially and physically.
CHILDREN OF ALCOHOLICS

The chronic and progressive nature of alcoholism creates a series of escalating crisis that only tends to intensify over a period of time. The worst hit individual in this stressful, dysfunctional system is the CHILD who is forced to grow up, trapped in this chaotic environment.

Healthy development requires mastering emotional and social tasks at various stages in life. These include learning to interact, share, engage in problem solving and establish an identity separated from the parents. These skills are accomplished through fun and play activities, exposure to socialization opportunities and peer relationships. All these take place within the framework of the family that is expected to be supportive, encouraging and healthy. Instead of being a shock absorber, parental alcoholism makes the family a stressful entity by itself leaving the child with weaker supports and more problems.

EARLY CHILDHOOD

From the earliest period of development during infancy, the care taking surround must provide the child with the necessary responses for self-regulation. An emphasis on doing for, rather than simply being with, the child interferes with the child’s need to realize a calm, internal state. It is the caretaker’s confirming attitude towards the infant which contributes to the child’s inner experiences of being valuable, worthwhile, and loved.

A parental scorn, lack of interest, or preoccupation signals for the child internal states of being unacceptable, unworthy, and unloved. Lack of external approval comes to be absorbed by the
child as an internal sense of unworthiness. A child in and of himself is helpless to overcome these vague, negative disruptions to his inner self experience. He will feel empty and depleted. Such a child tends to display unrest or agitation, signaling a lack of inner soothing. These young children are particularly vulnerable in a family where active alcoholism and chemical dependency are practiced. When parents are functioning under the influence of a potent substance, they will be either over reactive or insensitive to the child's attempts for self regulation. Infants and toddlers in the addicted family often suffer abuse and neglect in attempting to make their needs known.

MIDDLE CHILDHOOD

The elementary school years, from the ages of about six or seven to fifteen years, are referred to as the latency period of development. This period of development is both an age period and a psychological state. These middle years of childhood are normally characterized by a calm, pliable, educable personality in contrast to early childhood, which is marked by rapidly fluctuating changes in development, as well as corresponding dramatic emotional and psychological shifts. The development of the school-aged child is slower, steadier and marked by an outward composure. Puberty will usher in another turbulent period of personality changes, with the adolescent sometimes seeming to shift almost daily. These are normal, expected features of the periods of early middle, and late childhood.

The naturally calm internal state of latency does not seem to apply to children from alcoholic and addictive families. Self-regulation problems in these youngsters indicate that their inner experience is not one of tranquility. Rather, interferences in self development which have been
occurring throughout the earlier years of childhood render these latency-aged children vulnerable, particularly to the effects of stress.

The emotional resources of the school-aged child are not sufficiently developed to effectively cope with severe stress. To achieve calm and reassurance the child turns to the parents. When the child experiences very intense stimulation from the parents, such as hitting or yelling, he or she may become disorganized and behaviorally excited. This child has no one upon whom to rely in reestablishing inner equilibrium. A child who comes to school fidgety and restless may be encountering overwhelming levels of stress in the home. Frustrated by his parents manipulation or arbitrary behavior, the child is unable to actualize his needs for calm, effective problem-solving.

Stress sensitivity in children from alcoholic families can be observed through behavioral signs and symptoms. External stress not only contributes to problems in self-regulation in these youngsters, but also interferes with their ability to draw upon mechanisms for effective coping.

SIBLING RELATIONSHIPS IN ALCOHOLIC FAMILIES

Siblings during middle childhood alternately cling and disband as a way of surviving. As more and more leadership functions in the family system of alcoholic/addictive parents need to be fulfilled by the dominant sibling, the family constellation becomes increasingly unstable. Siblings group together during times of families crises until, during interludes of abstinence, a parent wrests control again of family leadership. Then siblings seem to disband and revert to bitter, conflictual relating and divisiveness. A new parental crisis will then lead to renewed sibling clinging, until the cycle repeats itself.
The Firstborn

The oldest child in the alcoholic family may have escaped an infancy marked by the parent’s destructive, final stage alcoholism however, heavy drinking have usually encompassed this child’s early family life. The parents, in their disappointment with the self-object functioning of each other, may have begun to use this child narcissistically to meet their own emotional needs. Most often this child serves as self-object for the mother, satisfying her emotionally and actually interfering with the marital relationship. Because of the closeness between the firstborn and the mother, the child comes to internalize many of the mother’s values and attitudes. This child also will be the one to absorb the mother’s anxieties and hostilities.

