DISCUSSION
CHAPTER V

DISCUSSION

The present study examined the relationship among personality correlates, family dynamics and attachment styles in alcohol dependent fathers (ADF) and their sons and non-alcohol dependent fathers (NADF) and their sons.

The results of the present study are discussed with reference to the research in this area and the objectives of the study.

The discussion is presented under following sections:

Section 1: Socio-demographic characteristics.

Section II: Personality variables and its significance among fathers with alcohol dependence syndromes (ADF) and fathers with non-alcohol dependence syndrome (NADF).

Section III: Personality correlates and its significance among sons of Alcohol dependent fathers (SADF) and sons of non-alcohol dependent fathers (SNADF).

Section IV: Attachment styles and its significance among fathers with alcohol dependence syndromes (ADF) and fathers with non-alcohol dependence syndrome (NADF).

Section V: Attachment styles and its significance among sons of fathers with alcohol dependence syndromes (SADF) and sons of fathers with non-alcohol dependence (SNADF).

Section VI: Family dynamics among alcohol dependent fathers (ADF) and their sons (SADF) and non-alcohol dependent fathers (NADF) and their sons (SNADF).

Section VII: Relationship among personality variables, attachment styles and family dynamic variables in alcohol dependent fathers and non-
alcohol dependent fathers and their sons.

Section VIII: Implications of the study.

Section IX: Limitations of the study and suggestions for future research

1. SOCIO-DEMOGRAPHIC CHARACTERISTICS:

SAMPLE:

The data was generated from four groups of participants, Group 1- Fathers with alcohol dependence syndrome (N- 50, ADF), Group 1A - sons of fathers with alcohol dependence syndrome (N-50, SADF). Group II - Fathers with non- alcohol dependence syndrome (N- 50, NADF) and Group II A - sons of fathers with non-alcohol dependence syndrome (N- 50, SNADF). The total sample comprised of 200 participants.

The groups were screened using the Michigan Alcohol Screening Tool (MAST) and a clinical data sheet or check list to meet the inclusion and exclusion criteria.

Fathers with alcohol dependence syndrome group were defined, if they were in the hospital or institutional setting for treatment of alcoholism, having a diagnosis of Alcohol dependence syndrome (ADS) on ICD-10 and they fulfilled the criteria of alcohol dependence in MAST with cut off score of 13 and above. The fathers with non-alcohol dependent were defined, if they were not hospitalized for any alcohol related problems in the past and present and didn’t fulfill the criteria of alcohol dependence on ICD-10 and also on the MAST scale.

The sample of the study was clinical for the fathers with alcohol dependent syndrome and from the community for the fathers with non-dependent alcoholism who fulfilled the inclusion and exclusion criteria specified in Chapter III.

The groups were comparable in age as results suggest that there is no significant difference in the mean ages among the fathers and the sons in both the groups. The two groups did not differ significantly in the level of education. When groups were compared in terms of occupation it was found that the number of employed persons
in the alcohol dependent fathers is 46 and number of employed persons in the non-alcohol dependent fathers is 48. The difference in employment status between both groups is not statistically significant. In the sons group, students were more in number i.e. 39 sons of NADS fathers and 32 sons of ADS fathers were students.

The family structure of both the groups had no significant difference in joint, nuclear or extended level. The number of children in ADS and NADS groups didn’t differ significantly.

In the socio-economic status, Kuppuswami socio-economic scale was administered for screening as the inclusion criteria of the study was to study only population from middle socio-economic status, so when comparison between lower middle class and upper middle class was done there was no significant difference found in both the groups.

Hence, comparison of two groups on the above socio-demographic characteristics indicates that there is no significant difference and the sample was homogeneous. Hence, both the groups were comparable with regard to the key variables under study.

Though the alcohol use among sons of both the groups didn’t differ significantly it is seen that the number of sons of ADS fathers using alcohol is 7 and the number of sons using alcohol in NADS fathers is 4 indicating an upward trend in using alcohol by the sons of alcohol dependent fathers. This is seen in many researches done in alcohol population where in the sons of ADS fathers appeared to be at high risk for the development of alcohol dependence. Studies have well documented the co-occurring relationship between parental alcoholism and its influence upon male son’s alcohol use and dependence (Gabrielli & Mednick, 1983, Kumpfer, 1986)

The clinical check list to assess for the debilitating chronic physical illness and other physical illnesses in the study population indicates no significant difference in various clinical symptoms. In the NADS fathers 56.1% had no physical illness and in the ADS fathers 43.9% had no illnesses. And among the alcohol dependent fathers 69.2% had hypertension and 53.8% had diabetes and among the nondependent
alcohol fathers 30.8% had hypertension and 46.2% had diabetes indicating high rate of percentages of physical illness in ADS fathers. As the scores were not statistically significant both the groups are comparable in the clinical data but the influence of alcohol on the physical health of an individual couldn’t be undermined.

The present study is the first study done in Assam among fathers with ADS and their children. Influence of cultural factors is reported in studies of alcoholism. Various tribal/ethnic groups in India has 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. Most of the studies suggest that the association is greater when the parent and child are of the same gender. Our study included fathers and sons to evaluate their associations as it is reported to be greater.

Most of the available studies have relied primarily on clinical rather than community samples. 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 under-predict 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 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. 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. Hence, our study had a control group to compare with the alcoholic group which added value to the research.

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 included 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 behavior. Hence, we screened the groups across various
debilitating physical illnesses by a clinical data sheet to look for any associations
which was not noted in earlier research work.

Various 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 with Eysenck’s personality
inventory (EPI) had helped to clarify the relationship between personality and
alcohol use for which we used EPI too in our study.

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 but there were no studies done in India to study
the attachment patterns in alcoholism. This is the first study to study the contribution
of these variables and associations among these in alcoholism.

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 with the help of Family
environment scale which has been tried and administered in most of the studies.

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. More so in Assam as the rate of ADS is more here, compared to the national prevalence so it’s a significant psychosocial crisis in this segment of the population but no empirical research is carried out till date.

Considering the above in mind we examined 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 which has never been studied in the earlier research work.

Section II: Personality correlates and its significance among fathers with alcohol dependence syndromes (ADF) and fathers with non-alcohol dependence syndrome (NADF).

The first two objectives of the present study were to examine the personality variables of the alcohol dependent fathers and their male sons and to examine the personality variables of the non-alcohol dependent fathers and their male sons which were discussed in the light of the literatures present.

To fulfill the objectives, the 1st two hypotheses framed were fathers with alcohol dependent syndrome will not differ from fathers with non-dependent use of alcohol on extraversion and fathers with alcohol dependent syndrome will be higher on neuroticism than fathers with non-dependent use of alcohol and Chapter IV, Section II, shows the different personality variables of fathers with alcohol dependence syndrome and fathers of non-alcohol dependence. To examine this, Eysenck’s personality inventory (EPI) form “A” was administered which had two dimensions i.e. extraversion and neuroticism.

