REVIEW OF LITERATURE
For most normal folks, drinking means conviviality, companionship and colourful imagination. It means release from care, boredom and worry. It is joyous intimacy with friends and a feeling that life is good. But not so with us in those last days of heavy drinking.

ALCOHOLICS ANONYMOUS, The Big Book
CHAPTER II

REVIEW OF LITERATURE

Alcoholism is long been recognized as a problem that affects not only the alcoholic but his/her environment. Out of the many significant costs alcoholism exacts upon the society in general and one of its most detrimental may be its negative effect upon children that grow up with alcoholic parents. Periodically articles appeared in the last few decades that highlight the need for concerted therapeutic efforts for these children, who have been referred to variously as “the forgotten children”, the “hidden” tragedy and neglected problem (Guebaly, 1977).

For this review, systematic web-based, library search and various institutional search of various journals, books, newspapers and periodicals were carried out. The search included both the current and the past reviews of related literatures in the last 4 decades. Issue to issue search of articles with any title pertaining to alcohol use and dependence, personality and attachment styles reporting significant implications are included in the review of literature in the present study.

Since the last four decades (1960’s till date) research studies on alcohol use and dependence has received ample attention in the professional literature. The work has varied in terms of population surveyed, sampling procedure, location and screening instruments used from time to time. The range of problem caused by substance use is multiple/ multi-faceted and a lot remains to be done on the ground to prevent and address these problems. Though the developmental deficiencies of children of alcoholics (COA’s) are well defined there have yet to emerge any clear markers to indicate the root of their dysfunctions in various walks of life.

Research work from early 1970’s till late 1990’s mostly had concentrated on children of alcoholic fathers as women alcoholism was less reported during that period. Some studies done on proximal environment reiterates the belief that the genesis of or protection from deficits in COAs are a product of family dysfunction and are not a direct effect of parental drinking because though maternal drinking is often seen to be related to teen internalizing symptoms but its mediated by his/her relationship
with the mother. If there is better communication and trust between the mother who drinks and their children then there are less internalizing problems. But few other studies done on children of alcoholic mothers reported greater incidence of hyperactivity and externalizing symptoms.

There are lot of studies done across genders of COAs. Some studies reported that the resilient children of alcoholics (COAs) were mostly females, whereas the problem COAs were mostly males, thus gender was confounded with problem status.

A lot of studies were done in the US and Europe. The literature from them and from countries of Japan and Western Europe reports that problem drinking by a parent markedly increases health risks to children and adolescents. Such risks include diminished intellectual capacity and development, increased neuroticism, and a wide range of psychological, behavioral and emotional disorders as also been reported by (Martin, Orford, & Grant, 1974) in their study. Their study also reports that parents who drink excessively are also likely to have children who experience long-term adverse consequences in life. These include heavy and problem-causing psychoactive substance use, criminal behaviour, suicide, depression, personality disorders, and psychological and behavioral disturbances.

Parents who drink alcohol heavily are also likely to produce children who subsequently abstain from alcohol or drink only lightly. Hence there were studies that reported about multiple stress factors that explained why some children of alcoholics fare worse than others and some children develop resiliency despite adverse feature of parental alcoholism and associated pathologies. (Werner, 1986, Werner & Broida, 1991). Werner had referred to these children as "invulnerable" ones.

Children developed coping competence due to their identification of protective factors such as nurturance from substitute care givers, positive classroom atmosphere, informal net work, sense of meaning and faith in life (Rutter, 1985). Other factors such as positive influences at school, a stable relationship with non disturbed partner or parent, relationship with non-alcoholic parent, parental provision of structure and control, coping skills and self esteem may serve as protective factors.
In some longitudinal studies, it is also seen that resilient children of alcoholics have more positive relationships, with their parents and to have received more attention from their primary care giver usually the mother prior to age 2 years (Werner, 1986). Reports of highly functioning COAs provide evidence against inevitable negative outcome. (Jacob & Leonard, 1986, Clair & Genest, 1987, Guebaly et al., 1991, Wilson & Orford, 1978) and most COAs fall on the normal range on most measures (Sher, 1991a).

From the review of family and interactional studies, children of alcoholics (COAs) appear to be at risk for problems of psychosocial functioning but these effects are neither universal nor inevitable.

Influence of multiple factors other than only parent’s alcoholism contributes to alcoholism among COAs and their dysfunctions. One of the most consistent findings in review by Brennan and his colleagues, demonstrated in 20 studies, was that a general personality dimension described as "impulse expression/ sensation seeking" was associated with drinking more frequently, in greater quantities and with more negative consequences among college students. Sons of alcoholic fathers reported that the teachers rated the boys as significantly higher on impulsive-restless behaviors compared with son’s of non-alcoholic fathers. In these early studies, individuals with heavy drinking patterns were described as pleasure seeking, extraverted, impulsive, and rebellious and nonconforming (Brennan, Shaver, & Tobey, 1991). College students were described as impulsive and disinhibited with a history of deviant behavior sensation seeking (Johnson & Leff, 1999) and drink more heavily and more frequently than other students.

An excessively increased activity level, or hyperactivity in childhood has been reported to be risk factors of alcoholism (Cantwell, 1972). Morison and Stewart found that hyperactive children were more likely than non-hyperactive children to have a biological father, but not an adoptive father, who was alcoholic (Morrison & Stewart, 1973). Similarly results have been observed that alcoholics were often hyperactive and impulsive as children. (Mc Cord & Mc Cord, 1960, Jones, 1968, Goodwin et al., 1974). Godwin and his colleagues reported that adopted children who become alcoholics later, most of whom (10 of 14) were sons of alcoholics,
exhibited more childhood hyperactivity than control subjects (Goodwin, Schulsinger, Hermansen, Guze, & Winokur, 1975)

In a 10 to 12 years prospective follow-up study found that childhood hyperactivity was an important predictor of subsequent alcohol abuse, however, dysfunctional family atmosphere and disrupted home life were also important contributing factors (Hechtman, Weiss, & Perlman, 1984). But earlier studies didn’t screen for chronic physical illness which might affect off-spring’s attachment and care giving behaviour(Jaeger, Hahn, & Weinraub, 2000).

Earlier studies have reported about cultural differences among alcohol population. In North East India various studies were done on alcohol use among tribal and nontribal population. Prevalence of alcoholism differed across population. The influence of cultural norms has led to the tendency to view drugs and alcohol as “good” and “bad” (Adityanjee, Saxena, & Sethi, 1983). Researcher Block in his evaluation of the outcomes of children who originally participated in California studies of child development found two types of personality configurations characterizing problem drinkers. The first group tended to cry easily, to become angry easily, and worry easily even though they outwardly appeared cheerful, gregarious and assertive. These individuals were described as anomic extroverts. The second group of adolescents was described as extra-punitive, irritable and hostile. They were classified as “unsettled under-controllers”. Both of these personality profiles are characterized by disturbances in emotional regulation (Block, 1978). There is a widely accepted notion that some people drink alcohol (or use drugs) to relieve their negative affect or to enhance positive affect (Cooper, Frone, Russell, & Mudar, 1995, Cooper, Russell, Skinner, & Windle, 1992, Cooper, Shaver, & Collins, 1998, Kassel, Jackson, & Unrod, 2000)

Stabenau in his study had identified a significant association between the diagnosis of antisocial personality disorder and the early onset of the stages of alcohol dependence in a group of 210 alcoholics, including 156 alcoholic men (Stabenau, 1984). Anti-social personality was found to be a predictor for alcoholism and is noted in various studies including the one done by (Hesselbrock, Hesselbrock, & Stabenau, 1985) in a larger sample of male alcoholics with a diagnosis of antisocial
personably who had also experienced an earlier onset of drinking, had become intoxicated at an earlier age, and had recognized their problem with alcohol misuse sooner than alcoholics without the diagnosis of antisocial personality.

A separate line of research on predictors of addictive behavior, pursued most prominently by (Tarter et al., 1984, Tarter, 1988a, Tarter, Mc Bride, & Buonpane, 1977) has suggested that boys are at heightened risk for alcoholism because they are sons of alcoholics and are more likely than those at normal risk to show the symptoms of hyperactivity, including deficits in emotional self-regulation, planning memory, disturbances in executive functions, perceptual-motor functioning, and language processing. With this they also associated continuing difficulties in adapting to rules and regulations at school and in community.

In various studies done on younger alcoholics, there were found to be greater elevations on MMPI Psychopathic Deviance, Paranoia, Schizophrenia and Mania scales, suggesting more marked personality deviance and greater levels of antisocial behavior than that found in older alcoholics (Delatte & Delatte, 1984, Rosenblatt & Sieka, 1983) and there were reports suggestive of (Westermeyer & Walzer, 1975) more unemployment, more divorce and separation, antisocial behaviours, fewer neurotic diagnoses, more problematic social events and fewer social resources at the time of admission than the light and moderate users in the group of 49 heavy drug users in a group of 100 young psychiatric patients.

Studies were done on Alcoholics Anonymous (AA) members and they were found to be significantly more extroverted and less tough-minded and emotional on the Eysenck personality inventory than non-members (Hurlburt, Gade, & Fuqua, 1984, Maltzman & Schweiger, 1991). A study on pre-alcoholic men typically examined with MMPI subscales suggested that they overemphasize their own masculinity, show evidence of poor impulse control with increased scores on F, pd, and Ma (suggesting bold, aggressive, and pleasure seeking individuals) and poor health scales (Cox, 1985). Cox based his conclusions on a large-scale MMPI study of male college students, some of whom later sought treatment for alcoholism (Loper, Kammeier, & Haffmann, 1973, Hoffman, 1995). Eysenck’s personality inventory (EPI) was used in most of the earlier research work on alcoholism to study their
personality correlates and found that alcoholics score higher on “neuroticism-stability dimension” but not on the “neuroticism-extraversion” dimension.

Tarter argued that certain types of personality and heritable behaviour dispositions may predispose children of alcoholics towards alcoholism. He also suggested that antisocial or dissocial and neurotic personality characteristics interact with temperamental variables like activity level, emotionality and sociability to reduce or increase the expression of vulnerability towards substance abuse in COA (Tarter, 1988b). Cloninger and his colleagues reported that the susceptibility to alcoholism may be governed by neurobiological mechanisms interacting with childhood personality. Hence, according to them high novelty seeking and low harm avoidance childhood characteristics are strongly related to adult alcohol abuse (Cloninger, Sigvardsson, & Bohman, 1988). Finally, across studies it is reported that COAs are heterogeneous with regard to status that is not all COAs develop adult alcoholism. Thus large samples may be necessary for statistically reliable differences (Heller, Sher, & Benson, 1982).

Maternal alcoholism had a unique effect on internalizing symptoms and associations between maternal alcoholism and emotional disturbance (as opposed to conduct disorder) has been reported for out patients in a child psychiatric clinic (Steinhausen, Gobel, & Neslter, 1984) too. Women with substance abuse disorders differed on more personality dimensions than did men. There have been inconsistent reports about women alcoholics. As alcoholic women were less normative there were more pathological personality characteristics in them as reported by (Merikangas, Weissman, Prusoff, Pauls, & Leckman, 1985).

The proportion of alcohol intake behaviour varied across genders. A study reported that male university students drank twice as much as controls male adolescents, but female university students drank slightly less than the controls female adolescents (Maltzman & Schweiger, 1991). Representative national surveys show that the prevalence of alcohol use and heavy use continue to show gender difference with increased male to female ratio (Johnson & Rolf, 1988). As the findings across studies are inconsistent further investigation and replication would be required.
Research on personality characteristics of COAs is found to be highly variable and often contradictory. Few studies have reported that there was no psychopathology associated with children of alcoholic parents (Miller D & Jang, 1977, Whipple & Noble, 1991). On the other hand some studies reported that the personality dimension most associated with COA is impulsivity/disinhibition, increased sensation seeking and aggressiveness (Windle, 1990, Sher, 1991b, Coleman & Frick, 1994, Sher, 1997, Martin & Sher, 1994, Sher & Trull, 1994, Flores, 2001, Sher & Descutner, 1986). Children of alcoholics show more depressive features of low self-esteem, higher dependency on others, neuroticism, and perfectionism in few of the studies that follow in the last few decades. (Fisher, Jenkins, Harrison, & Jesch, 1992, Baker & Stephenson, 1995, Carpenter, 1995, Roebuck, Mattson, & Riley, 1999, Stinson et al., 2005).