If the father is alcoholic, the child will have an inner, unspoken dread about the father’s drinking. If the mother is alcoholic, the firstborn will internalize the mother’s turmoil and tension. These difficult feeling states will become part of the inner self-experience of firstborn children.

Middle Children

The second born and subsequent children arrive in the alcoholic family and begin to fulfill special functions and roles for their parents. How a particular child is designated to carry out a family function is a result of a complex interaction between intra psychic and social influences on the parent.

The development of middle children from alcoholic families is usually complicated by a self experience which is highly subject to rupture or regression under stress. Since the family
environment becomes increasingly stressful and chaotic with the arrival of each subsequent child, these middle children show a high incidence of self regulation disorders. Problems with temper outbursts, anxiety, fearfulness, shyness, agitation, and other symptoms of “hyper” reactivity are all indicators of problems in self cohesion. Failures in empathy are more profound from the increasingly dysfunctional parents.

Youngest Children

The youngest sibling in the alcoholic family stem often begins life when the parent is in the final stage of alcoholism or addition. Early infancy is thus marked by care taking interactions which either are filled with parental distress or are assumed by the oldest sibling. An older sibling actually may come to experience this child as if he were her own. Attempts to protect the child from the parents’ destructive interactions further intensify the oldest-youngest sibling bond. An over identification with the smallness and weakness of the youngest may lead the oldest to fiercely shield this child from the other siblings.

The youngest child often is kept immature and dependent in his functioning by a symbiotic attachment to one of the parents. The triangulation of this child maintains the precarious systems balance, offsetting the now totally dysfunctional relationship between the parents.

Youngest children from alcoholic families often have serious problems in adjustment when they begin school. These problems become labeled as “hyperactive” and “attention deficit disorder (ADD)”. Learning disabilities also seem to affect a large percentage of these youngsters.
The Only Child

The plight of only children in alcoholic families is especially poignant. Lacking even the fragmentary emotional support of siblings, these children have no human support in times of parental crises.

An only child may be alternately indulged and isolated by ambivalent interactions with each parent. Because of the greater availability of financial resources in the one child family, this child tends to be “bought off”, receiving material evidence of parental caring rather than the parents' time, interest or attention. Triangulated in the bittersweet relationship between the parents and used narcissistically for the parents’ needs, this only child develops serious problems in self-worth.

ADULT CHILDREN OF ALCOHOLICS

Adult children are adults in their physical and social functioning, that is, in that they have the mature, body and responsibilities of adults, and they will have a job, be husbands or wives, and parents to children. But emotionally they are still children themselves, in the sense that they have not yet successfully negotiated their earlier developmental crises. Because of the way their family has functioned – were really child adults in their early years, coping with demands and roles, which fully mature adults, might have found difficult or impossible. Adult children are children who had to become ‘adults’ in their childhood, only to find themselves confronted by their suppressed childhood needs when they are grown up.
Adults children face some of life’s cruelest ironies. Having shown great courage and imagination to survive childhood, adulthood offers few rewards and, emotionally, the adult child continues to operate in survival mode.

Adult children are all about hypocrisy. The term hypocrite comes from the Greek word ‘to be an actor’, and adult children are supreme actors in that they act and imitate life itself but their ‘real persona is hidden in a protective shell, having little or no part in the drama. Playing a role has become second nature and many adult children do it to perfection. Only in mid-life are they likely to reflect on their achievements and realize that they are worth nothing and mean nothing. Inside is the gaping hole where the center of the self used to be. It is as empty, lost, and hungry as it ever has been despite the food, drugs, sex, ‘relationships’. If the adult child, does not go in search of the lost self and restore it to its central position and begin to grow again, he or she remains in denial and stays lost.