Research findings pertaining to the first dimension, extraversion, have been found to
be inconsistent. There are studies observed low extraversion in heavy users of alcohol (Rankin, Stockwell, & Hodgson, 1982, Tarter 1982, Rydelius 1984), while some studies have observed high scores for heavy users on extraversion (Kate Wilson 2004, Johnson & Leff 1999, Brennan & Shaw 1991) and its subcomponents, sociability and impulsivity. Similarly, in terms of the Five Factor Model of personality, individuals prone to abuse intoxicating substances have been characterized by low extraversion, agreeableness (Martin & Sher, 1994; Trull & Sher, 1994), and conscientiousness (Sher & Descutner, 1986, Sher, Bartholow, & Wood, 2000, Flory et al., 2002, Martin & Sher 1994, Flory, Lynam, Milich, Leukefeld, & Clayton, 2002), as well as high neuroticism (Trull & Sher, 1994, Martin & Sher, 1994, Sher et al., 2000) and openness (Flory et al., 2002, Sher et al., 2000, Trull & Sher, 1994).

In view of some previous studies the hypothesis of the study proposed was that fathers with alcohol dependent syndrome (ADF) will not differ from fathers with non-dependent use of alcohol (NADF) on extraversion. But the findings indicate a significant difference in ADF having a mean score of 11.28 and the NADF having a mean score of 9.46 with a ‘t’ value of 2.901 which is significant at $p<0.01$ level.

The null-hypothesis that ADF would not differ from NADF was rejected as there was significant difference found in both the groups showing ADF to be high on extraversion in comparison to NADF.

Some of the earlier research studies by (Cox, 1985, Carpenter, 1995, Laurie Chassin et al., 1993, Chassin et al., 2002, Vaillant, 2003), are found to be consistent with the present study findings. In these early studies, heavier drinkers were described as pleasure seeking, extroverted, impulsive, and rebellious and nonconforming. In an Indian study by (Chaudhury et al., 2006) found that psychological assessment of alcoholism in 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.
The greater extraversion reported by male alcoholics may be a reflection of the need to be independent due to ambivalence about relying on others, a phenomenon frequently reported in the clinical literature on alcoholism (Cermak & Brown, 1982). The finding of significantly higher scores on extraversion also indicate that alcohol-dependent subjects are characterized by traits such as being more assertive, dominant, sociable, carefree and venturesome as compared to non-dependent people. This finding is in agreement with studies by (Mathew et al., 1993, Rubio, 2001) but not by (King, Bernardy, & Hauner, 2003).

Regarding the second dimension results showed that there is significant difference in neuroticism between fathers with ADS (ADF) and fathers without ADS (NADF). The mean scores in ADF is 14.72 and NADF is 8.38 with a ‘t’ value of 7.712 which is significant at p< 0.01 level. This indicates that neuroticism was higher in the ADF than the NADF. Most of the earlier studies (Tarter & Vanyukov, 1994, McGue, Slutske, Taylor, & Iacono, 1997, Swendsen et al., 2002) review showed similar findings. They found that excitability, dominance, and aggressiveness were directly related to subsequent substance misuse and dependence, while Neuroticism was found to be indirectly related to substance misuse. (Barnow, Lucht, & Freyberger, 2002) study have found that alcoholics scored higher on neuroticism—stability dimension but not on the neuroticism-extraversion dimension on Eyesenck’s personality inventory (EPI) and in a study Sintove Nicole 2010 showed similar results where in higher neuroticism and depressive scores were seen among alcoholic population. Their affect was found to be dysregulated and behavioural disinhibition was significantly found. In the studies, a host of negative characteristics have been associated with substance use, from neuroticism to impulsivity.

Earlier findings also indicated that heavy alcohol or illicit drug (e.g., marijuana, cocaine, barbiturate, heroin, etc.) use is often related to depression and low self esteem (Tarter & Vanyukov, 1994, Chaudhury et al., 2006) and a tendency to be overly anxious neurotic, psychopathic deviance and high on extraversion all of which are related to the “Big Five” factor of neuroticism.

Comprehensive models of personality, such as the Big Three or the Five Factor Model of personality have been utilized to succinctly characterize the
personality profiles of heavy substance users. In terms of Big Three models, heavy users appear to score high on measures of psychoticism and neuroticism (Rankin, Stockwell, & Hodgson, 1982, Sher & Bartholow, 1999, Kimberly et al, 2008).

In various studies and alcoholic theories it has been accepted that some people drink alcohol (or use drugs) to relieve their negative affect or to enhance their positive affect (Cooper, 1994; Cooper, Frone, Russell, & Mudar, 1995; Cooper, Kassel, Jackson, & Unrod, 2000). Hence, In order to regulate the affect and negative psychological feature of neuroticism there could be associations between the two in the present study too.

Section III: Personality correlates and its significance among sons of Alcohol dependent fathers (SADF) and sons of non-alcohol dependent fathers (SNADF).

The third hypothesis of the study was children of alcohol dependent fathers will differ on extraversion from children of fathers with non-dependent use of alcohol. In Section III, Table 1, in the domain of Extraversion the sons of ADS fathers had a mean score of 12.78 and sons of NADS fathers had a mean score of 10.36 with a ‘t’ score of 3.044 which is significant at p< 0.01 level indicating that the sons of ADS were extroverts compared to the sons of NADS group. Hence the null-hypothesis stated in our study was rejected.

In the review there has been several studies that have identified and clarified some of the basic "rules" operating in an alcoholic home (Rubio, 2001) and one of them is “It is not appropriate to express feelings openly”. Feelings were often not allowed to be expressed or addressed openly in the alcoholic family system. According to those studies the child may often limit communications with others outside their home in order to maintain the family secrets and hence, are introverts.

In an alcohol abusing family environment, when an expression would be received positively and when negatively was difficult to predict or assess hence the rule of the child was always to “keep communications at the minimum”. Keeping in view of these earlier studies the null-hypothesis in the present study was framed as SADF
would not be high on extraversion was rejected by the present findings.

The greater degree of autonomy/independence found among SADF in the present sample may indicate an adaptive response to parental alcoholism that has resulted in extroversive qualities useful in endeavors, such as school or work. Thus, the roles adapted by SADF in response to family disorganization and confusion may encourage some children to acquire a greater degree of responsibility and to exercise greater decision-making than that generally found in children from nonalcoholic families. Extraversion in their temperament could prove beneficial for them too or may lead them to risk taking behaviour like substance abuse. Some earlier studies have been consistent to this finding as those studies reported that heavy drinkers were more pleasure seeking, extraverted, impulsive and rebellious, non-conforming and shows broad range of externalizing and internalizing symptoms.(Ohannessian & Hesselbrock, 1995b, Hill et al., 2000, Malone, Iacono, & Mc Gue, 2002, Tikkanen et al., 2007, Marmorstein et al., 2009).

A study by Elkins and his colleagues depicted that families with fathers history of substance abuse was associated with lower constraints, extroversion, lower control and harm avoidance. (Elkins et al., 2004). Hence, as per these studies personality might be one indicator of familial risk for substance abuse during the developmental period.