The most pressing research problem in this area has centered around the difficulty (often, the impossibility) of separating personality factors as well as behaviors that are consequences of alcoholism or drug abuse from those that are integral to or coincident with abuse. Majority of studies confirm the role of personality factors for alcoholism and maintenance of the problem of addiction among vulnerable population and children of COAs while some investigators have moved beyond the simple comparison of families with and without alcoholic member, their genetic transmission and personality factors and have chosen to assess the impact of the alcoholic family's home environment and interaction style with the children. The children of alcoholics (COAs) have been characterized as at-risk population because of the dysfunctional family environments that disrupt their psychosocial growth and development due to their exposure to parental alcoholism.

Early research work of 1980's (Filstead, Mc Elfresh, & Anderson, 1981, Moos & Billings, 1982a, Moos & Moos., 1984, Steinglass, 1980, Steinglass, 1981, Allen, Moeller, Rhoades, & Cherek, 1998) and studies on family environment found that relapsed alcoholic families differed from non-alcoholic families on various measures of the Family environment scale (FES subscales) including lower cohesion and expressiveness, less likely to foster independence, achievement, intellectual, and recreational pursuits, and a moral-religious orientation and displayed greater.
husband-wife incongruence on perceived family environment (Earls, Reich, Jung, & Cloninger., 1988). More family conflicts and more control were related to more alcohol use among students of junior high school in some studies (Krestan & Bepko, 1993, Garbarino & Strange, 1993, Senchak, Greene, Carroll, & Leonard, 1996) Through multiple regression in these studies the findings showed increased family arguments, and low level of agreement about family environment.


Two studies conducted by Moos & Billings, (1982b)&Callan & Jackson, (1986a) compared the personal and family functioning of recovered and relapsed alcoholics to the functioning of matched controls. The findings didn’t report any significant difference between the personal and family functioning of children from families with recovered alcoholics and that of matched controls. However, the same was not true for families with relapsed alcoholics, as such families were less cohesive, less expressive, less likely to promote independence and achievement and less likely to agree about their family environment. It is noted among the research on children from families with parental alcohol abuse that most of these studies have mainly focused on main effects by studying group differences in adjustment between children with and without alcohol abusing parents.

A variety of adjustment problems, such as emotional, cognitive, and behavioural problems have been reported in children of alcohol abusing parents in these studies. In some studies, however, only a minority of the children exposed to the parental alcohol abuse exhibit clinically significant adjustment problems. Other studies report no differences between children of alcohol abusers and control groups. (Bennett et al., 1988, Israel, Baldwin, & Chandra, 1988, Tubman, 1993, Ervin, Little, Sreissguth, & Beck, 1984, Gabrielli & Mednick, 1983, Mc Grath, Watson, & Chassin, 1999, Laurie Chassin, Rogesch, & Barrera., 1999).
In these early research work personality and family environment received ample attention but there were very few studies done on attachment styles and its relationship with alcoholism in men though retrospective report of studies with adult COAs indicate that their family experiences may be characterized by high rates of family dysfunction, less parental attachment in addition to holding a view that their families are less cohesive, less organized and not oriented towards intellectual and cultural pursuits (Johnson & Pandina, 1991, Clair & Genest, 1987).

Studies done by (Callan & Jackson, 1986a, Callan & Jackson, 1986b, Wilson & Orford, 1978) on attachment showed that when alcoholism was present in the family, the children failed to develop secure emotional ties with either parent and there was also an absence of a “compensatory relationship” with both parents when normal family interaction was disrupted by inappropriate parental behaviors. It also supported the research findings of Wilson & Orford (1978) that showed the consistency and endurance of behavioral and emotional deficits that result from growing up in an alcoholic family system.

Relational pathologies are significantly found among children of alcoholic fathers (CADF) and it specifically identified parenting behaviors that were precursors to the development of insecure patterns of attachment in alcoholic family systems. Finally, various studies report that the family environment may suffer from alcohol abuse through the presence of unstable living conditions. (O’Connor, Sigman, & Brill, 1987), also reports suggested an elevated incidence of disorganized attachment in infants of problem drinking mothers.

In a study by Bensley and his colleagues on COAs reported feeling of rejection as compared to love from alcoholic parent and they reported more historical life stress, more family disruptions and more drug use compared to non-COAs. On the Strange situation measure of attachment security, very few children were classified as securely attached, perceived their fathers as more controlling than adults from non-alcoholic families (Bensley, Spicker, & Mc Mohan, 1994). A primary function of attachment is the interpersonal regulation of affective experiences (Sroufe, Schork, Motti, Lawroski, & La Freniere, 1984). Individuals with a secure attachment style seek increased social support to cope with their emotional stress, whereas individuals
with an insecure attachment style tend to seek other means, such as use of alcohol or illicit drugs, as a coping mechanism for emotional self-regulation (Brennan et al., 1991, Cooper et al., 1998, McNally et al., 2003).

Problems in parent-child attachment are also related to drug use and abuse through the developmental impact on self-regulation, emotion and attention regulation as well as difficulties in behavioral inhibition (Brooke, Whiteman, & Finch, 1993, Wilson & Gottman, 1996, Polivy, 1998, Iacono, Carlson, Taylor, Elkins, & McGue, 1999). Parents and primary care givers help children to modulate emotional states and reduce internal tension (Cicchetti, Rogosch, Lynch, & Holt, 1993). When confronted by insensitive and damaging care, children would generally manage homeostasis and equilibrium on their own, rather than with the extra emotional support that parents can provide. This may result in a fragile regulatory system, which is a major risk factor for substance abuse.

In general, alcoholic families are characterized by the unpredictable nature of the alcoholic (Vellemen & Orford, 1993) which can have negative effect upon the children who suffer from lack of attention, care and nurturance and ineffective parenting (Laurie Chassin et al., 1993, Zucker, Ellis, & Fitzgerald, 1994, Fitzgerald & Zucker, 1995, Fitzgerald et al., 1995).

In a model developed by (Seilhamer & Jacob, 1990) the parental alcohol abuse is assumed to create a family environment characterized by lack of predictability, inadequate emotional support, and lack of training in basic life skills. Parental alcohol abuse is suggested to affect the adjustment of the children directly, but also indirectly via these negative family patterns and dysfunctional environment. When summarized, these two general models suggest that the adjustment of the children is dependent, not only upon the parental alcohol abuse, but also on demographic factors, family interaction, and the psychological functioning of both parents, in addition to individual characteristics in the child.

Some support for these assumptions can be found in empirical studies.
Numerous factors present in childhood augment the risk for the subsequent development of alcohol or drug problems and economic difficulty is one variable strongly associated with alcoholism (Fitzgerald & Zucker, 1995).

The issue of socio-economic status in the public health community is of utmost importance. The relationship of the economic status with substance is well documented (Droomers, Schrijvers, Stronks, Van de Mheen, & Mackenbach, 1999). Studies found that heavier volume and heavier quantity per occasion drinking is more prevalent among unemployed, (Jose, van Oers, Van de Mheen, Garretsen, & Mackenbach, 2000). In the occupational domain, blue collar and manual workers report heavier consumption (Hemmingsson, Lundberg, Diderichsen, & Allebeck, 1998). There was a reciprocal relationship between educational achievement and alcoholism (Droomers et al 1999) as it was found that better educated and higher status occupational respondents drink more frequently (Jacobsen, 1989). But some studies note that larger volumes are consumed and more problems are experienced by those on lower income levels (Midanik & Room, 1992, Fitzgerald & Zucker, 1995). Hence, the role of socio-economic status in alcoholism found to vary in various studies.

Urban demographic status, weak cultural–religious affiliation, easy access and availability to drugs and alcohol, family history of alcohol or drug use, family discord, identification with a non-normative peer group, alienation, and weak inculcation of normative social values are some of the salient features of alcoholic population (Bry, Mc Keon, & Pandina, 1982, Faiakov, 1985, Kumpfer, 1986, Newcomb, Maddahien, & Bentler, 1986). No single factor appears to cause the development of a substance-abuse problem or dependence. Rather, it is the total aggregation of risk factors that best predicts alcoholism or substance-abuse outcome. (Baer et al., 1987, Moos & Moos., 1984, Filstead et al., 1981,Cloninger, Bohman, & Sigvardsson, 1981,Knop, Teasdale, Schulsinger, & Goodwin, 1985).

Studies done in the last two decades (1990 till date) would be the focus of this review in more detail and they are grouped into the following broad categories.

The studies are listed in a chronological order.
The review of literature concludes with a general evaluation.

I. Alcohol use and dependence among children, adolescence, adult and tribal population

II. Personality

1. Personality dynamics of population with Alcohol use/dependence and non alcohol use/dependence.

2. Personality studies in children of fathers with alcohol use/dependence syndromes (CADF) and children of fathers with non-alcohol use/dependence syndrome (CNDAF).

III. Family environment

1. Family environment of individuals/fathers with Alcohol use/dependence and fathers with non alcohol use/dependence.

2. Family environment of children of Alcohol use/dependent fathers and non-alcohol use/dependent fathers.

IV. Attachment Styles

1. Attachment styles in fathers with alcohol use/dependence and fathers with non-alcohol use/dependence.


I. Alcohol use and dependence among children, adolescence/adult and in tribal population.

Research on alcoholism indicates the incidence and prevalence of alcoholism among children and adolescence due to various inter-generational, familial and environmental risk factors.
Drinking is typically initiated in early adolescence, alcohol dependence often originates by late adolescence, and earlier drinking onset is a risk factor, for the later development of alcoholism (Grant, 1998). In many twin studies the focus has been on the developmental trajectories of alcohol use from early adolescence into early adulthood (Hopfer & Crowley, 2003). In many cultures, the teenage and young adult period is the stage of life when highest consumption of alcohol is noted. (Fillmore et al., 1991, Wyllie, Millard, & Zhang, 1996).

Loukas and his colleagues in a study tested the hypothesis that parental distress would mediate the relations between parental lifetime alcohol & physical health & child behavior problems. Participants were 182 alcohol-involved families & 83 matched controls with 3-5 years old biological sons. Results showed that sons of parents with alcohol & physical health problems are at elevated risk for behavior problems. Hence, early childhood behaviour problems are markedly noted in alcoholic families (Loukas, Piejak, Bingham, & Fitzgerald, 2000).

Elie and their colleagues in their review of published articles during 2005-2006 on alcohol use among college students in Africa, Asia, Australasia, Europe and South America assessing the prevalence of alcohol use, hazardous drinking and related problems found that college students are a high risk group for heavy drinking and alcohol-related problems. In relation to North America, problematic alcohol use (hazardous drinking, heavy drinking, abuse and dependence) had a similar prevalence in Australasia, Europe and South America, and a lower prevalence in Africa and Asia. The risk and protective factors identified were male gender, higher socioeconomic status, and higher family education, as well as family and/or peer excessive use of alcohol among the students (Karam, Kypri, & Salamoun, 2007).

Laurie and colleagues in their study described the developmental trajectories of substance use and dependence from adolescence to adulthood. The consumption groups were identified as heavy drinking/heavy drug use, moderate drinking/experimental drug use, and light drinking/rare drug use. Results suggested that the heavy drinking/heavy drug use group was at risk for alcohol and drug dependence and persistent dependence and showed more familial alcoholism, negative emotionality, and decreased constraint. The moderate drinking/experimental
drug use group was at risk for alcohol dependence but not comorbid or persistent dependence and showed less negative emotionality and higher constraint. Hence, the study indicates that familial alcoholism raised risk for alcohol and drug use and dependence in part because children from alcoholic families were more impulsive and lower in agreeableness (Laurie, David, & Kevin, 2004).

White, Johnson and Buyske, (2000) study found that 15-16 years old is the “gateway period” to use alcohol and other substances. Seljamo and his colleagues in their study indicated that fathers drinking and early experiences of alcohol were the most potent factors determining adolescents problematic alcohol use at the age of 15 years (Seljamo et al 2006). It is normative to try alcohol by the age of 15 years was reported by many researchers (Wernick & Adger, 1995, Miller & Plant, 1996, Selzer 1971, Hibell, 2001).

A study in the Andamans showed that high rates of alcohol consumption in adult life is associated with early onset (Benegal, Sathyaprakash, & Nagaraja, 2008). This is again noted in findings by Caroline Cassels, 2008 that, individuals who start drinking before the age of 15 years are at significantly greater risk for alcohol abuse and dependence in adulthood than those who do not use alcohol until they are 18 years or older. A longitudinal study by researchers at the National Institute on Alcohol Abuse and Alcoholism (NIAAA) found individuals who had their first drink before the age of 15 years had a 38% risk for adult-onset alcohol dependence and a 52% increased risk for adult-onset alcohol abuse compared with those who didn’t take their first drink till 18 years or older.