NEED AND SIGNIFICANCE OF THE STUDY

While the individual with alcoholism and to a lesser extent the non drinking spouse, has received attention from the researcher, the children have largely been ignored. Therapists who work with Children of Alcoholics have been tempted to refer to them as “The forgotten children”, ‘The hidden tragedy’ and as a ‘Neglected problem’. Paucity of research attention has also kept intervention programmes for them at low-key. Even with this limited scrutiny, children from families with parental alcoholism came out as a highly affected population crying out for help. The limited research done has also been widely criticized on various grounds. Studies have been largely
done with clinical populations who are at the most affected end of the spectrum. Most studies did not employ control groups, so the results were not comparable with the children from the normal families—that is where parents do not have the disease of alcoholism. Very often, the groups studied were diverse in nature—including those in different age groups and races. The results drawn from such methodologically weak studies have thus been questioned on these grounds. Apart from the methodology used, the conclusions have also been questioned. Of late, more and more studies are throwing up evidence to show that the magnitude of damage reported by the earlier studies is exaggerated and not true in reality.

A sizeable amount of data about children from families with parental alcoholism is based on therapists' observations and explanations that are largely impressionistic, sketchy and not based on empirical data. In these reports too, therapists in the field of alcoholism readily report of several children who are seemingly unscathed by parental alcoholism as regards their education and career prospects and just as easily describe children who are torn apart by the trauma. These seemingly contradictory findings abound in this field of research. The value of group procedures is increasingly recognized. There is also a considerable body of evidence, which suggests that self-help support groups and peer interaction procedures help individuals in distress. There is a need to study the effectiveness of group procedures and particularly those involving peer interaction.

Alcoholism is a problem of high magnitude in Kerala and the prevalence is on the increase. Sixty percent of Kerala's road accidents are related to alcohol, one third of the industrial accidents and more than twenty percent of male hospital admission. Thus making it a matter of great concern.
Since not much has been done with regard to Children of Alcoholics in Kerala there is a need to test and find out a cost effective and efficient method of handling the problems of Children of Alcoholics.

Thus these facts make the need and significance of the present study great.

DEFINITION OF TERMS AND CONCEPTS

ALCOHOLICS: The widely used definition is based on the definitions of E.M. Jellinek, the World Health Organization and the American Medical Association. "Alcoholism is a chronic, progressive treatable disease in which a person has lost control over her or his drinking so that it is interfering with some vital area of her or his life such as family and friends or job and school or health.

CHILDREN OF ALCOHOLICS: Children from families were one or both the parents are alcoholics.

PROBLEM CHILDREN: Problem Children are children getting highest problem count values (no. of problems in the Problem Checklist) among children other than Children of Alcoholics. In each school the required no. of Problem Children were selected from the available children on the basis of no. of problems endorsed.

NORMAL CHILDREN: Normal Children are children other than those identified as Children of Alcoholics and Problem Children among children available for the study.
STATEMENT OF THE PROBLEM

The problem is identification of children of alcoholics, surveying their problems and assessing the relative effectiveness of intervention techniques in helping them to solve their problems, get over tendencies of maladjustment and improve their personality. The two types of interventions are (1) Multiple Group Interaction Technique and (2) Enrichment Programme and individual counselling.

OBJECTIVES

The objectives of the study are:

1. To develop a suitable method to identify Children of Alcoholics.
2. To study the Educational, Family, Social and Personal problems found among Children of Alcoholics.
3. To study the level of Maladjustment in Children of Alcoholics.
4. To study the Personality of Children of Alcoholics.
5. To study the relative effectiveness of two intervention programmes (an experimental group technique involving peer interaction and a control group technique without peer interaction) on the Problems, Maladjustment and Personality of Children of Alcoholics.

HYPOTHESES

1. There will be significant decrease in the problem count after an intervention programme.
2. There will be significant improvement (decrease) in the level of Maladjustment after an intervention for the Children of Alcoholics and Problem Children.
3. There will be significant positive changes in the personality of the Children of Alcoholics after an intervention programme.

4. There will be difference in the degree of change in the case of different interventions with and without peer group interaction.