A study done by Cloninger and his colleagues suggested that neurobiological mechanism could interact with childhood temperament or personality to increase their susceptibility to alcoholism. They also reported that high novelty seeking and low harm avoidance which are characteristics of an extrovert and impulsive childhood personality are strongly related to adult alcohol abuse.(Cloninger et al., 1988). Hence, SADF displaying extraversion could be at a greater risk to become alcohol dependent later. For example, the young child with poor behavioral control and emotional dysregulation is particularly inclined toward developing a conduct disorder; and this personality disposition is associated with an increased risk for alcoholism in adulthood.
Research also suggests that certain personality traits, specifically antisocial and neurotic traits, appear to precede the onset of alcoholism (Tarter et al., 1984, Tarter, Kabene, Escallier, Laird, & Jacob, 1990, Loukas, Krull, et al., 2000). It is known that most personality development occurs during the first few years of life known to be the critical period in one's life, when family environment and interregional patterns are significant influences. At each phase of the developmental cycle in life the environment to which the person is exposed exerts either a risk inheriting or risk attenuating effect on the person. Thus, the risk developing an alcohol or substance abuse problems should be viewed as an ongoing dynamic process of interaction between the individual and the environment.

In the present study, it was seen that in the group II, number of SADF using alcohol was higher than the number of SNADF hence, showing vulnerability in this population which is again reported by earlier studies.

Studies conducted in this decade by (Alexandra et al., 2003, Hussong et al., 2010, Raman et al., 2010, Hinrichs et al., 2011) reported that externalizing symptoms were much higher among children of alcoholics compared to children of non-alcoholics which is again consistent with our findings. Hence, the present findings are suggestive that children of ADF represent a group at risk for early onset of psychiatric problems and alcoholism so early prevention and intervention programs are important as personality correlates could precede alcohol use and abuse in this population.

The fourth hypothesis of the study was that the sons of alcohol dependent fathers (SADF) will be higher on neuroticism than the sons of fathers with non-dependent use of alcohol (SNADF). The findings suggested that in the dimension of neuroticism the mean scores of SADF was 11.24 and mean scores of SNADF was found to be 11.30 with a 't' value of -0.034 which was not found to be significant indicating that the SADF were not found to be high on neuroticism as hypothesized in the present study. Hence, researcher hypothesis was rejected. Some earlier studies (Werner & Broida, 1991) were of the opinion that the children of alcoholics are more resilient and could be extremely functional with high quality of life and may have developed particular qualities that have helped ameliorate some of the maladaptive
effects of parental alcoholism. In those studies the confounding variables (A confounding variable also called as confounding factor, lurking variable or confounder is an extraneous variable in a statistical or research model that can influence the study variable, hence that needs to be experimentally controlled) were family dysfunctions, family illness and socio-economic status. As Werner and his colleagues, had reported about the presence of nurturance by other substitute care givers, trusting and mutually respecting relationship with the non-problematic parent, a new sense of meaning in life, faith and social networks as potential protective factors (Werner et al 1986), our findings could be explained by the same as we have not tried to control these family and other influences.

Many other research has demonstrated that individuals from dysfunctional families often present with issues very similar to ADF. Resiliency factors often serve as a protective function and help the individual cope with life’s significant stressors.

ACOAs are a very heterogeneous group of population and it cannot be said that all ACOAs will develop emotional or adjustment problems, but there is supportive evidence of a heightened vulnerability (Menees & Segrin; 2000; Hall & Webster, 2007; Schukit 2000, Heramani Singh, 2005). In contrary some researchers have stated that many SADF develop neither alcoholism nor any psychopathology or any extreme personality variants (Miller and Jang, 1977, Whipple and Noble 1991). Some children develop resiliency, despite the adverse features of parental alcoholism, and associated pathologies which are consistent with the present findings.

The earlier studies which supported that a good relationship with a non-alcoholic parent could serve as a protective mechanism for sons personality to be functional and not disruptive could be explained for our sample too.

In one-way ANOVA analysis, between and within the groups with “F” ratios of 7.832 in extraversion and 7.239 in neuroticism were found to be significant at 0.000 level of significance. As there was significant difference found in ANOVA, post hoc analysis was carried out and the results showed the same results as in “t” tests elaborated above.
Section IV: Attachment styles and its significance among fathers with alcohol dependence syndromes (ADF) and fathers with non-alcohol dependence syndrome (NADF).

The third and fourth objectives of the present study were to examine the attachment styles of the alcohol dependent fathers and their male sons and to examine the attachment styles of the alcohol non-dependent fathers and their male sons.

In order to fulfill these objectives the fifth hypothesis of the study was fathers with alcohol dependent syndrome will demonstrate insecure attachment styles in comparison to fathers with non-dependent use of alcohol and the sixth hypothesis of the study was that the sons of alcohol dependent fathers and sons of fathers with non-dependent use of alcohol will use secure attachment styles.

In Chapter IV, Section III, indicates that the styles of attachment used by the fathers with alcohol dependent syndrome and fathers with non-dependent use of alcohol sons varied on the different dimensions of attachment. The mean scores of fathers with alcohol dependent syndromes and fathers with non-dependent alcohol syndromes in secure attachment style are found to be 19.18 and 38.78 with a ‘t’ value of -13.487 which is significant at p<.01 level. This indicates that the fathers in both the groups differ significantly in secure attachment styles. It is seen that the mean scores of fathers with non-dependent use of alcohol is higher than the mean scores of fathers with dependent alcohol use suggesting that the fathers with NADS group have a more secure attachment style in comparison to fathers with ADS.

The Adult Attachment Questionnaire by Feeney & Noller was administered in the present study. Research has shown that secure individuals are comfortable with intimacy, perceive attachment figures as warm and responsive and have positive expectations about relationships. Earlier studies have also shown that people with alcoholism were more likely to have insecure attachment, characterized by fearful-avoidant and dismissed-avoidant styles (Hankin et al, 2005; Diana et al 2006; Samantha et al 2011). Additionally, fearful-avoidant and dismissed-avoidant attachment styles were related to the presence of an alcohol use disorder. The findings suggest that insecure attachment style is a risk factor for alcohol use
disorder, independent of familial risk for alcoholism. Hence, it makes sense to differentiate alcoholic patients on the basis of attachment styles and that both groups (secure/insecure) need different treatment approaches.

Theory and research on adult attachment style emphasize the crucial role that the sense of attachment security plays in the formation and maintenance of adult relationships. Inverse relationship exists between addiction and healthy interpersonal relationships attachment (Bowlby, 1988, Feeney et al, 1994). Large number of studies has been conducted on attachment styles and its relation to persons having alcohol related problems. In all those studies the findings were that patients with an insecure (preoccupied or fearful) attachment style were overrepresented in alcohol and other drug-dependent sample. Further, patients with a preoccupied or fearful style reported more interpersonal problems and higher levels of anxiety and depression than patients with a secure attachment style.

A secure attachment bond is an active, affectionate and a reciprocal relationship in which family members derive and provide closeness, comfort and security to each other. As it involves a profound psychological and physiological interdependence people who take substances seems to have an insecure attachment styles. The findings of the earlier studies were found to be consistent with the present study and it is seen in one study by Fred Arne Thorberg and Michael Lyvers, 2005 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. Such characteristics may reflect a predisposition to substance problems, an effect of chronic substance problems, or conceivably both. Hence, contribute to the pathogenesis of alcohol use or dependent.