A study of genetic risk factors for alcoholism on a sample of 141 subjects (81 females) identified predictors of problematic young adult alcohol use. All subjects were evaluated first as children or adolescents, then approximately 5 years later as young adults. Finally it was found that 31% of the variance in the number of alcohol symptoms in young adulthood was predicted by a high number of alcohol symptoms in childhood and adolescence, low initial sensitivity to alcohol, and a negative child/adolescent relationship with the fathers. Hence father’s relationship with the child was a potent factor for alcohol use later (Kramer et al., 2008).
In a study by (Slutske et al., 2008), to isolate the potentially causal environmental impact of alcoholic parents on offspring's alcohol use disorder they controlled the correlated familial factors and participants were 1,224 male and female twins from 836 twin pairs selected from the Australian Twin Registry. Lifetime histories of alcohol use disorders were obtained by structured, psychiatric, telephone interviews conducted individually with each of the family members. When they were compared than the offspring of twins who were discordant for alcoholism indicated that there was no statistically significant difference between the children of alcoholics and the children of nonalcoholics after genetic and family environmental factors correlated with having an alcoholic parent were controlled. The results of this study suggest that the direct causal effect of being exposed to an alcoholic parent on offspring alcohol use disorder is modest at the best.

Dr. Schuckit reported that "In all likelihood, if you are going to develop alcohol dependence, about 75% of the risk has passed by age 30, and about 90% of the risk has passed by age 40, but about 10% of people develop alcohol-use disorder when they are older than 40," With increased age the risk for alcohol abuse or dependence declines.

Buu and colleagues examined the long-term effects of childhood familial and neighborhood risk on adolescent substance use and psychiatric symptomatology. Data was obtained from an ongoing 2-decade long study that recruited alcoholic and neighborhood control families through fathers' drunk-driving records and door-to-door canvassing in a four county area. The sample included 220 male, initially 3- to 5-year-old children of the participant families. They received in-home assessments at baseline and followed by 3-year intervals. Census tract variables were used to indicate neighborhood characteristics. Parental symptomatology predicted offspring psychopathology. Findings were suggestive of neighborhood residential instability in childhood and family low socio-economic status contributing to the development of late adolescent alcohol-use disorder, marijuana-use disorder, major depressive disorder, antisocial personality disorder, and nicotine-dependence symptomatology (Buu et al., 2009).

47
Parental psychopathology, family socioeconomic status, and neighborhood residential instability are all important risk factors for the development of substance-use disorder and other comorbid psychopathology. Culture and environment were influential factors in alcohol taking behaviour. A study by Mike & Robinson, (2012) on Five-Factor personality in which high neuroticism and low conscientiousness predict clinician-assessed relapse in individuals with alcohol dependence. But these findings were reexamined with a behaviorally based, temporally-precise outcome measure (first heavy drinking date after baseline) utilizing the drinking data of a diverse treatment sample of 364 alcohol-dependent individuals over 2-year follow-up. Survival analysis results failed to replicate that both neuroticism and conscientiousness as univariate predictors of drinking behavior over time but found support for the effect of neuroticism in a multivariate model of clinical and demographic predictors of alcohol use and dependence.

Some studies were carried out in Assam and the north-eastern regions of India on tribal population because among tribals drinking is considered to be a part of their daily rituals. Chakraborty and his colleagues reported that utilization of locally available agricultural and livestock produces into edible products known as ethnic foods and beverages are common among different tribes of North Cachar Hills of Assam. These fermented foods are made from soya beans, bamboo shoots, pork fats, rice etc and these ethnic foods and drinks are important contents in local diets of the people of North east Hill tribes (Chakraborty, Sharma, & Tamang, 2009). These are traditionally prepared and consumed. They are marketed locally in North-east India (Tamang, 2001).

Tanti, Gurung, Sarma, & Buragohain, (2010) report suggests that the north eastern part is well known for production of household liquors, which is associated with the regions rich indigenous knowledge system. This knowledge is closely linked to its social, cultural, environmental and instrumental contexts. It has been found that traditional alcohol brewing is an important household cum societal drinking activity associated to many religious ceremonies among different ethnic tribal groups of this region.
Shrivastava and his colleagues reported that the northeastern region of India in general and Arunachal Pradesh in particular are pretty well known for their age-old preparation of alcoholic fermented beverages. These beverages are produced manually and locally using traditional practices as transferred to them by their ancestors from last many years and considered to be nutritious with high caloric value. Total number of tribes is 25 and subtribes are 125 for who fermented food and drinks are major dietary constituents of their day to day life (Shrivastava, Greeshma, & Srivastava, 2012).

The alcoholic drink consumption percentage is comparatively more in males than females. All members of the family except infants and small children (upto age of 5 years) are usually consuming drink. The male members of the family with an age group of 16-30 years are used to consume drink regularly as compared to women and children; however elder women (above 40yrs of age) and all men of the society consume drink daily. Generally young women reported to consume it at weekly intervals and on occasions. The children of below 5yrs also are allowed to take the drink during festivals. Alcoholic beverage consumption rate is higher in the people residing in hilly regions as compared to plain regions in the north east. Hence, keeping in view of the pattern of alcohol use and its availability in North-eastern states in India where the population is a mixture of tribal and non-tribal, our study excluded the tribal population.

Deborah, (2012), in the study reported that most cases of alcohol and drug abuse start in adolescence. The findings from the Adolescent Supplement of the National Comorbidity Survey (NCS-A), which examined more than 10,000 US teens, showed that 78.2% of the participants between the ages of 17 and 18 years had consumed alcohol at least once in their life time and that nearly half were regular users. Of all participants in the study, 15.1% met the criteria for lifetime alcohol abuse which was notably high. The median age for onset of abuse of either alcohol or illicit drugs was 14 years.

Swendsen, Conway, Rounsaville, & Merikangas, (2002) from the National Center for Scientific Research at the University of Bordeaux, France, and colleagues writes that the patterns of alcohol and drug use that emerge during adolescence are
increasingly recognized as important determinants of later substance use behavior and associated disorders. Their review also showed that 59.8% of all participants had consumed alcohol at some point in their lives. This included 42.5% of those between the ages of 13 and 14 years and 64.9% of those between the ages of 15 and 16 years. The prevalence of alcohol use with or without dependence ranged from 1.3% for the youngest cohort to 15.1% for adolescents 17 to 18 years old, report the investigators.

In Assam, the legal drinking age limit is 18 years. But in the study by Bhagabati and his colleagues, it was found that 22% of the children between 15-18 years of age are also habituated to alcohol consumption. Hence to screen for alcohol use and abuse the sample above 15 years was included. The suitability of MAST as a tool for detection of alcoholism is reported by a study by (Ray & Chandrasekhar, 1982) and also in many other surveys in alcoholism done in India.

Keeping in view of the above studies of last few decades our study is a controlled family study on fathers with alcohol dependence and their male sons from the age group of 15 years as this age in most of the studies was found to be the “gateway period” and the most vulnerable period for alcohol use and other alcohol related complicated behaviors.

II. PERSONALITY

Personality factors have long been delineated to be influential in the development of addictive behaviors. However, attempts to define a unitary personality have not been productive or conclusive. The common personality factors among individuals with addictive disorders are often striking and compelling. Even though no single, unitary alcoholic personality has gained unanimous acceptance in previous work, personality factors nevertheless appear to be instrumental in the development of some addictive disorders.

In the alcohol-drug abuse area one finds a variety of causal views regarding alcohol intake - its use, abuse and dependence, ranging from strong biological determinants to socio-cultural considerations to quasi-religious beliefs. Some possible causal
influences that have been receiving renewed attention in recent years are premorbid personality structure and early behavior as well as emotional problems.

Sutker and Archer, highlighted that the personality factors are central determinants to the subsequent development of addictive disorders (Sutker & Archer, 1979). In the review over past 25 years, there were morphological and functional abnormalities as well as retardation in growth as well as infant morbidity among children of alcoholic parents. Alcoholics were more often hyperactive, truant and anti-social as children than non-alcoholics. There have been concerted attempts to relate personality factors to alcohol dependence. As per the reviews potential alcoholics tend to be emotionally immature, expect a great deal of the world, require inordinate amount of praise and appreciation, react to failure with marked feelings of hurt and inferiority, have a low frustration tolerance, and feel inadequate and unsure of their abilities to fulfill expected male or female roles. But, many people with similar personality characteristics do not become alcoholics, and others with dissimilar ones do. Although the significance of alcoholic personality factors remains unclear till today, researchers have shown that the personality of alcoholics significantly influences treatment outcome. Hence an understanding of the personality characteristics associated with alcohol dependence may be useful for treatment.

In many instances, clinicians have assumed that certain personality traits or states predate alcohol and drug use and contribute to their eventual habitual abuse. These clinicians often view individuals with addiction as somehow different from, their nonaddicted counterparts. Jones had made use of a longitudinal sample of more than 30 years to explore the personality correlates and antecedents of adult male alcohol related behaviour and found associations between maladaptive personality and alcoholism (Jones, 1968).

Several researchers had believed on the longitudinal studies of the normal population in order to trace the connections between adult drinking patterns and early personality tendencies which were evident before the drinking behaviour is established. The youthful adult personality characteristics of these groups as assessed by California Q set were compared for 3 age periods of junior high school, senior high school and adulthood. There were a core of traits which described the problem
drinkers as “under-controlled, impulsive and rebellious”. That antisocial behavior in
children had a high correlation with alcoholism in adults. Vaillant drew similar
conclusions from longitudinal studies of men more than 40 years concluding that
antisocial behavior in adolescence is the sole predictor of alcoholism (Vaillant, 2003)

Data from several longitudinal studies have generally been interpreted to suggest that
certain personality characteristics are associated with greater and lesser risks of
delinquency, adult antisocial involvement in alcoholism and drug addiction.
Labouvie and Mc Gee collected data longitudinally in three samples of male and
female adolescents who were recruited by random telephone calls. Subjects were
studied at the ages of 12 and 15, 15 and 18, and 18 and 21 years to examine relations
between alcohol, cigarette, marijuana, and cocaine use and personality variables. Re­
search showed that personality attributes were antecedents and alcohol and drug use
were consequents (Labouvie & Mc Gee, 1986).

Sieber & Bentler, (1982) studied 750 nineteen years old men, retested them when
they were 22 years old. It was found that the factors of excitability, dominance, and
aggressiveness were directly related to subsequent substance misuse and neuroticism
was found to be indirectly related to substance misuse. (Tarter, 1982) found in their
study that essential alcoholics scored significantly higher than reactive alcoholic on
the EPI Neuroticism scale but not on the extraversion -introversion scale. Rydelius,
(1984) study found a range of factors like difficulty relating to people,
aggressiveness, and superficial emotional contact as teenagers who become heavy
consumers of alcohol later. Additional support for the argument that the pre­
alcoholic is not normatively sociable is derived from the observation that the
alcoholics scores on Extraversion scale of the EPI was lower than the controls.
Rather, what seems superficially to be sociability is more accurately described as
disinhibitory behavior, which is characteristic of hyperactive children who are more
likely than their peers to misuse alcohol as teenagers.

Among studies done on male offsprings of alcoholics it was noted that male
offspring of alcoholics exhibit characteristics indicative of heightened emotionality
and they also are at heightened risk to develop alcoholism .In another study
by(Schuckit & S., 1987) found that the non alcoholic sons of alcoholics scored
higher than the sons of non-alcoholics on the Minnesota Multiphasic Personality Inventory (MMPI) and Mac Andrew Alcoholism Scale. Arson and Gilbert contrasted the sons of alcoholics with classmates who did not have an alcoholic father and found that teachers more frequently endorsed such characteristics as "emotional to immature", "unable to take frustration in stride", "sensitive to criticism", "anger open and direct", "impulsive", and "moody and depressed" in the sons of alcoholics (Aronson & Gilbert, 1963). In as much as the offspring of alcoholics are at an approximate fourfold risk to become alcoholic themselves, the available data suggest that there may indeed be particular personality traits in persons who are predisposed to alcohol use and abuse later in life.

(Schuckit, 1994) showed that neuroticism and extraversion scores did not predict subsequent alcohol dependence. In contrast (Martin & Sher, 1994) found that neuroticism as measured by NEO-PFI was positively associated with risk for alcohol use. Similarly McGue et al (1997) reported that negative emotionality which correlates to neuroticism contributed to discriminant function analysis that differentiated non-alcoholics from alcoholics.

The review highlights the fact that alcohol related behaviours is to some extent an expression of personality tendencies which are exhibited before drinking patterns have been established.

1. **Personality dynamics of population with Alcohol use/dependence and non-alcohol use/dependence.**

Tarter and Vanyukov defined a temperament model of alcoholism risk based on five temperament traits that increase an individual's liability for developing alcoholism which include behavioral activity level, sociability, attention span/persistence, emotionality, and "soothability." (Tarter & Vanyukov, 1994). Individuals whose personality traits are closer to the population norm are thought to have more control over their own behavior, including substance use but who have difficulties with behavioral and emotional regulation may be more prone to developing alcoholism in relation to environmental influences and stressors, including seeking environments conducive to alcohol and drug use. Hence, each of these traits, or trait clusters, that
constitute a "difficult" temperament relate to an increased risk for developing a problem with substance use and/or abuse as also seen in studies by (Ohannessian & Hesselbrock, 1995a, Tarter, Blackson, Martin, Loeber, & Moss, 1993).

Adan, (1994) analyzed the influence of and possible interaction between chronotype and personality dimensions in the daily consumption of alcohol, cola and stimulants in a sample of 537 subjects. Neurotics were found to consume more cola and stimulant drinks and showed various types of interaction with personality types which revealed a very complex pattern of group action.

McGue (1997) study examined the relationship between alcoholism and self-rated personality in a community sample of 303 male and 103 female alcoholics, and 304 male and 770 female nonalcoholics. In this study alcoholics met DSM-III-R lifetime criteria for alcohol dependence; personality was assessed using the Multidimensional Personality Questionnaire (MPQ). Compared with controls, alcoholics scored significantly higher on all indicators of negative emotionality, and consistently lower on all indicators of constraint. When cluster analyses was done on a sub-sample of severe male alcoholics a relatively early onset of problem drinking and relatively high antisociality and familial loading of problem drinking and negative emotionality was found. It could be rightly said that personality factors appear to be associated with a continuum of alcoholic risk and both negative emotionality and behavioral disinhibition have especially high rates of alcoholism. (McGue, 1997).

Rubio examined two groups of alcoholism. There were 247 alcoholic men who were recruited from two alcohol-treatment centers, and 96 non-substance-abusing men from the community that were matched on age and education. They found that impulsivity is a problem common to many different personality and psychiatric disorders, and around 50 %of alcoholic patients have psychiatric disorders that include pathological impulsivity. The researchers measured inhibitory control, and assessed sustained attention, rapid-response impulsivity, and ability to delay reward, for all participants and their results indicated that alcoholics displayed a greater inability to delay gratification and impairment was noted on inhibitory control than control healthy subjects (Rubio, 2001). "This means that a subject prefers a smaller but sooner expected value, such as a drink right now, over a later but larger expected
value". They also concluded that an alcoholic has problems with appropriately inhibiting thoughts or actions. "In other words, when an action has begun, such as drinking that first drink, he or she will have difficulties stopping, meaning he or she cannot stop drinking."

Swendsen and his colleagues examined one very important explanation that certain personality traits are familial risk factors for the development of substance abuse or dependence. Data were collected from a controlled family study using direct diagnostic interviews. The Multidimensional Personality Questionnaire was used to assess the personality traits of 325 probands, 205 of whom had diagnoses of substance abuse or dependence, and 262 of their first-degree relatives. Probands with substance use disorders scored higher on alienation and negative emotionality than did probands without substance use disorders. They also scored lower on control, harm avoidance, and constraint. Relatives with substance use disorders also differed from relatives without these conditions on several of these same dimensions mentioned above. But to examine whether such personality traits could be believed as familial risk factors for substance use disorders, a second set of analyses were limited to relatives without substance use disorders themselves but varying in terms of family history for these conditions. These groups of relatives did not differ significantly from each other on any of the identified personality traits hence cautioning to characterize personality correlates of substance use disorders as representing familial or heritable risk factors (Swendsen et al., 2002).

Walton & Roberts, (2004) conducted two studies to test the relationship between substance use and personality. Participants in Study 1 (N=118) completed measures of the Big Five and additional personality inventories and were classified as alcohol and drug abstainers, moderate users, or heavy users based on self-reports of substance use. In Study 2, observer ratings of personality (N=172) were gathered in addition to self-reports (N=545). In both the studies and according to observer ratings, heavy users consistently scored lower than the other groups on measures of conscientiousness, impulse control, and agreeableness. While the abstainers scored lower than moderate and heavy users on extraversion (Walton & Roberts, 2004).

Bridget Grant and his colleagues used data collected during interviews conducted as
part of the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions and they found that among individuals with a current alcohol use disorder, 28.6 percent had at least 1 personality disorder. They found that Individuals with alcohol use disorders were almost five times as likely to have antisocial personality disorder or histrionic personality disorder, and were three times as likely to have a dependent personality disorder. Personality disorders are comorbid diagnosis with alcoholism hence, personality maladaptive traits are at risk factors for alcoholism (Grant et al., 2004)

Singh and his colleagues explored the prevalence of psychiatric co-morbidity among alcohol-dependent subjects and also to compare the prevalence of specific psychiatric disorders between them and a control group. The study assessed the prevalence of psychiatric co-morbidity in 100 alcohol-dependent subjects and 100 controls. The prevalence rate of psychiatric co-morbidity in alcohol-dependent subjects was found to be 92% and in controls was found to be 12%, respectively. The most common disorders were depression, antisocial personality disorder (ASPD) and phobia and there was a significant difference in the prevalence of psychiatric co-morbidity between alcohol-dependent subjects and controls in this study (Heramani Singh, Sharma, & Pasweth Angela, 2005)

Landa, Fernandez-Montalvo, Lopez-Goni, & Lorea, (2005) study described the most frequent personality disorders (PDs) related to alcoholism. 105 participants took part in the study out of which 50 were consecutively recruited from treatment-seeking alcoholics and 55 subjects were recruited from the general population. International personality disorder examination (IPDE) and the MCMI-II were administered and according to the results in the IPDE, 22% of alcoholics, versus 7.27% of the normal sample, showed at least one PD. The most prevalent personality disorders were the Avoidance personality disorder (10%), Non-specified (8%) and Borderline (6%). In MCMI-II a significantly higher prevalence of PDs was observed (52% in alcoholics and 18.1% in the normal sample) which indicates greater pathology in alcoholic population.

Chaudhary, Das and Ukil study of psychological assessment among one hundred alcohol dependent males reveal that alcohol-dependent individuals show
significantly high neuroticism, extroversion, anxiety, depression, psychopathic
deviation, stressful life events and significantly low self-esteem as compared with
normal control subjects. Hence, greater behaviour and emotional disturbances is
noted among alcohol dependent population in this study done in Assam (Chaudhury,
Das, & Ukil, 2006).

Tikkanen and his colleagues studied the temperament structure of 114 alcoholic
violent offenders with antisocial personality disorder (ASPD). They were compared
to 84 offenders without ASPD, and 170 healthy controls. Inclusion occurred during a
court-ordered mental examination preceded by homicide, assault, battery, rape or
arson. Participants underwent assessment of temperament with the Tridimensional
Personality Questionnaire (TPQ) and were diagnosed with DSM-III-R criteria. High
novelty seeking, high harm avoidance, and low reward dependence were the typical
temperament profile in alcoholic violent offender having ASPD comprised. The low
harm avoidance offenders committed less impulsive violence than high harm
avoidance offenders and high harm avoidance was associated with comorbid
antisocial personality disorder and borderline personality disorder. Results link high
harm avoidance with broad personality pathology and alcoholism (Tikkanen, Holi,
Lindberg, & Virkkunen, 2007).

Tikkanen and his colleagues in another study has demonstrated a variable
relationship between alcohol consumption and self-report personality measures of
novelty seeking and harm avoidance. Results showed strong relationships with
alcohol use and interacted with performance-based measures in predicting alcohol
consumption. Thus, alcoholism was predicted by both behavioral and personality
measures and performance-based measures played a moderating role among them
(Tikkanen et al., 2007)

(Sintov et al., 2010), study was to explore Alcohol dependence (AD) subtypes among
a sample of 1221 participants in the Irish Affected Sib Pair all of whom met DSM-IV
criteria for Alcohol Dependence. Variables which were used to identify the subtypes
included major depressive disorder, antisocial personality disorder, illicit drug
dependence (cannabis, sedatives, stimulants, cocaine, opioids, and hallucinogens),
and nicotine dependence, the personality traits of neuroticism and novelty seeking,
and early alcohol use. Results suggest that individuals in a mild class of alcohol and drug intake were least likely to have comorbid psychopathology, whereas a severe class had highest probabilities of all comorbid psychopathology. The third class was characterized by high probabilities of major depression and higher neuroticism scores whereas severe class had probabilities of all psychopathologies. These findings are consistent with the affective regulation and behavioral disinhibition subtypes of alcoholism reported in earlier studies.

Picci and his colleagues study was to examine personality disorders (PD) in a sample of patients accessing inpatient alcohol detoxification treatment and to describe gender differences in prevalence and comorbidity of Personality disorders. The study population consisted of 206 patients entering alcohol detoxification treatment in a specialized clinic in Italy. At enrollment, patients (150 males and 56 females) filled in the Millon Clinical Multiaxial Inventory-III for the assessment of PDs. Twenty-five percent of males vs 12.5% of females had 1 PD; 16% of males vs 23% of females had 2 PDs; and 46% of males vs 48% of females had more than 3 PDs. A statistically significant higher proportion of females got high scores on avoidant (21.4% vs 9.3%), self-defeating (50.0% vs 24.0%), and borderline scales (42.9% vs 25.3%). Borderline PD is confirmed to be more frequent among females than among males accessing alcohol detoxification treatment (Picci et al., 2012)

2. Personality studies in children of fathers with alcohol use/dependence syndrommes (ACA) and children of fathers with non-alcohol use/dependence syndrommes (ACNA).

Review of the literature suggests that children of alcoholics (COAs) are at three to four times the risk for developing alcoholism than a child without an alcoholic parent, and very interestingly it is seen that daughters of alcoholics are more likely to marry alcoholic men, perpetuating the cycle to future generations(Obot, Wagner, & Anthony, n.d.) 2001. Though not all COAs become alcoholic themselves, they are at an increased risk for many additional problems all throughout their lives. Adult children of alcoholics (ACOAs) report increased difficulties at work and occupational functioning, more interpersonal problems, and higher levels of emotional distress than
the comparison subjects (Baker & Stephenson, 1995, Coleman & Frick, 1994, Mathew, Wilson, Blazer, & George, 1993)

Knowles and Schroeder in 1990 studied personality characteristics of sons of alcohol abusers who are at high risk for alcoholism. In various studies although differences in personality attributes have been identified in clinical samples, similar differences have not been found in nonclinical samples, raising the possibility that these dispositional differences do not characterize the majority of offspring of alcoholics.

This study investigated personality characteristics of sons of alcohol abusers (n = 199) and controls (n = 601) in a nonclinical sample of college-aged men. The scores of sons of alcohol abusers differed significantly from controls on all 10 Clinical scales and 7 of 13 of the Minnesota Multiphasic Personality Inventory (MMPI). Replicating earlier studies the results show that in clinically identified male offspring of alcoholics, parental alcohol abuse is related to reliable and relatively small elevations of MMPI personality profiles in well-functioning sons of alcohol abusers (Knowles & Schroeder, 1990)

Sher and his colleagues study compared a sample of 253 children of alcoholics (COAs) and 237 children of non-alcoholics (NCOAs) on alcohol and drug use, psychopathology, cognitive ability and personality and the results suggests that COAs reported more alcohol and drug problems, stronger alcohol expectancies higher levels of behaviour under-control and neuroticism and more psychiatric distress in relation to NCOAs replicating earlier findings (Sher et al., 1991)

Whipple & Noble, (1991) study assessed the recovering alcoholic fathers with a positive family history of alcoholism and their 10-15 year-old sons on a variety of personality measures. There was a matched group of nonalcoholic fathers with a negative family history of alcoholism, and their sons. The assessment instruments for the sons included the Personality Inventory for Children, High School Personality Questionnaire, Junior Eysenck Personality Inventory and the Tridimensional Personality Questionnaire. Comparable questionnaires were administered to the fathers: the MMPI, 16 Personality Factor Questionnaire, Eysenck Personality Inventory and the Tridimensional Personality Questionnaire. There was no psychopathology or extreme personality variants observed in either fathers' or sons'
groups. MANOVA’s and linear discriminant function revealed that sons of alcoholics were relatively more compulsive, insecure and fearful while being more subdued and detached in comparison to NCOAS. And the recovering alcoholics were comparatively more impulsive and regimented than the non-alcoholics.