The findings of the present study also shows that the mean scores in avoidant attachment style between both the groups are found to be significantly different. Mean scores in fathers with alcohol dependent syndrome 65.04 and mean scores of non-dependent alcohol use being 48.30 and ‘t’ value of 6.131 which is found to be significant at p< 0.01 level. Hence, this suggests that fathers with alcohol dependent syndrome are found to use more avoidant attachment style in comparison to fathers.
with no alcohol dependent syndrome. People with an avoidant attachment style drink more frequently than people with a secure attachment style (Brennan & Shaver, 1995, Doumas, Tunisi, & Wright, 2006, Doumas, Blasey, & Mitchell, 2007, Brennan et al., 1991). Brennan and Shaver (1995), theorized that drinking provides avoidants (who do not rely on others to help manage their emotions) with a way to escape negative feelings, decrease stress, and avoid emotional attachments with others which could be an explanation of the present findings in this group of ADF.

In the present study the results show that the mean scores among fathers on the Anxious-ambivalent attachment style in both the groups are found to be significantly different with mean scores in fathers with alcohol dependence being 61.38 and mean scores in fathers without alcohol dependence being 45.50 and the ‘t’ value is 6.074 which is found to be significant at p<0.01 level. Hence, this indicates that the pattern of attachment used by fathers with ADS is more of an anxious-ambivalent in nature than the fathers with NADS. This suggests the fathers whose attachment pattern is anxious-ambivalent are likely to be dependent on alcohol. This could also be compared to the earlier studies which found that partners who feel anxious about their relationship generally see themselves as being in an inequitable, disadvantaged position and low in relationship satisfaction and use substances to cope up with their inadequacies and environmental stress. Kassel and his colleagues in their research have found that both drug and alcohol use are also related to anxious-ambivalent attachment (Kassel et al. (2007). Specifically, the more one tends toward anxious-ambivalent attachment (but not toward secure or avoidant attachment), the more likely one is to engage in stress-motivated alcohol use. The researchers theorized that anxiously attached individuals drink alcohol to decrease their negative emotions, especially feelings of abandonment by others. Finally, McNally, Palfai, Levine, and Moore (2003) found that the effect of adult attachment style on alcohol use was mediated by coping motives, specifically, the motive of decreasing negative affect. Hence higher fear of intimacy, insecure attachment and low self differentiation could be risk factors for the development of substance abuse and dependence. A number of previous studies (Brennan & Shaver, 1995, Burge et al., 1997, Dottan et al., 2003, Ognibene& Collins, 1998) have similarly reported associations between an insecure attachment style and high levels of alcohol consumption or drug abuse. Hence,
intervention could be planned with alcoholics in the area of attachment security for treatment and rehabilitation.

Section V: Attachment styles and its significance among sons of fathers with alcohol dependence syndromes (SADF) and sons of fathers with non-alcohol dependence (SNADF).

The sixth hypothesis of the study was that the sons of alcohol dependent fathers and sons of fathers with non-dependent use of alcohol will use secure attachment styles. Indian studies with sons of alcohol dependent fathers are scarce and in India, the family interaction patterns and ties are strong and affect expression are significantly seen among family members compared to the western world.

Hence, we hypothesized that the attachment styles of the sons of ADS fathers and sons of NADS fathers would be secure as the primary caregivers are mothers with whom close proximity is usually maintained despite the fact that the fathers were dependent on alcohol. Some earlier studies had also found that the mean difference between ACOA and ACONA in insecure attachment was not significant and as explained by Sher, Walitzer, Wood, & Brent, (1991), that ACOAs may represent a more resilient subset of the ACOA population and they may have developed particular qualities that have helped ameliorate some of the maladaptive effects of parental alcoholism. But this hypothesis, couldn't be supported by the present study findings as there was significant difference found among the sons of both the groups. In Chapter IV, Section III, indicates that the styles of attachment used by the sons of fathers with alcohol dependent syndrome and sons of fathers with non-dependent use of alcohol varied on the different dimensions of attachment.

The mean scores of sons of fathers with alcohol dependent syndromes and sons of fathers with non-dependent alcohol syndromes in secure attachment style are found to be 21.32 and 36.80 with a ‘t’ value of -9.588 which is significant at p< .01 level. This indicates that the sons in both the groups differ significantly in secure attachment styles. It is seen that the mean scores of sons with fathers with non-dependent use of alcohol higher than the mean scores of sons of fathers with dependent alcohol use suggesting that the sons of fathers with NADS were more
secured in their patterns of attachment.

The findings of some earlier studies are found to be consistent with the present study (Rina et al 2002), that children of fathers with alcohol related problems had higher risk of attachment insecurity. A study by Mecklenburg and his colleagues reported that more parental rejection and emotional warmth to children of alcoholics which in turn leads to attachment insecurity in relationships in adulthood (Mecklenburg et al, 2002). Later studies also are consistent with the present findings (Vungkhanching et al, 2004, Sylvia Carol, 2007)

This inconsistent and insensitive parenting leads to models that emphasize risk and uncertainty or immediate time preference/ immediate gratification. In turn an immediate time preference is significantly related to alcohol use (Keough, Zimbardo, & Boyd, 1999).

A study by El-Guebaly et al (1993) suggests that the interpersonal difficulties of adult children of alcoholics are reflective of the relational patterns in the alcoholic family of origin. Over time these patterns become the foundation for negative expectations about establishing and maintaining secure relationships. Several studies have focused on the insecure patterns of attachment styles and need for control which serves as obstacles to establishing close relationships which in turn affect in substance taking behavior among individuals.

Sylvia Carol (2007) study indicates that problems with relatedness were assumed to originate in the family of origin as a result of inconsistent, neglectful and/or abusive parenting attributable to parental alcoholism. This led to relationship dissatisfaction as the ACAs most often identified with the insecure patterns whereas the non-ACAs most often identified with the secure pattern. This study on attachment showed that when alcoholism was present in the family, the children failed to develop secure emotional ties with either parent.

A primary function of attachment is the interpersonal regulation of affective experiences(Sroufe& Waters, 1977). Individuals with a secure attachment style seek social support to cope with 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 & Shaver, 1995, Cooper et al., 1998, Dottan et al., 2003, McNally et al., 2003).

Avoidant attachment style in both the groups are found to be significantly different with mean scores in sons of fathers with alcohol dependence being 64.84 and mean scores in sons of fathers without alcohol dependence being 46.32 and the ‘t’ value is 7.577 which is found to be significant at p<0.01 level. Hence, this indicates that the pattern of attachment used by sons of fathers with ADS is more of avoidant in nature than the sons of fathers with NADS. This could also be compared to the earlier studies like Hazan and Shaver (1987) reported that individuals with an insecure attachment style were both needy and fearful of intimacy. Fear of intimacy was defined as “...the inhibited capacity of an individual, because of anxiety, to exchange thoughts and feelings of personal significance with another individual who is highly valued”. Hoefler and Kooyman (1996) proposed that drug abuse can reflect a delayed maladaptive transition in young adults and associated fear of intimacy.

According to Rina et al (2002) and Vunkhanching et al (2004), fear of intimacy merits attention as a risk factor for emotional problems, including those associated with substance abuse and fearful avoidant and dismissed-avoidant attachment styles were related to the presence of alcohol use disorder even after controlling for sex and family history of alcoholism.