Reich, Earls, Frankel, & Shayka, (1993) study was to assess psychopathology in 125 and 158 children who are offsprings of alcoholic and control parents. Parents were interviewed about themselves and about their children with structured interviews and teachers reports were also obtained. Children of alcoholic parents showed higher rates of oppositional and conduct disorders but not attention deficit disorder and were at risk for anxiety and alcohol use. There were no differences in the rates of psychopathology between offspring of alcoholic versus antisocial parents. These data indicate that children of alcoholics exhibit high rates of psychopathology and may be at risk for oppositional and conduct disorders but not for depression and there are few differences between alcoholics and controls with respect to self-esteem and achievement tests.

Ohannessian & Hesselbrock, (1994), study investigated the potential mediating influence of childhood and early adolescent temperament and problem behaviors on the relation between parental alcoholism and adult drinking behaviors in a sample of 153 offspring of alcoholics and their controls. The results suggest that both gender of the parent and the offspring have important differential effects. Especially, individuals with an alcoholic father consumed more alcohol, were more concerned about their drinking, and were more concerned about the possibility of developing a drinking problem than those without an alcoholic father. In contrast, no significant relations were noted between maternal alcoholism and drinking behaviors. Gender differences among the offspring were also observed significantly with males drinking more frequently to "get high" and to “get drunk” and scoring higher on the MAST than females.

Storgard and his colleagues in 1994, aimed at comparing adolescent abstainers, consumers and excessive drinkers in terms of family structure socioeconomic factors, perceived social support, personality characteristics of extraversion, self-esteem and aggression. and well-being. Cross-sectional data were obtained from 3694
elementary school students in the 8th and 9th grades from several cities in Slovakia where in mean age was 14.5 and 49.0% were men and response rate was 93%. Respondents completed questions on the use of alcohol and on family structure (parental divorce), the socioeconomic position of the family (parents' education and family affluence), perceived social support, extraversion, self-esteem, aggression and psychological well-being. They were divided into three groups based on the pattern of alcohol use--abstainers, consumers and excessive drinkers. The results indicate a risky pattern of alcohol consumption which occurs more frequently among adolescents who have divorced parents, higher socioeconomic position, higher scores for perceived social support mostly from friends, extraversion, negative self-esteem and aggressive features, and lower scores for social support from family and for well-being. Hence, family structure is a potent variable among the alcoholic families.

Ohannessian and Hesselbrock studied to derive temperament and personality typologies among adult offspring of alcoholics and their controls and to examine the relation between temperament/personality typologies and drinking behaviors, and to explore the effect of antisocial behavior on this relation. The first sample assessed consisted of middle-aged adult men and women where in 82 offspring of alcoholics and 72 controls were recruited, whereas the second sample included only young adult men who were oversampled for antisocial personality disorder wherein 44 offspring of alcoholics and 47 controls were recruited. Two distinct temperament typologies emerged across both samples. One typology ("Cluster 1") was characterized by high levels of harm avoidance and pessimism, and low levels of sensation and self-esteem characterizing “difficult temperament” and consumed more alcohol with more score in MAST scale whereas the other typology ("Cluster 2") was characterized by the reverse of these characteristics i.e. low levels of harm avoidance and high optimism and higher levels of sensation and self-esteem and less alcohol consumption (Ohannessian & Hesselbrock, 1995a).

Whipple & Noble, (1991) research concludes that children from alcoholic family systems are more prone to develop life-long psychological and/or behavioral problems than children from non-alcohol focused family systems. Similar results were replicated by other researchers also (Jacob et al., 1991, Woititz, 1983). Thus,
children of alcoholics are often thought to be casualties of parental drinking, with such generalized problems as impaired school performance, low self-esteem, role confusion, impulsiveness, and depression/low self-esteem. In addition, and partially as a product of the behavioral consequences associated with living within a dysfunctional alcoholic system, children of alcoholics are at-risk for abuse, eating disorders, conduct disorders, alcoholism, communication problems, relational deficits, and problems with intimacy in relationships.

Schuckit and his colleagues study examined the hypothesis that people with alcoholic relatives have high rates of alcohol abuse and dependence as adults. The study was a 15-year follow-up of 453 sons of alcoholics with no history of antisocial personality disorder and sons of nonalcoholic comparison subjects originally selected from a university population. Personal structured interviews and a behavioral checklist were administered to the parents of 162 children. There was no significant relationship between a family history of alcoholism and childhood diagnoses of conduct, oppositional, or attention deficit disorders or with behavioral checklist. However, children with alcoholic relatives apparently have a slightly higher risk for alcohol/drug abuse or dependence than those without alcoholic relatives. Once familial antisocial disorders and familial socioeconomic status are controlled for, a family history of alcoholism does not appear to relate to childhood externalizing disorders hence, these factors are potential contributary factors for alcohol use and abuse (Schuckit, Smith, Radziminski, & Heynemen, 2000).

Bucholz and his colleagues investigated that, there are subtypes of antisocial personality disorder (ASPD) as manifested due to associations with alcohol or other drug dependence or other psychiatric disorders. Data were collected for 38 symptoms of ASPD (including childhood conduct disorder) from parents, their relatives & controls recruited for the collective study on the genetics of alcoholism. In total findings from both men & women did not support the existence of subtypes of ASPD but rather indicated a disorder distributed on a severity spectrum from highest to lowest range (Bucholz, Hesselbrock, Heath, & Kramer, 2000).

Hill and his colleagues examined the relative importance of prenatal exposure to cigarettes & alcohol & familial/genetic susceptibility for alcohol dependence in the
etiology of childhood psychopathology. A longitudinal prospective study of 150 children adolescent (51.3% male) who were at either or low risk for developing alcohol dependence because of their familial loading for alcoholism were assessed and results indicated that internalizing & externalizing disorders had greater associations with familial loading for alcoholism & parental exposure to cigarettes & alcohol (Hill, Lowers, & Lockewellman, 2000).

Connor and his colleagues examined the association between prenatal alcohol exposures & self-report of depressive symptoms in 5-6 yrs old children. In the study forty one (41) mother-child dyads who had been followed longitudinally since the children were 1yr of age completed self-report questionnaires for maternal & child depression. Results revealed that prenatal alcohol exposure; maternal depression & child gender seemed to be highly associated with child depressive symptoms. Girls who had higher level of prenatal alcohol exposure & whose mother acknowledged higher levels of depression reported and endorsed the highest number of depressive symptoms thus replicating few earlier research work of depression associated with Loukas, Krull, Chassin, & Carle, (2000) study had two goals. The goals were to test the mediational role of young adult personality in the relation between parental alcoholism and young adult alcoholism and to examine the associations between personality and alcohol use motives and reasons to limit drinking in order to explore possible mechanisms by which personality may influence alcohol abuse/dependence. Data from a community sample of young adult children of alcoholics and demographically matched controls were analyzed and results revealed that neuroticism and agreeableness mediated the effect of parental alcoholism on young adult alcoholism. Moreover, individuals high in neuroticism reported stronger coping motives to use alcohol. Individuals low in agreeableness reported stronger coping motives and weaker upbringing reasons to limit drinking whereas individuals low in conscientiousness reported stronger coping and enhancement motives to use alcohol, and weaker performance reasons to limit drinking.

Wall, Garcia-Andrade, Wong, Lau, & Ehlers, (2000) finding has stimulated much research on etiological vulnerability factors and mechanisms by which children of alcoholic parents are at high risk for developing alcohol-related problems. It is seen
among Native-American Indians that in addition to high rates of alcoholism and alcohol-related mortality, highest prevalence of a positive family history for alcoholism of all ethnic groups in the United States is found. Results indicated a high prevalence of a positive family history of alcoholism (74% of children have one or both parents as having alcohol dependence). Results indicated that sons of alcoholics scored significantly higher behaviour problem areas, in the internalizing and externalizing factors, whereas there were no significant differences in CBCL scores between daughters of alcoholics and daughters of nonalcoholics.

Assanangkornchai and his colleagues examined 91 alcohol dependents and 77 harmful drinkers and 144 non- or infrequent drinkers as controls. A significant relationship was found between having a drinking father and the occurrence of harmful drinking or alcohol dependence in the subjects. Conduct disorder in childhood, exposure to a heavy drinking father, unpleasant punishment like getting punished in public, being suspected of lying, spanking, hitting with belts increases the risk of a son being alcohol dependent. The alcohol dependent group reported higher scores for parents embarrassing characteristics like looking messy and dirty, having bad table manners, having a strange voice, talk’s loudly in public and having a bad reputation which could have been the potential contributary factors for future alcoholism in children (Assanangkornchai, Alan, Saunders, Donald, & Mc Neil, 2001).

Malone, Iacono, & Mc Gue, (2002) study was to determine in an epidemiologic sample whether the measure of drinking history in fathers predicted externalizing behavioral disorders, substance use, and substance abuse in preadolescent and adolescent offspring and whether any such associations would be independent of paternal alcohol dependence diagnoses. This was a Minnesota Twin Family Study which is a population-based longitudinal study where in the subjects were male and female twins from both age cohorts of 11 or 17 years of age, respectively, during the study enrollment. In both age cohorts, diagnoses of conduct disorder, oppositional defiant disorder, and attention-deficit/hyperactivity disorder served as outcome measures. The measures of lifetime substance use and of the presence of symptoms of substance abuse were derived for the 11-year-old when subjects were
approximately 14 years old and diagnoses of substance abuse were derived for the older cohort at age 17. Paternal high alcohol consumption was associated with conduct disorder, substance use, and substance abuse or dependence in male and female offspring consistently.

Bamow and his colleagues evaluated the prevalence of externalizing symptoms of attention and concentration problems, anger, aggression and delinquency in the offspring of alcoholics. A total of 146 children were divided into three groups with group 1 of 28 individuals, group 2 with 103 individuals, and group 3 with 15 individuals and first- or second-degree relatives with an alcohol use disorder. The group comparisons revealed that the children of group 3 had significantly higher values for attention and delinquent behavioural problems. The results were found to be significant after controlling for antisocial personality disorder and drug dependence in the parents (Bamow, Schuckit, Smith, Ulrich, & George, 2002)

In a well conducted Manheim study of risk children by Furtado and his colleagues in an ongoing prospective study of high risks, the data of 219 children, (26 COAD's & 195 non COAD's) were analyzed from birth to the age of 11 yrs. Results showed that from age 2 yrs onwards among children of alcoholics the severity of symptoms increased . Finally it could be concluded that children of alcoholic fathers represent a group at risk for early onset of psychiatric problems & deserve of more attention in prevention & early intervention programs (Furtado, Lanchit, & Schmidt, 2002)

Alexander and his fellow researchers examined trajectories of disruptive behavior problems from preschool to early adolescence in 302 boys from a community-recruited sample of high-risk families. Results were analyzed and growth modeling showed that paternal alcoholism was associated with elevated levels of son's disruptive behavior problem (Alexandra, Robert, Hiram, & Jennifer, 2003)

Elkins and his team examined the relationship of parental alcohol or drug diagnosis to offspring personality in a population-based sample of 17-year-old twins whose total number was 568 girls and 479 boys. The participation was in Minnesota Twin Family Study. The required responses were whether offspring personality characteristics 1) are specific to the type of substance use disorder in parents (alcohol
versus drug) and 2) are found in high-risk offspring without substance use disorders as well as in offspring with substance use disorders. In both male and female offspring, parental history of alcohol dependence was associated with greater negative emotionality, aggressive features, stress reaction, and alienation but lower well-being (Elkins, Me Gue, Malone, & Iacono, 2004). It was also noticed that parental history of drug disorders was associated with lower constraint, control, harm avoidance, and traditionalism but higher social potency. Hence, personality characteristics associated with a family history of substance use disorders are found even in adolescent offspring who have not yet developed these disorders themselves, suggesting that personality might be one indicator of familial risk for substance use disorders during this developmental stage. When personality profiles of offspring of parents with substance use disorders were analyzed it was found that diagnostic specificity of constraint was associated with parental drug abuse and negative emotionality was associated with parental alcoholism (Elkins et al., 2004).

Furtado, Laucht, & Schmidt, (2006) study examined the gender differences in the influence of paternal alcoholism on children's social-emotional development and to determine whether paternal alcoholism is associated with a greater number of externalizing symptoms in the male offspring. The sample was 219 children from the Mannheim Study of Risk Children, an ongoing longitudinal study of a high-risk population. Here 193 (95 boys and 98 girls) of non-alcoholic fathers, non-COAs, and 26 (14 boys, 12 girls) of alcoholic fathers, COAs] were analyzed from birth to the age of 11 years. The general linear model analysis revealed a significant overall effect of paternal alcoholism increased externalizing symptoms beginning at age 2 years. In female COAs, a pattern similar to that of the male COAs emerged, with the predominance of delinquent and aggressive behavior. Unlike male COAs, females showed an increase in the rate of internalizing symptoms up to age 11 years. Hence in conclusion, it could be explained that children of alcoholic fathers are at high risk for psychopathology and gender-related differences seem to exist and may contribute to different phenotypes during development from early childhood to adolescence.

Barnow and his colleagues examined 340 children and adolescents between the ages of 11 and 18 years and their parents were included. Of this sample, 76 adolescents
showed a positive family history of alcoholism and 47 adolescents showed a positive history of a paternal ASPD. A very interesting finding appeared which suggested that only children with paternal ASPD showed significant higher scores in attentional problems, self-rated aggression/delinquency and disruptive behaviour, while there were no differences for family history of alcoholism and the interaction effect. Hence, the mediating role of a paternal ASPD for the differences in behavioural problems in COAs and non-COAs was significant (Barnow, Schuckit, Smith, Spitzer, & Freyberger, 2007)

Marmorstein, Iacono, & Mc Gue, (2009) study examined how adolescent offspring risk for externalizing symptoms varies with respect to parental alcoholism and illicit drug dependence. Nearly all offspring disorders are linked to parental alcohol dependence and parental drug dependence. Results are suggestive of both parental alcohol and drug dependence as independently associated with an increased risk for a broad range of externalizing psychopathology among late-adolescent offspring.

In a study by Hussong and his colleagues examined whether the timing of children's externalizing symptoms is linked to that of their parent's alcohol-related symptoms. Although previous studies show that children of alcoholic parents have higher rates of externalizing symptoms compared to their peers but distal effects of parent alcoholism on increased child externalizing symptoms were large and consistent. With this, proximal and time-varying effects of parent alcohol symptoms were also found (Hussong, Huang, Curran, Chassin, & Zucker, 2010)

Raman, Prasad, & Appaya, (2010), study found that children of men with alcohol dependence had higher externalizing symptoms than internalizing scores. Results revealed that children of alcohol dependent fathers had higher scores on neuro-developmental scale and lower scores on performance scale of the MISIC than the children in the control group. While assessment of family environment indicate that COAS was characterized by lack of independence, greater perceived control and lack of cultural and intellectual activities.

Kyung & Hyoung, (2011) study was to explore the resilience of adult children of alcoholics (ACOA) who are college students, and examine factors contributing to
their resilience. Participation in this study was done by a total number of 459 college students from a university in Incheon and data were collected between April 6 to 30, 2010 using the Korean version of the Children of Alcoholics Screening Test (CAST-K), CAGE, Social Support, Self-Esteem, Family Adaptability and Cohesion, and Resilience measurements. Results revealed that ACOA group showed lower scores of resilience, social support, self-esteem and family adaptability and cohesion compared to non-ACOA group. Age, gender, social support, self-esteem, and religion were the variables having a significant impact on resilience in this population (45% of the variance). Self-esteem and social support are important determinants of resilience in ACOA, thus it is recommended that further resilience training programs for ACOA be developed to enhance their social support and self-esteem, and ultimately to increase their resilience.

Hinrichs, DeFife, & Western, (2011), conducted two studies to identify and validate potential personality subtypes in adolescent and adult children of alcoholics. Randomly selected psychologists and psychiatrists provided personality data on adolescent of 229 numbers or adult children of alcoholics (359 numbers) using a Q-sort procedure (SWAP-II-A for adolescents and SWAP II for adults). It was noted that despite the different samples and age groups, four of the personality subtypes were highly similar, including externalizing, inhibited, emotionally dysregulated, and high-functioning among the children of alcoholics. The subtypes differed on Axis I and II pathology, adaptive functioning, and developmental and family history variables. These findings show heterogeneity among children of alcoholics and indicate the importance of addressing personality subtypes for research and practice in treating adolescent and adult children of alcoholics.

III. Family environment

Research explains the view that the families where fathers take alcohol tend to lack cohesion, do not provide emotional support for the members and do not engage in mutually satisfying and intellectually stimulating activities together. These parents also induce lower self-esteem, poor socialization, anger, depression and other psychopathologies in their offspring. Research also suggests that, when families with an alcoholic parent maintain their family rituals, the probability that alcoholism
will be transmitted to offspring is reduced.

In various studies, psychologists had conducted projective tests on adolescents of alcoholic fathers and the results showed more ambivalence towards fathers, more identification to mothers and lower self-esteem and future expectations. The fathers of individuals were perceived as punishing, uninterested and rejecting, the mothers exercised inconsistent discipline. As a product of the behavioral effects associated with living within a dysfunctional alcoholic family system, children of alcoholics are at-risk for abuse, eating disorders, conduct disorders, alcoholism, communication problems, relational deficits, and problems with intimacy.

A lot of early researchers have concluded that at risk children or adolescents can be distinguished before they begin to use addictive substances by their independence, their failure to value conventional rules and institutions, their critical views of the society, dysfunctional family atmosphere, impulsivity, anxiety, excitability, dominance, and aggressiveness which were directly related to substance misuse and later dependence.

1. Family environment of fathers with Alcohol use/dependence and fathers with non-alcohol use/dependence.

There has been studies done on the family environment of alcoholics and results have been inconsistent but majority of the studies had concluded that alcoholic families had disturbed interpersonal relationship where in cohesion, communication and personal growth factors were less valued whereas conflicts and control were more.

Tarter and his colleagues in 1990, reported that children’s score on dimensions of temperament scale were independent of the characteristics of families (assessed by FES) with and without alcohol fathers. Hence, personality factors were not associated with family influences but another study by Wilson et al 1995, concluded that the pattern of correlation between temperament traits and FES appear to be significantly dependent upon family history and patterns of functioning, Hence there has been mixed results in the studies where in personality and family functioning were the variables(Tarter, Laird, Kabene, Bukstein, & Kaminer, 1990)
In another study by Jacob and Leonard, 1994, found that in comparison to nonalcoholic families, alcoholic families demonstrated poorer problem-solving abilities, and dysfunctional communication patterns both among the parents and within the family as a whole. It was conceptualized that these poor communication and problem-solving skills may be mechanisms through which lack of cohesion and increased conflict develop and escalate in alcoholic families.

Vaillant & Vaillant (1995) had described in his two multi-decade studies of the lives of 600 American males (non-alcoholics at the outset) about the various factors that have contributed to alcoholism by focusing on their life-long drinking behaviours. In fact, the review of the last 10 years also shows very elaborately about the growing number of studies exploring the potential connection between control issues and relationship problems among adult children of alcoholics (Vaillant, 2003).

All the studies concluded that alcoholism is as much a social as a medical condition and factors predicting alcoholism were related to ethnic, culture, alcoholism in relatives, and a personality that is antisocial and extroverted. It also suggest that an unhappy childhood or dysfunctional family atmosphere predicted mental illness but not alcoholism—unless the family problems were due to alcoholism and alcoholism was generally the cause of co-occurring depression, anxiety, and sociopathic (delinquent) behaviour, not the result. Hence, alcoholism was then considered the primary cause of dysfunction in the family and influence of familial risk factors was emphasized.

There has been a focus to study the relationship between parental substance use disorder (PSUD) and dysfunctional family atmosphere but the precise causal associations are not clear but in comparison to other types of families, PSUD families suffer from greater turmoil, higher stress, disrupted parental practices and attenuated family cohesion as reported in various studies (Farrell, Barnes, & Barerjee, 1995, Whipple, Fitzgerald, & Zucker, 1995, Whipple et al., 1995, Jacob & Leonard, 1991).

The association between socio-economic status and alcoholism was reported in previous studies. Family’s financial status is inversely related to stress or well-being.
A study by Aneshenshel, (1992) reported that PSUD families tend to have less income and lower income is associated with experiencing a greater number of stressors.

In the existing literature, several identifiable patterns of interpersonal discomfort and intra-psychic (discomfort arising or situated within the mind or psyche) conflicts among adult children of alcoholics (ACOAs) have been explored (Domenico & Windle, 1993, Johnson & Leff, 1999).

Ross & Hill, (2004) study examined whether the families with an alcoholic parent are more unpredictable. Alcoholic parents who were 25 in number, with a mean age of 38.6 years and community parents of 27 in number, with a mean age of 38.8 years completed the self-report Family Unpredictability Scale of Ross and Hill. Alcoholic parents reported significantly higher which means less predictability scores on the subscales of Nurturance, Finances, and Discipline, as well as on the Total Family Unpredictability Scale. This study appears to be the first one to examine family unpredictability and parental alcoholism in which parental reports of multiple dimensions of unpredictability were used.

Sugaya and his colleagues in a study conducted in Japan investigated the differential influence of family dysfunctions on alcohol and methamphetamine dependence by using the Addiction Severity Index (ASI). This scale is a useful instrument that multilaterally measures the severity of substance dependence. The study was conducted upon 389 participants (321 male patients with alcohol dependence and 68 male patients with methamphetamine dependence). The researchers conducted semi-structured interviews with each patient using the ASI, which is designed to assess problem severity in seven functional domains: Medical, Employment/Support, Alcohol use, Drug use, Legal, Family/Social relationships, and Psychiatric disorders. The report suggests that in patients with alcohol dependence, conflictual relationships with parents, brothers and sisters, and friends in their lives were related to current severe psychiatric problems, and when the relationship with brothers, sisters and partners were not conducive than the severe problems in employment/support were present and when relationships were not good with partners in their lives then it led to severe family/social problems in the present
circumstance. Severity of psychiatric problems was also related to the severity of drug use and family/social problems in patients with alcohol dependence. The findings also reported that patients with methamphetamine dependence had difficulty developing good relationships with their father. The results of this study suggest that family dysfunctional status differentially affects alcohol and methamphetamine dependence (Sugaya et al., 2011)

2. Family environment of children of Alcohol use/dependent fathers and non-alcohol use/dependent fathers.

A lot of research was conducted in the family atmosphere of families of alcoholics having children. One such work was done by Johnson & Leff in 1999 to examine the overall and relative contributions of a variety of family environment measures to a child's alcohol, marijuana and other drug use, delinquent activity, and dysfunctional methods of coping with problems. The family environment variables studied the aspects of parental behaviors and attitudes, parenting styles, and family harmony and cohesion. It was a prospective longitudinal study and data were collected to examine the acquisition and maintenance of a variety of behaviors. In general it was found across the studies and here too that alcohol use among the younger subjects was more strongly determined by the use and attitudes of the same sex parent. In contrast, among older subjects, father's alcohol use, hostility and lack of warmth on the part of the parents was important to the offspring's substance use (Johnson & Leff, 1999).

Kerry Jang and his colleagues in 2000 examined personality disorder traits, family environment and alcohol misuse among 324 monozygotic and 335 dizygotic twins. In their study they found that a sub-set of traits delineates components of antisocial personality like grandiosity, attention seeking, failure to adapt to social norms, impulsivity, interpersonal violence, juvenile antisocial behaviours and are influenced by genetic factors in common alcohol misuse. The study also found correlations between FES scales and alcohol use. Results suggested cohesion, conflict, moral—religious emphasis and organization to be highly significant among alcohol use population (Jang, Vernon, & Livesley, 2000)
Kerry Jang and his researchers in 2002 examined 85 monozygotic twins and 77 dizygotic twin pairs from the general population. In Dimensional assessment of personality pathology, FES, Classroom environment scale and Traumatic events questionnaire it was found that alcohol and drug misuse were associated with decreased perceived family moral-religious emphasis, family cohesion and classroom task orientation and increased perception of classroom order and organization. Monozygotic correlations was found to exceed the dizygotic correlation on most FES scales while MZ correlation significantly exceeded DZ correlation on achievement orientation and intellectual-cultural orientation, suggesting large heritable influences on these two scales (Jang, Vernon, Livesley, Stein, & Wolf, 2002).

Gilder, Wall, & Ehlers, (2002) study examined two goals to determine whether Mission Indian children of alcoholics (COAs) have higher rates of behavioral and psychiatric disorders than Mission Indian non-COAs and to to explore associations of other familial variables with rates of childhood psychiatric disorders. Among 117 subjects, 92 (79%) were COAs and 25 (21%) were not COAs. Findings suggested that there were no differences in rates of psychiatric disorders between COAs and non-COAs. In Family structure, physical absence of parents was a potential variable as it was noted that living in a household without a mother was associated with a higher rate of separation anxiety disorder, and living in a household without a father was associated with a higher rate of both oppositional defiant disorder and separation anxiety disorder. Hence, in this study parental alcohol dependence didn’t appear to relate to increased psychopathology among Mission Indian children, but living in a single parent household could be associated with increased rates of some psychiatric disorders as reported.