Avoidant individuals are uncomfortable with intimacy and interdependence. They perceive attachment figures as unreliable and uncaring, and they prefer not to depend on others for support. They attempt to maintain a positive self-image in the face of potential rejection by denying attachment needs, distancing themselves from others and restricting expressions of emotionality. Hence the adult children of alcohol dependent fathers experience difficulty dealing with emotions and vulnerability, the precursors of intimacy. For them, the unpredictable behavior of fathers leads to stress in the relationship and a feeling of loss of control that harkens back to childhood fears of abandonment and isolation.

The findings are suggestive of insecure attachment styles which are considered to be
risk factors for alcohol use, abuse and dependence.

A study by, Fred Arne Thorberg and Michael Lyvers (2005) found 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. Insecure attachment, high fear of intimacy and low self-differentiation appear individuals classified as dismissing, preoccupied or earned-secure reported the highest rates of substance abuse/dependence. Individuals classified as dismissing reported significantly lower rates of treatment participation despite their high rates of substance abuse/dependence.

Anxious-ambivalent attachment style in both the groups are found to be significantly different with mean scores in sons of fathers with alcohol dependence being 51.88 and mean scores in sons of fathers without alcohol dependence being 41.02 and the ‘t’ value is 3.210 which is found to be significant at p<0.01 level. Hence, this indicates that the pattern of attachment used by sons of fathers with ADS is more of an anxious -ambivalent in nature than the sons of fathers with NADS. Problems in parent child attachment are also related to drug use and abuse through the developmental impact on self regulation (Brook, Whiteman & Finch 1993). Parents help children to modulate emotional states and reduce internal tension (Cicchetti et al. 1996). When confronted by insensitive and damaging care, children will generally manage homeostasis and regulation on their own, rather than with the extra emotional support that parents can provide. This results in a fragile regulatory system, which is a major risk factor for substance abuse (Brown 1998). This can happen through poor emotion and attention regulation (Wilson & Gottman 1996) as well as difficulties in behavioral inhibition (Polivy 1998, Iacono et al. 1999).

In summary, this study on attachment showed that when alcoholism was present in the family, the children failed to develop secure emotional ties with either parent. This finding supported research by Callan and Jackson (1985) that found the 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 Priest (1985) & Wilson & Orford (1978) that showed the endurance of
behavioral and emotional deficits that result from growing up in an alcoholic family system.

The findings of this study offer an explanation for the relational pathologies found among sons of alcoholic fathers (SADF) and it specifically identified parenting behaviors that were precursors to the development of insecure patterns of attachment in alcoholic family systems.

In ANOVA analyses, there was significant within group and between groups difference found with “F” ratios of 88.132 in secure attachment styles, 31.056 in avoidant attachment styles and 17.061 in anxious-ambivalence attachment styles at 0.000 level of significance. Tukeys HSD post hoc analysis was done and the results were same as was found in “t” tests and ANOVA.

Section VI: Family dynamics among Alcohol dependent fathers (ADF) and their sons (SADF) and non-alcohol dependent fathers (NADF) and their sons (SNADF).

The fifth and sixth objectives of the present study were to examine the family environment of the alcohol dependent fathers and their male sons and to examine the family environment of the alcohol nondependent fathers and their male sons. Hence, to fulfill these objectives the seventh hypothesis of the study was relationship dimensions will be conflictual in families of fathers with alcohol dependent syndrome in comparison to families of fathers with non-dependent use of alcohol and the eight hypothesis of the study was families of fathers with alcohol dependence syndrome will be lower on personality growth dimensions in comparison to families of fathers with non-dependent use of alcohol and the ninth hypothesis was families of fathers with alcohol dependence syndrome will not differ in system maintenance dimensions from families of fathers of non-dependent use of alcohol.

In Chapter IV, Section IV, findings using one way analysis of variance (ANOVA) shows significant differences within the groups and between the groups in the relationship dimensions with “F” ratios of 99.243 in cohesion, 14.761 in Expressiveness, 62.770 in Conflicts at 0.000 level of significance.
When Tukeys HSD post hoc analysis was done there was no significant difference found in Expressiveness with mean difference of -2.680 at 0.649 level of significance which is more than .05 level.

In measures of cohesion, the family with ADS fathers and as well as their sons reported that their family members were less cohesive or felt less bonded. Family cohesiveness was defined as the extent to which children and family members saw their families as divided and in conflict. In measures of expressiveness ADS fathers didn’t differ significantly from NADF but their sons reported that their family members were less expressive of their feelings and emotions to each other and more distant. In measures of conflicts the family with ADS fathers and sons reported that their family atmosphere was conflictual and had more arguments and displayed negative emotions to each other whereas the families with NADF and SNADF felt cohesive and expressed their feelings to each other openly and displayed less conflicts in their family atmosphere.

A substantial literature have been consistent with the present study that increased family disruption and conflicts accompany parental drinking and the harmful effects this amy have on children’s development (Moos & Billings, 1982, West &Prinz 1987, Werner, 1984 etc).

In a study done by Filstead, Mc-Elfresh and Anderson, 1981 findings suggest that alcoholic families perceived their family environments to be less cohesive, and less expressive, with more conflict as compared to “normal” families. Ruben, 2001 study found that children of alcoholic fathers were significantly more likely to have experienced physical abuse, neglect and inadequate supervision as well as parental conflicts, divorce, imprisonment and financial problems. Conflicts could be overwhelming in an alcoholic home, so there could be very few opportunities and trusted support system for the child to learn the behaviors necessary for effective conflict resolution. In addition, conflict may also be used by the alcoholic parent as a reason to "have a drink ". If an adult does not have the necessary skills to deal with and resolve conflicts, it can make it very difficult to negotiate positive solutions that bring conflicted issues to resolution and closure. The child is taught repeatedly, overtly and covertly, not to trust anyone, including him or herself. To complicate the
situation even more these rules are not always clear-cut and distinct and are often intertwined and highly changeable. While avoiding conflict is common, there is also the possibility that an ACOA may use conflict in interpersonal relationships for personal secondary gains especially in emotionally intimate relationships (Hamberger, 1997). The probability of this occurring is greater if the ACOA has seen conflict modeled in this way by a parent. The unwitting partner may be drawn into conflict because the ACOA sees this conflict as being "normal" and something they can deal with very well.

Relationships that are going well and are without conflict may actually create feelings of uneasiness for the ACOA. While the ACOA may not necessarily prefer conflict, it does represent familiar territory that offers some degree of predictability. This behavior is reinforced in that the ACOA is in control of when the outburst will occur, and there is a secondary gain of reducing the feeling of uneasiness over having things going too smoothly.

The restrictive environment for a child growing up in an alcoholic home in turn severely may limit opportunities to learn more adaptive behavior. The Adaptive behavior is a type of behavior that is used to adapt to another type of behavior or situation. This is often characterized by a kind of behavior that allows an individual to substitute an unconstructive or disruptive behavior to something more constructive.