In a study conducted in Norway by Bente Storm in 2003, to examine the possible risk factors associated with child adjustment in a sample of children with alcohol abusing fathers found that these children were found to have more adjustment problems assessed by Child behaviour check list (CBCL) compared to a general population sample. Factors included for study were socio-economic status, severity of the fathers’ alcohol abuse, parental psychological problems, and family functioning. Hence, the findings further suggest that child adjustment in families
with paternal alcohol abuse is the accumulated result of risk factors rather than the effects of the paternal alcohol abuse alone. It is reported in the findings that general environmental risk factors i.e. psychological problems in the fathers, family climate, family health and conflicts and environmental factors related to the parental alcohol abuse i.e. the severity of the alcohol abuse, the child's duration and level of exposure to the alcohol abuse, changes in, schedules, routines and rituals due to drinking were all related to child’s personal adjustment and family functioning.

Amodeo, Griffin, Fassler, Clay, & Ellis, (2006) study examined and found that though parental alcoholism serve as an indicator of long-term harm to children but contrary to common beliefs it is not a direct cause of harm to the children. The study further confirmed the growing body of evidence in the past literature that family environment is the most critical factor in understanding the long-term effects of parental alcoholism on the adult lives of their children raised up in the alcoholic homes. Childhood experiences which include lack of emotional support, poor family cohesion and communication, and family conflict elaborately explained variations in adult adjustment experiences in the lives of offspring of alcoholic parents when they were adults.

In a study conducted in India by Rangarajan, (2008) showed support for the detrimental effects of parental alcoholism on offspring’s self-esteem. Their results offered partial support for family stressors as a mediating variable of parental alcoholism effects and parental attachment. Parental attachment as a mediator of parental alcoholism effects on offspring self-esteem, respectively.

Finally, there was an increasing support for family communication patterns as a moderator of the effects of family stressors on attachment. Hence, alcoholism in the family was mediated by family communication patterns and attachment styles among the members.

In another study done in India by (Stanley & Vanitha, 2008) to examine the manifestation of self-esteem and adjustment in a group of fifty adolescent children of alcoholics (COAs) and a matched reference group of adolescent children of non-alcoholics (nCOAs), the findings revealed lower self-esteem and poor adjustment in
all domains among the adolescent COAs. They conceptualized that these deficits could be attributed to the increased stress and vitiated alcohol complicated domestic environment of the COAs.

A conceptual model was tested by Rina, Craig, Ellen, & Kenneth, (2009) to predict children's social competence in a sample of children with alcoholic and non-alcoholic parents. This model examined the contribution and role of parents' alcohol diagnoses, depression, and antisocial behaviour at 12-18 months of child age and in predicting parental warmth/sensitivity at 2 years of child age. It was found that when fathers were diagnosed to be having alcohol use or dependence than they showed lower warmth and sensitivity towards their children and when lower maternal warmth/sensitivity at 2 years was found than lower child self-regulation at 3 years was predicted. In retrospective analyses it was found that parenting, self-regulation, and externalizing behavior problems were predictive of social competence in kindergarten.

IV. Attachment styles

1. Attachment styles in fathers with alcohol use/dependence and fathers with non-alcohol use/dependence.

Studies on attachment styles gained momentum in the last two decades. Held in his study found that children from non-alcoholic parents identified with secure bonding patterns both in childhood relationships with parents and adult relationships, whereas children of alcoholic parents most often identified with insecure bonding patterns (Held, 1991). Parenting behaviors mediated adult attachment security among ACOAs as reported in some studies by (Kelly et al., 2005).

Thorberg & Lyvers, (2006) study, examined the patterns of attachment, fear of intimacy and differentiation in 158 volunteers, including 99 clients enrolled in addiction treatment programs. Self-report measures were administered. It was found in the study that clients who were undergoing treatment for alcoholism, heroin addiction, amphetamine/cocaine addiction or cannabis abuse reported higher levels of insecure attachment and fear of intimacy, and lower levels of secure attachment.
and differentiation of self, compared to controls. In the discussion, it was conceptualized by them that such characteristics may reflect a predisposition to substance problems, an effect of chronic substance problems, or conceivably both. In the previous research work done by the “father of attachment theory” John Bowlby in 1976 and 1978, high fear of intimacy, insecure attachment and low self-differentiation were predicted to be risk factors for the development of substance abuse/dependence.

In a sample of 212 college students, Hankel, Kassel, & Abela, (2005), examined the relationship between adult attachment style and use of cigarettes, alcohol, and marijuana. When correlational analyses were done initially it was found to be significant positive associations between anxious attachment and both drug use frequency and stress-motivated drug use.

In a sample of alcohol and other drug-dependent patients, Doumas et al., (2007) study examined the relationship between adult attachment, emotional distress, and interpersonal problems. Findings of the present study confirmed the hypothesis that patients with a preoccupied or fearful attachment style were overrepresented in alcohol and other drug-dependent sample and they also reported more interpersonal problems and higher levels of psychological distress like anxiety and depression than patients with a secure or dismissing style.

Rick in 2007 conducted a study among 101 sample of alcoholic inpatients in Belgium to explore attachment style (secure vs. insecure) and its relationship with perceived parenting and alcohol-related and psychiatric problems. The results revealed that in comparison to the securely-attached group, insecurely-attached alcoholic inpatients perceived their biological mothers as more controlling, reported increase in severe psychiatric problems and depression together with more schizotypal and depressive personality traits. They had severe difficulties in expressing their emotions (alexithymia) to other significant relationships which may lead to relational difficulties ((Rick & Vanheule, 2007)

Keeping the above in view, the researchers argue in the discussion that it makes sense to differentiate alcoholic inpatients on the basis of attachment style and that
both groups (secure/insecure) need different treatment approaches.

Reis, Curtis, & Reid, (2012), study tested a model of alcohol problems based on attachment theory. In their study it was hypothesized that insecure attachment, particularly the fearful-avoidant attachment style, may be manifested in low levels of social support, and this in turn might lead to alcohol problems in young adulthood. They formulated that problematic alcohol use is a key area of concern for individuals with a mental health disorder. In their study, ninety (90) university students completed self-report measures of attachment, perceived social support, parent/peer attachment and the Alcohol Use Disorders Identification Tool (AUDIT). In the analyses for males, the findings suggested that secure attachment was negatively associated with alcohol consumption, alcohol dependence and the subjects experienced adverse consequences due to alcohol use, while fearful-avoidant adult attachment style was positively correlated with alcohol dependence.


Kelly and his colleagues compared Bartholomew’s (1990) four-category typology of adult attachment styles with Hazan & Shaver’s (1987) three-category typology. In their study, there were no gender differences found on Hazan & Shaver’s attachment measure but there were gender differences on Bartholomew’s measure, especially in her two avoidant categories as more males than females were dismissing avoidants and more females than males were fearful avoidant (Kelly, Philip, Shaver, & Tobey, 1991). Another hypothesis advanced by (Latty-Mann & Davis, 1988) was confirmed in light of the above study that adult children of alcoholics scored high on both avoidant and anxious-ambivalent scales of Hazan & Shaver’s measure, and was found to fit well into Bartholomew’s fearful-avoidant category, suggesting that some fearful adults are grown-up versions of the disorganized, disoriented children as identified by (Crittenden & Morrison, 1988) and by (Main & Solomon, 1990) in their studies. These children were commonly noted in families troubled by parental alcoholism, depression or abuse.
Latty-Mann, (1991) also examined in another study the attachment styles of a sample of college students and found that self-identified ACOAs fell into predominately insecure classification patterns whereas the control participants were more securely attached in their relationship with significant others.

Guebaly and his colleagues' study hypothesized that the relational patterns in the alcoholic family of origin reflect the interpersonal difficulties of ACOAs. With time, these relational patterns become the foundation for negative expectations about establishing and maintaining secure relationships. Hence, the adult children of alcoholics have difficulty in close relationships due to their impaired attachment patterns derived from their family of origin (Guebaly et al., 1991).

Bensley et al., (1994) hypothesized that the ACOAs experience difficulty in dealing with emotions and vulnerability which are considered to be the precursors of intimacy hence relationships in their lives are filled with conflicts. It was also conceptualized that for them the unpredictable behavior of others leads to stress in the relationship and a feeling of loss of control that harkens back to childhood fears of abandonment and isolation in their family of origin living with alcoholic parents.

This study was designed to explore possible differences among ACOAs and ACONAs in reported need for control, in attachment style, and in satisfaction with relationships. The researchers also wanted to investigate the possibility that attachment style affects need for control and relationship satisfaction in ACOAs. The 80 participants were 40 ACOAs, and 40 ACONAs who were selected from a convenience sample of 203 volunteer participants from undergraduate psychology.

The findings revealed support for the hypotheses that ACOAs would report significantly higher need for control and less relationship satisfaction than ACONAs.

A study conducted on adult daughters of alcoholic parents by as previous literature suggest gender difference in attachment styles among the ACOA's. Hence their study was to explore the utility of attachment theory for explaining socio-emotional outcomes in adult daughters of alcoholic fathers (ADAF). In the sample 251 female college students there were 26 ADAF and a matched group of non-ADAF who were compared on measures of attachment security and compulsive care-giving. The findings showed the same results as seen among sons of alcohol dependent fathers.
that ADAF had less secure attachment organizations than did non-ADAF (Jaeger et al., 2000).

In a study conducted by Rina and his colleagues to examine the association between fathers' alcoholism and other risk factors such as parental depression, family conflict, infant temperament, and parent-infant attachment, the hypothesis that was formulated was that the quality of parent-infant interactions was a very close mediator of the associations among alcoholism and other risk factors and attachment patterns. The participants were 223 families among which 104 were nonalcoholic families and 119 were alcoholic families with 12-month-old infants who were recruited through birth records for the study. The results indicate that infants in families with both parents with alcohol problem had significantly higher rates of insecure attachment with their parents. When structural equations modeling was done, fathers alcohol problem was highly associated with lower paternal sensitivity indicating higher negative affect, lower positive engagement, and lower sensitive responding during the play interactions between father and infants (Rina et al., 2002). As a result it formed a high risk factor for infant attachment insecurity with fathers. It was evidently seen that the association between the father's alcohol problem and infant attachment security with the mother was mediated by maternal depression and alcohol problems in the mothers too. Family conflict was associated with maternal sensitivity during play interactions. These results indicate that the father's alcoholism is associated with higher family risk where in the quality of the parent-infant relationship diminishes and as infant's attachment develops in a family context, relationships with parents are considered to be significant in attachment security as discussed by the researchers.

In the family-based study design, Mecklenburg and his colleagues of 2002 investigated specific risk factors for alcohol problems in adolescence. The researchers compared a number of psychosocial risk factors in 90 adolescents within the age range of 12-18 years from families with at least one alcohol-abusing parent and compared them with 90 adolescents of parents without alcohol disorders. The results supported the existence of a lower emotional warmth and support by parents of children in the COA sample and males of the COA group reported more parental
rejection and suffered from attention problems and anxiety/depression than controls, While among the females there were no such differences seen in their relationship with their parents (Alterman, Searles, & Hall, 1989).

In 2002 study conducted by Beesley and Stolenberg to investigate the possible differences in need for control, attachment style, and relationship satisfaction between a sample of adult children of alcoholics, 18 males and 22 females and a sample of adult children of non-alcoholics comprising of 10 males and 30 females found that need for control, attachment style, and relationship satisfaction were significantly correlated for both the ACOA and ACONA groups. When the multivariate analyses of variance were done than the results were suggestive of significantly higher need for control and significantly lower relationship satisfaction among ACOA group (Beesley & Stolenberg 2002).

Vungkhanching, Sher, Jackson, & Parra, (2004) study examined the association between paternal alcoholism and attachment style in early adulthood. They also sought to determine whether attachment style might, at least partially, mediate intergenerational risk for alcoholism. Data were gathered from 369 members out of which 46% were males of average age of 29 years of age and 51% had family history of alcoholism. The focus was the cross-sectional relationship between family history (FH) of alcoholism, attachment styles, and alcohol use disorders (AUD). Results indicated that participants with family history of alcoholism were more likely to have an insecure attachment, characterized by fearful-avoidant and dismissed-avoidant styles. Additionally, it was found that fearful-avoidant and dismissed-avoidant attachment styles were related to the presence of an alcohol use disorder even after controlling for sex and family history. The findings suggest that insecure attachment style is a risk factor for alcohol use disorder, independent of familial risk for alcoholism hence, the attachment styles are considered to be important variables for the development of alcoholism.

This was a study done with medical complicated patients by Bamow, Lucht, Hamm, John, & Freyberger, (2004), to examine the association between behavioral problems in adolescence with the presence of a positive family history of alcoholism (FH+), obstetric complications (OCs), negative parenting practices and to test the relation of
these factors to aggression/delinquency and attention problems. The study was conducted on a sample of 154 untreated adolescents in Pomerania. Furthermore, they also evaluated the predictive strength of a FH+, OCs and negative parenting styles in a prospective subsample of 127 adolescents using a hierarchical regression analysis. When group comparisons between offspring with higher vs. lower values on aggression and delinquent behaviour was done, the data revealed that rejection by the parents was significantly more often reported by teenagers with higher measures on behavioral problems. While offspring with attention problems had more obstetric complications as reported by the mother and they also had more feelings of parental rejection compared to controls. Hence, parental rejection was considered to be a major risk factor for both aggression/delinquency and attention problems.

Kelly et al., (2005) study was in retrospect because they wanted to focus upon general and romantic attachment and parenting students received in their families of origin among 401 college students who resided with an alcohol-abusing parent prior to age 16 years as compared to those who did not reside with alcohol-abusing parents. The students participated and completed the measures of Parent Behavior Instrument, Experiences in close relationships measures, and item response theory analysis of self-report measures of Adult attachment and Relationship Scale and the Children of Alcoholics Screening Test. When results were analyzed it was found that those young adults who met criteria for ACOAs reported more anxious and avoidant behavior in romantic relationships and a more fearful style of general adult attachment. Anxious behaviour in romantic relationships and fearful style of attachment were predicted by the parenting behavior received in one's family of origin. Results indicated that being an ACOA and parenting behaviour in one's family of origin predicted avoidant behavior in romantic relationships.

As a result of inconsistent, neglectful and/or abusive parenting attributable to parental alcoholism the adult children of alcoholics (ACAs) frequently experience difficulties with intimacy in adult relationships. Hence, Sylvia Carol 2007 report of clinical observations have suggested that problems with relatedness are assumed to originate in the family of origin. The study utilized four instruments to derive information on twenty variables concerned with attachment and bonding:
Children of Alcoholics Screening Test (CAST), the Parental Bonding Instrument, the Interpersonal Dependency Scale, and a personal history and questionnaire. When the responses from adult children of alcoholics were compared with those from non-alcoholic families of origin (non-ACAs) 85.19% of the time the variables could successfully discriminate between the ACA and non-ACAs wherein the adult children of alcoholics (ACAs) most often identified with the insecure patterns of attachment whereas the non-ACAs most often identified with the secure pattern of attachment.

Study conducted by Keams N & Bodkin, (2008), on couples in their early years of marriage. The objective was to examine the impact of both maternal and paternal alcoholism on the relationship functioning of husbands and wives. Six-hundred and thirty four couples were assessed at the time of marriage, and again at their first, second, and fourth marriage anniversaries. Husbands and wives completed separate, self-administered questionnaires at home and the analyses revealed that, for both husbands and wives, the appraisal of their marital relationship was associated with alcoholism in the opposite gender parent. While for husbands, alcoholism in their own mother was associated with lower marital satisfaction across the 4 years of marriage and for the wives, alcoholism in the father was related to lower marital intimacy. Results also indicate that high levels of physical aggression were present among men and women with alcoholic mothers and nonalcoholic fathers but this effect was restricted to the early part of their marriage. Finally, it was seen that parental alcoholism was associated with both husbands’ and wives’ attachment representations. Hence, the findings of the present study raise the possibility that children raised in alcoholic families may carry the problematic effects of their early family environment into their adult romantic relationships and in their marital relationships too (Jill N. Kearns Bodkin, 2008)

The study conducted by Patock-Pecham & Morgan-Lopez, (2010) was to examine potential parental influences to both pathological reasons for drinking and antisocial personality as pathways to alcohol use and problems. It was hypothesized that there was direct and indirect associations among parental bond i.e. in care, rejection; overprotection, autonomy as well as neglect and antisocial personality, pathological
reasons for drinking, alcohol use, and alcohol related problems. A two-group model with college students comprising of 164 female and 240 male were examined and the overall patterns among male and female respondents were found to be clear i.e. among women, perceptions of having a caring mother lowered the likelihood of having antisocial tendencies, and perceptions of being rejected by one's father was directly linked to pathological reasons for drinking. In women escalation in alcohol use was seen when they felt neglected by their own mothers and conversely, feeling neglected by one's father was directly linked to alcohol-related problems among males, suggesting a parent-offspring gender match in alcohol use and abuse. Antisocial personality mediated the impact of mother rejection and father overprotection on alcohol use among the male population. Hence, the researchers commented that parental influences regarding alcohol use and abuse in population are very complex and that the genders of the respondent and the parent must be considered jointly.

EVALUATION OF AVAILABLE LITERATURE AND CONTRIBUTION TOWARDS PLANNING OF THE PRESENT STUDY

Alcohol consumption and related problems have risen substantially in Asian countries over the past two decades. Studies have also shown that genetic factors increase the risk of becoming alcohol dependent in the context of environmental factors that are themselves predisposing. Family studies have revealed a number of differences and dysfunctions between alcoholic and non-alcoholic family environment. Though, almost all reviews support the preposition that parental alcoholism is associated with behavioural, emotional and psycho-somatic complaints in their offsprings there are some studies in the past that have suggested that a good relationship with a non-alcoholic parent may serve as a protective mechanism.

In the last two decades, researchers have examined the psychological adjustment of adult children of alcoholics (ACOAs). In general, these studies have concluded that ACOAs are at increased risk for negative outcomes including substance abuse, antisocial behavior, mood disorders like depression, anxiety, academic underachievement, low self-esteem, and relational difficulties A number of studies also report that children of alcoholics (COAs) exhibit a greater prevalence of
attention disorders, neuroticism as well as aggressive and delinquent behaviour as well as disruptive behaviour whereby these behavioural problems are associated with later alcohol misuse. However, not all studies agree that disruptive behaviour is related to the presence of a family history of alcoholism.

In the literature review it is seen that initiation of drinking at an early age is strongly linked to subsequent alcohol use disorders. The gateway period for use and abuse of substances is from 15-16 years of age reported by most studies. Hence; in our study the children of 15 years and above were included in the sample. However, until now it was uncertain whether this association between early drinking and later onset of alcoholism was due to pre-existing risk factors such as family history, family dysfunctional status, mal-adaptive communication patterns, adverse childhood experiences, and behavioral disorders because longitudinal studies in this area are very few for which we cannot arrive at a general conclusion.

Influence of cultural factors is reported in studies of alcoholism. Various tribal/ethnic groups in India is reported to use alcohol as their custom and a daily ritual which is not seen as a problem. Hence, tribal population was excluded in our study.

The few studies that have examined the gender of the alcoholic parent suggest that there may be differential impact of parental alcoholism on male versus female children, raising the important issue of considering the gender of the ACOA in relation with the gender of the alcoholic parent. Evidence suggests that fathers have more influence than mothers on their children’s heavy drinking. The effect as to whether sons or daughters are more susceptible to parental influence is conflicting; as some suggest sons and others daughters. Most of the studies suggest that the association is greater when the parent and child are of the same gender. Our study proposed to take fathers and sons to evaluate their associations as it is reported to be greater. Mother with alcohol dependence with their children couldn’t be a focus in our study due to lack of available female population in hospital setting and under-reporting from the population in study.

At this stage in review of literature it is not clear whether boys are more adversely affected by an alcoholic mother or an alcoholic father and whether a finding in this
regard would hold for female offsprings as well. Although fewer alcoholic mothers are available to study, sex differences were suggested to be analyzed when possible by most of the studies on alcoholism.

Most of the available studies have relied primarily on clinical rather than community samples. However, most individuals with alcohol-use disorders do not seek treatment, and such individuals are considerably different from those who are currently in treatment as the review suggests. Many studies that have used nonclinical samples most are of college students, who may represent a more resilient subset of the ACOA population. Thus, studies of college age ACOAs may underpredict risk and dysfunctions in them and their family atmosphere and may also have limited generalizability to community samples of young adults.

In order to reduce the sample bias as much as possible we included various segments of children from and above 15 years who have studied till class Xth so that they could comprehend the questionnaire and respond. But we couldn’t take only community sample as dependence in alcohol in community sample that has not been treated for alcoholism in the past or in the present was not available easily. In our understanding teetotallers were also not easily available in this part of India. Hence, we included a clinical sample for Alcohol dependence syndrome (ADS) where a diagnostic of ADS is done by a treating team and same treatment regimen was being followed and the other group was non-alcohol dependent group.

Little empirical research has investigated the interaction between family history for alcoholism and socio-economic status. Some researchers had reported a significant relationship between a measure of childhood socio-economic stress to alcoholism and dependence. Some studies have reported low socio-economic status and some high socio-economic status contributing more to alcohol dependence and family dysfunctions. Hence, our study had proposed to study only the middle socio-economic status to decrease the sampling bias.

The studies didn’t screen for chronic physical illness which might affect off-spring attachment and care giving behaviour. Hence, we screened the groups across various debilitating physical illnesses by a clinical data sheet to look for any associations.
In studies of the relationship between neuroticism and alcohol use many variables appear to be unrelated and in some studies the relationships appear to be quite strong and consistent. Some studies showed that neuroticism and extaversion scores did not predict subsequent alcohol dependence. In contrast some other studies found that neuroticism was positively associated with risk for alcohol use. Similarly few reported that negative emotionality which correlates with neuroticism contributed to differentiation between non-alcoholics and alcoholics. Hence, measures of more specific personality features may help to clarify the relationship between personality and alcohol use was the suggestion of much literature.

Hence, psychological research has been found to focus on the extent to which personality traits underlie alcoholism rather than on the precursor temperaments from which personality disposition develops. Temperament both underlies and precedes the development of personality as popular research suggest. Certain personality traits, specifically the antisocial and neurotic traits, appear to precede the onset of alcoholism or alcohol use disorder. Some evidence has also suggested that the personality traits of neuroticism and sensation seeking enhance the risk for alcoholism and drug abuse.

Tentative evidence has suggested that the children of alcohol dependence exhibit marked temperament or personality deviations. These findings have indicated that there are early signs of behavioral and emotional disturbances that may constitute the vulnerability for subsequent maladjustment in adulthood. To understand the above to date studies have found mixed results when comparing COAs and non-COAs because COAs presented as a very heterogeneous group.

Inconsistent report has been reported by few studies that simultaneously examined the relationships between personality, family environment and alcohol. Review has shown that children’s score on dimensions of temperament scale were independent of the characteristics of families assessed by FES, with and without alcohol fathers. However some studies concluded that the pattern of correlation between temperament traits and FES appears to be very dependent upon family history. Hence, there has been mixed results in those studies.
Review of literature also suggests that the vulnerability to the direct implication of alcohol disorders like alcohol dependence, or to personality or psychological difficulties which predispose to alcohol abuse, are each plausible and not mutually exclusive. Alternatively, the impact of the problem drinker within the family of a developing child could lead to psychological or personality problems which predispose to problem.

The role of alcoholism as a major etiological factor has been repeatedly questioned throughout the literature we have surveyed. The nature of causal links is unclear. For instance, poverty, family disorganization, alcoholism, and antisocial behavior occur together, but whether they are etiologically related and, if so, how has not been clearly determined by the gamut of literature.

Concerning the general association of personality traits with substance use disorders, it is significantly noted that alcoholics differ from people without alcoholism on diverse personality dimensions and they are warning signals for the development of alcohol dependence disorder.

The review indicates the influence of attachment styles in the epigenesis of alcohol use disorders with insecure attachment styles having positive correlation with alcohol dependence in adulthood. Family environment is a significant variable contributing to substance use as noted in most of the studies.

Previous research has demonstrated strong links between quality of adult attachment styles and personality variables in alcohol dependence associated with various forms of psychological distress and psychiatric disorders which require long term intervention in prevention, treatment of alcohol dependence syndrome and maintenance of healthy functioning.

Considering the influence of family in the pathogenesis of alcoholism this study is believed to throw some light into the high risk family environment for development of alcohol use in children that would thereby help in detection, prevention and treatment of alcoholism from family perspective.

There has been an increasing focus on children of alcoholics particularly in the West
seeking to understand the impact of parental alcoholism on their psychosocial functioning, attachment styles in significant relationships and personality. But, Indian literature from this perspective is scanty and we felt that there is a need for more comprehensive investigation particularly with adolescent and adult children of alcoholics (COAs) as there is a dearth of exploration carried out on this issue in the Indian socio-cultural context.

Considering the above in mind we proposed to examine the issues of personality, family environment influences and attachment styles within the context of a controlled family study of alcoholism using direct diagnostic interviews of both father and adolescence/adult male child.