Several studies have identified and clarified some of the basic "rules" operating in an alcoholic home. Ruben (2001) presented the rules that are followed in alcoholic homes which could be some reasons for the dysfunctions seen in various dimensions of FES scale. According to Rubin, some of these rules are not to talk about family problems. Problems the family encounters are to stay within the family and it is unacceptable and forbidden to share problems with outsiders.

This could be one reason for the fathers of the alcoholic group to be not different from the non-alcoholic group in measures of expressiveness.
Earlier researchers reported that the home environment of the children of alcoholics showed diminished global functioning. In particular, they are characterized by marital conflicts, parent-child conflicts, poor adaptive functioning on the part of the parents and by physical abuse.

The above findings of less cohesiveness in alcoholic fathers could have contributed to his alcoholism. However it could also be one of the possibilities that because of alcoholism in the father the feeling of cohesiveness in the family was low. In the children of ADF also it was found to be the same raising possibilities that these children living with their fathers with alcohol dependence couldn’t develop the feeling of cohesiveness or “we feeling” due to various negative consequences of alcoholism per se.

The eight hypothesis of the study was families with alcohol dependent fathers will be lower on personality growth dimensions in comparison to families of fathers with non-dependent use of alcohol. This is again corroborated by the findings of the present study as the personality growth dimensions were found to be low in the family with ADS fathers in comparison to the family of NADS fathers and their sons.

In the Family Environment Scale (FES), which was administered in the fathers and sons of both the groups, the personality growth factors are Independence, Achievement-orientation, Intellectual and cultural orientation, Active recreational orientation and Moral and religious emphasis.

In the dimension of Independence, and F ratio of 10.013 among ADF ,NADF, SADF and SNADF is found to be significant at p < 0.01 level .The research makes it clear that children within alcohol-focused systems often occupy roles that limit their autonomy, flexibility, and overall adjustment. As the alcoholic becomes the focus of family adjustment, family members may begin to act and react negatively to alcoholic-induced and -effected behavior, rather than reacting in healthy unimpaired ways. The lack of independence and the greater degree of perceived control are obviously linked. Family members may feel dictated to. This has also been a finding by other authors who reported that fathers would be aggressive, impose their will on others and did not tolerate non compliance especially in the family context.
In the dimension of Achievement orientation, the F ratio of 26.087 among ADF, NADF, SADF and SNADF was 26.087 which is found to be significant at p<0.01 level. This dimension was explained in contradictory manners by various researchers. According to Reuben et al 2001, the child who excels academically or athletically may gain status, receive positive and validating feedback that provides him/her with some temporary sense of personal worth, and acquired social support from peers, teachers, and coaches. High achievement may be used as a coping mechanism (coping mechanism are any conscious and unconscious mechanism of adjusting to environmental stress without altering personal goals or purposes) by ACOAs. These high achieving children gain praise and attention from outside the alcoholic home in what would be considered socially acceptable ways (Reuben, 2001). Hence, achievement often becomes an escape for the child from the many stressors and unpredictability that exist in the home environment to a more "normal" functioning world that is more predictable and better able to be controlled. But in the present study achievement orientation was found to be low indicating that this group of offspring are not motivated to prove themselves in any areas in life which corroborates to some earlier studies (Moos & Moos, 1982).

The other dimension where there is a significant difference between the families of alcohol-dependent parents and normal controls is the dimension of cultural and intellectual activities. Here the F ration among the ADF, NADF, SADF and SNADF was found to be 18.490 is found to be significant at p < 0.01 level. This has not been discussed in many studies. It appears, in our study, that family members felt that fathers who were alcohol dependent were not available for family rituals and social interactions (Raman et al 2010)

Drinking related behaviors may take precedence over other activities. This is definitely an area where children and their mothers have reported to be one of the main causes of their conflicts in family atmosphere. Therefore, would need clinical attention to ensure that families coping styles are adaptive.

In the dimension of Active recreational orientation, the F ratio among ADF, NADF, SADF and SNADF was 3.229 which is found to be significant at p<0.05 level. But when Tukeys HSD post hoc analysis was carried out, there was no difference found
in active-recreational orientation between ADF and NADF. The mean difference was -2.760 at 0.568 level of significance which is greater than 0.05 level. Though among the fathers there was no difference in active and recreational activities but among the sons, SADF was found to have trouble relaxing and experiencing personal enjoyment in activities. This could be because they were not taught how to relax and derive pleasure in recreational activities by their parents as the fathers had involved themselves more in alcohol taking behavior as also reported by the wives and children.

In the dimension of Moral and religious emphasis, the F ratio among ADF, NADF, SADF and SNADF was found to be 5.543 is significant at p < 0.01 level. This is also found in the earlier studies. It is noted that the moral and religious emphasis was given less importance in families where father had alcohol dependency which could cause a deep negative impact in the growth of children's values and moral belief system as found in the study. This could have detrimental effect on their future. Though between the ADF and NADF there was no significant difference found in the Tukey's HSD post hoc test (mean difference of -1.720 at 0.818 level of significance) among the sons there was significant difference noted with SADF reporting less moral and religious emphasis than SNADF.

The ninth hypothesis of this study was that families of fathers with alcohol dependent syndrome will not differ in system maintenance dimensions from families of fathers with non-dependent use of alcohol. In the present study, the findings showed otherwise as significant difference was noted in the system maintenance dimensions of Organization and Control as the F ratio among the groups of ADF, NADF, SADF and SNADF was found to be 65.436 and 4.440 which is significant at p<0.001 level.

Some researchers reported more neglect, hence less control in the family atmosphere while some other reported more perfectionist attitude and organized behaviour by the ADF and hence, the hypothesis was postulated which was rejected by the findings otherwise.

The ADF reported more control in the family atmosphere. The rules of interaction
within the alcoholic family may clearly restrict the outside emotional and social resources available to the child by exerting a lot of control in the family atmosphere (Krestan & Bepko, 1993). There are many expectations that may be seen in an alcoholic home. In the home environment the child may be subjected to arbitrary punishment making it very difficult to comprehend the rules. Learning does not follow a logical pattern of reinforcement or punishment (Ross & Hill, 2001). What is acceptable in one situation, on one day, and at one time, may be totally unacceptable later when the circumstances are almost identical. Control mechanism imposed upon them could be harsh and punitive and there could be less freedom in expressing one’s view and in behavior. There is no predictability and as a result there is limited safety and the children feel they are being controlled or may always remain confused about their father’s method of control. This is seen in the present findings where in there is significant difference in control dimension with ADF reporting more control mechanisms used by them in family atmosphere than NADF.

The children of the ADF didn’t report significant difference in the measure of control as noted in Tukey’s HSD post hoc test with mean difference of 0.280 at 1.00 level of significance which could be because the fathers are unaware of their children’s behaviour due to their involvement in alcohol use and abuse and hence, neglect the child and exert no control upon their behavior or could be very critical and inconsistent for which the children could be unaware about the existence of control in family atmosphere. As explained earlier that disciplinary mechanisms vary in same circumstances, hence, the children could be unaware of the method of control upon their behavior by their fathers who are dependent in alcohol. This could be one reason of not having significant difference in measures of control reported by the sons of both the groups but among the fathers ADF resorted to more control mechanism than NADF.

Filstead et al, 1981, administered the FES to 42 families with an alcoholic member and compared them with reference samples of normal families from Moos and Billings (1982) and Moos and Moos (1984) work. The FES profiles for alcoholic families reflected less cohesion, expressiveness, independence, intellectual-cultural orientation, and active recreational orientation and greater conflict. In another study
by Stanley and Vanitha done in India, revealed lower self-esteem, relationship conflicts and poor adjustment in all the domains studied in the adolescent children of alcoholic parents than the controls (Stanley & Vanitha, 2008). Authors opined that this can be attributed to the increased stress and vitiated alcohol complicated domestic environment of the children of alcoholic parents which could be explained for our findings too.

In our study we found statistically significant difference in several aspects of family functioning. In the families where the father was alcohol dependent, there appeared to be decreased independence for its members, fewer opportunities for cultural and intellectual activities and there was a greater degree of perceived control when compared to normal families. These results support previous findings related to the effects of parental alcoholism on family functioning (e.g., Garbarino & Strange, 1993; Senchak et al., 1995) and suggest that alcoholic families have substantial deficits in their quality of family interactions and environment which could be the predictors for alcoholism and maintenance of alcohol dependent behaviour and sons vulnerability to use alcohol in the future.

Various research studies on families of alcoholics found that they tend to be less organized, less cohesive, and marked by increased levels of conflict than nonalcoholic families (Whipple, Fitzgerald, and Zucker 1995, Chassin, Rogosch, and Barrera 1991, Jacob, Krahn, and Leonard 1991, West and Prinz 1987, Filstead et al., 1981, Moos and Moos 1984 and Moos and Billings 1982). Although common sense would suggest that parental alcoholism would not be a positive influence, and whereas all children are not impacted equally, there is striking evidence that COAs have felt that their families were not "real" families and that the family environment was adversely impacted by an alcoholic parent.

Most of the earlier studies are consistent with the present findings. Thus the alcohol complicated domestic environment of the COAs could account for the maladaptive patterns in adult relationships and these findings are in consonance with the bulk of the western as well as Indian literature on these issues.
The biggest problem with this entire body of literature is the difficulty in inferring causal pathways. One viable pathway that received some support in the reviewed literature was that the presence of an alcoholic parent severely disrupts family interaction and equilibrium which in turn causes child psychopathology. In sum, results indicate that children raised in alcoholic families tend to experience lower levels of family functioning and are more likely to have had traumatic experiences than children from nonalcoholic families. More specifically, alcoholic families seem to have higher levels of overt unresolved conflict, fighting, blaming, and arguing, lower levels of togetherness and family closeness, and lower levels of physical and verbal expressions of positive feelings, warmth, and caring among family members than nonalcoholic families.

Section VII: Relationship among personality correlates, attachment styles and family dynamic variables in alcohol dependent fathers and non-alcohol dependent fathers and their sons.

The seventh and eight objectives of the present study were to study the relationship among personality correlates, family environment and attachment styles in the alcohol dependent fathers and their sons and to study the relationship among personality correlates, family environment and attachment styles in the alcohol nondependent fathers and their sons.

In Chapter IV, Section V, among ADF and SADF, in Pearson’s correlation coefficient analysis, there was no familial or social transmission found between fathers and sons in personality variables and attachment styles.

But among the other variables, fathers reporting cohesiveness had sons with secure attachment styles and the sons were also more organized in their day to day activities. Hence cohesiveness is one favorable variable to inculcate secure relationships and form greater organization among the sons of alcoholics. When expressiveness in fathers was high sons had a high need for achievement oriented tasks. Expressiveness in fathers could be beneficial to promote need for achievement tasks in sons.
Fathers with high personality growth dimensions of achievement orientation, intellectual –cultural orientation and moral and religious emphasis had sons high in extraversion. Modeling fathers need for personality growth could make the sons extroverts and more achievement oriented.

When ADF were high on system maintenance dimensions of organization and control their sons’ had avoidant attachment styles and were high on neuroticism. The control imposed upon by the fathers could make the sons feel the stress and become neurotics. Hence, the fathers high on neuroticism had also had sons who were not inclined towards intellectual and cultural orientation. Fathers high in personality growth dimension of independence had sons who reported conflicts in relationships which could be for the detachment and low dependency in fathers due to their alcohol taking behavior leading to conflicts in family atmosphere. Father’s high need for intellectual and cultural orientation promoted less cohesiveness in sons.

Among NADF and SNADF, the Pearson’s correlation coefficient analysis indicated familial or social transmission between fathers and sons in attachment styles variables and family environment variables.

In personality correlates though there was no transmission of personality variables between fathers and sons, fathers high on neuroticism had sons with anxious-ambivalent attachment styles.

In attachment styles, it was found that when fathers had insecure attachment styles of avoidant attachment and anxious ambivalence in nature than their sons also had avoidant attachment styles and anxious-ambivalence attachment styles. Fathers with avoidant attachment styles had sons high in control dimension and were high on extraversion too.

In family environment variables when fathers reported high in cohesiveness than the sons also reported high on cohesiveness. Fathers high on personality growth dimensions of intellectual and cultural orientation also had high personality growth dimensions of achievement orientation and moral and religious emphasis in sons. Fathers high in personality growth dimensions of moral and religious emphasis had
high system maintenance dimensions of organization and control in sons.

High cohesion in fathers also encouraged achievement orientation and moral and religious emphasis in sons. Fathers high in expressiveness were found to have sons with high in control dimension. When fathers exerted control mechanism in family atmosphere the sons developed anxious-ambivalence attachment styles but had high feelings of cohesiveness and organization. Father's pursuit for intellectual and cultural activities led to conflicts in sons but fathers with high moral and religious emphasis led to organization in sons.

High negative correlation was found in certain variables in NADF and SNADF. Fathers with secure attachment styles had high in extraversion and control in sons and extraversion in fathers had insecure attachment styles and organization in sons. This showed that secure attachment styles and extraversion is inversely related in NADF and SNADF. Fathers with secure attachment styles encouraged moral and religious emphasis in sons, Fathers high in independence dimensions had high neuroticism in sons.

CONCLUSION

The present study was exploratory in nature, and attempted to examine the interaction among personality correlates, attachment styles and family influences in fathers with alcohol dependence and their sons and fathers without alcohol dependence and their sons so as to understand these factors contribution to the pathogenesis of alcoholism.

Given the pernicious psychological and physical effects of parental alcoholism on children and their families it is of utmost importance to understand this troubling phenomenon and to take proactive steps towards alleviating this modern tragedy. The factors intertwined with alcoholism are highly complex and interact in a multiple fashion. The association goes well beyond a simple stimulus-response framework or antecedent-behavior-consequence paradigm. The stimuli are found to be complex and often unclear, the antecedents have multiple cues and there is no consistent and clear rule that can be incorporated within the system. It is important to understand the
factors that allow for the development of resiliency too. It is a special matter of looking at the individual and his/her circumstances and setting the stage for the necessary changes to occur.

Personality processes must be integrated in our understanding of alcoholism as this information would help the clinician to potential obstacles and difficulties early in therapy which would thereby increase treatment compliance and guide treatment decisions based on the patient’s personality pattern.

Study suggests that more disruptive the parental alcoholic behavior during the childhood, the less likely the children would identify with the secure patterns of attachment with the alcoholic parent or either parent. And the type of attachment and bonding most characteristic of adult children of alcoholics was either insecure/anxious-avoidant or insecure/ambivalent resistant.

This study on attachment also showed that when alcoholism was present in the family, the children failed to develop secure emotional ties with either parent. The study showed that concurrent examination of the association between attachment representations, substance use problems, and willingness to seek treatment will further advance substance abuse interventions.

Results indicate that parental alcoholism has a detrimental effect on various dimensions of family functioning. It is seen more specifically that alcoholic families have higher levels of overt unresolved conflict, lower levels of togetherness and cohesiveness and family closeness; and lower levels of physical and verbal expressions of positive feelings, warmth, and caring between family members than nonalcoholic families. These results support previous findings related to the effects of parental alcoholism on family functioning and suggest that alcoholic families have substantial deficits in their quality of family interactions and environment. The child in an alcoholic home is likely to be dealing with multiple stressors that reduce the ability of protective factors to work effectively. The study shows that disturbed personality patterns, insecure attachment and family dysfunctions could be risk factors for the development of substance abuse/dependence could be direct or indirect consequences of chronic substance problems.
Children of alcoholic fathers represent a group at risk and are deserving of more attention in prevention and early intervention. The study throws light that since COAs themselves are at particularly high risk for developing drinking problems, early intervention efforts among COAs need to be initiated.

Section VIII: Implications of the study.

The findings of the present study have helped to identify some of the significant factors that are present in families with fathers with alcohol dependence syndromes (ADF).

The findings from the study have implications for planning family therapy in alcoholic families. The results highlight the fact that in such families it would be essential to probe into the nature of their personality correlates, attachment style and their family influences as these are likely to be potential contributory factors.

Implications for future research will then be to examine the association between personality, attachment style and family dynamics at different developmental stages of life, and elaborate on the way the alcoholism may moderate these associations.

Therapists on the basis of the present research should be aware of the attachment styles that each member of the family brings into the family relationships and then design proper interventions accordingly.

An incidental finding of the study was that there was significant number of children (7 children) taking alcohol though not in the dependence pattern more in the families with fathers with ADS. While the scores did not reach clinically significant levels they were close to it indicating that this group was at high risk for alcohol dependency. Hence, in families with ADF, it would be important to specifically weigh their son’s level of alcohol intake and factors that could lead to them becoming dependent on alcohol in future. Likewise in these children of ADF it would be useful to probe into the quality of family relationship their personality and attachment styles as potential stressors.

The findings of this study have definite implications for intervention in de-addiction
settings. It highlights the fact that any effective de-addiction programme must acknowledge the ‘need’ of children from families with ADF to overcome and deal with various deficits in their psychosocial functioning.

The involvement of children in most de-addiction programmes in India is often peripheral if not totally non-existent. It is seen that when spouse is frequently involved for marital therapy, conflict resolution and anti-abuse compliance, the therapeutic needs of children trapped in such families are most often ignored. Currently, many COAs remain unidentified within schools and may not be receiving the counselling services that they deserve and require for their issues relating to family alcoholism. It is also presumed that the family dysfunctionality of such children places them at high risk for adverse academic, physiological, emotional, and social consequences. Hence, it becomes imperative for the school counsellor to identify such children in distress and to provide them with supportive services besides intervention with families to the extent possible. Knowledge of fathers' alcohol use and abuse may be used to determine children who are at added risk of problematic alcohol use later in life and so special guidance, support and treatment can be targeted to these families.

In the Indian scenario where the majority of schools do not have a professional counsellor, this important task needs to be addressed by teachers who are in a position to identify such children.

Intervention with COAs must involve resolution of individualized issues and problems pertaining to adolescence as well as parental alcoholism. The need of the hour is to develop programmes or therapeutic strategies for COAs with a strong focus on strengthening resilience in them and to inculcate desirable personality traits and enhance their psychosocial functioning through appropriate psychotherapeutic procedures.

For college populations, mental health counselors could offer seminars and workshops to educate students about ACOA issues, attachment and communication styles, enhance family functioning and relationship dynamics and to raise self-awareness, increase coping skills, and reduce negative personality correlates.
In conclusion, the results of this study suggested that clinicians must have a thorough knowledge of the impact of addiction upon the development of emotional ties when working with either children of alcoholics or adult children of alcoholics.

LIMITATION OF THE STUDY AND SUGGESTION FOR FUTURE RESEARCH.

Few limitations of the present study are,

1. Findings are from self-report measures so high susceptibility to social desirability biases is present. Hence, the use of interview schedule would help in more in-depth exploration because the use of self-report measures as well as the lack of collateral informants may well have contributed to bias in this research.

2. The sampling was a purposive sample (non-tribal middle socio-economic status and male gender) therefore the generalization of the findings is limited to those who share the sample characteristics. Sampling bias makes it difficult to generalize the findings to alcoholic population at large. The alcoholic group was from the clinical setting which means they are very severe and that offsprings status also is likely to be very severe. Most individual with alcohol use disorders do not seek treatment and they are considered different from those currently on treatment.

3. The study is cross-sectional in nature, due to which the cause-effect relationship between personality, attachment styles, and family influences cannot be commented upon. Hence, a longitudinal design will be useful to draw inferences on the various variables contributing to alcoholism.

4. Several researchers have indicated that alcoholic families can not be discriminated from dysfunctional families and have suggested that researchers need to better understand family dysfunction regardless of parental alcoholism status. The present study focused on differences between alcoholic and nonalcoholic families on dimensions of family functioning rather than attempting to identify factors that may predict or moderate family dysfunction in general like divorce, illness and marital conflicts. The above mentioned co-factors were not controlled.
Suggestion for future research

1. As for the direction of future research, a sophisticated qualitative investigation could be planned to find out moderating and confounding variables among ACOA populations and might provide a more refined understanding of adult attachment theory and its relationship to ACOA functioning.

2. Studies designed to look at dysfunctional environments would be helpful in order to shed more light on whether it is the dysfunctional environment per se or more specifically the alcoholic experience that has greatest impact on issues of personality correlates, attachment and family environment relationship satisfaction among ACOAs.

3. To identify, categorize, and compare subgroups of ACOAs based on gender of the alcoholic parent would be beneficial and also whether or not the primary caregiver was an alcoholic, and length of exposure to problematic drinking behaviors may also provide valuable information as to what factors in the alcoholic environment may either buffer or contribute to increased risk among members of this population.

4. In spite of the implications suggested by this study, we cannot assume by any means that all ACOAs translate their developmental experiences in an alcoholic environment in the same ways. Individuals are differentially affected by their experiences and that their psychological adjustment is multi-determined and not merely seen as the product of family alcoholism. Hence, continued prospective study designs in identification and classification of the contributing effects of personality, attachment and relationship dynamics. This may contribute mental health counselors to develop and utilize treatment strategies designed to target high risk population (ACOAs)
Drunkenness is temporary suicide.

~Bertrand Russell, *The Conquest of Happiness*