

Emotional Maturity among Children of Alcoholics Abstinent and Relapsed Employees

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Abstract

Introduction: Alcoholism is one of the ancient and complex habits of disorders known in the history of mankind. The impact of alcoholism is not only seems to be on the individual per se but there is large level of impact on their families as well as on children as well. There is a general consensus that, children of alcoholics constitute a “High risk” population, and most of the studies have been concerned with one of the two offspring outcomes – the development of alcoholism per se and the development of general psychosocial difficulties in childhood and adulthood.

Aim: To assess emotional maturity among the children of Alcoholic Abstinent and Relapsed Employees in an Industrial Setting.

Materials and methods: The sample consisted of 30 children of Alcoholic Abstinent and 30 Children of Alcoholic Relapsed employees were selected from Public Sector Enterprise, Bangalore. The sample was selected on the basis of inclusion and exclusion criteria. Socio-demographic data sheet and emotional maturity scale were administered to the children.

Results: Emotional maturity among the children of alcoholic abstinent group is found to be much better (Mean score 180.33) as compared to children of alcoholic relapsed group (Mean score= 161.33), statistically significant difference was also noticed in these two groups. There is much better emotional maturity was observed in the area of insight into self, initiative and confidence, reality orientation, adjustment, consistency and self control. However, there was no significant difference found in the area of social conformity and organisation.

Conclusion: It was evident that there is much better emotional maturity in children of alcoholic abstinent than children of relapsed employees. There is a strong need to focus on identifying the emotional needs of the children of alcoholic and to provide the necessary psychotherapeutic, psychosocial and other therapies.

Keywords: Children of alcoholics, Emotional Maturity, Parenting, Psychosocial intervention.

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I. Introduction

Alcoholism is one of the ancient and complex habits of disorders known in the history of mankind. The relics of the earliest civilization shows that alcohol was used in various religious and cultural programmes across different strata, in the medical treatment, and in many aspects of daily life for its known benefits.

The impact of alcohol problems on the various dimensions that comprise family functioning is revealed by several studies in India. The overall family functioning is unhealthy; leadership is ‘stop-gap’ or highly indecisive filled by another member; reinforcement is through coercion or punishment with no established boundaries for expected behavior; communication styles are confusing, contradictory often imposed by the leader; common family goals are absent with poor concerns towards each other including inadequate support system. The researchers recommend mental health professionals to shift their intervention approach to include the entire family and not just the alcoholic individual.

Drinking behaviour may interrupt normal family tasks, cause conflict and demand adaptive response from family members who do not know how to appropriately respond. In brief alcoholism creates a series of escalating crisis in family structure and function, which may bring the family to a system crisis. As a result the members may develop dysfunctional coping behaviours observes Ranganathan (2004).

The Hindu Ayurvedic texts describe both the beneficent uses of alcoholic beverages and the consequences of intoxication and alcoholic diseases. Ayurvedic texts concluded that alcohol was a medicine if consumed in moderation, but a poison if consumed in excess explains Dasgupta (2011). Most of the people in India and China, have continued, throughout, to ferment a portion of their crops and nourish themselves with the alcoholic product. In ancient India, alcohol was also used by the orthodox population. Early Vedic literature suggests the use of alcohol by priestly classes observes Mathew, Roy J. (2009).

Children of alcoholics found to have personality traits such as immaturity and dependence (Aronson and Gillbert, 1963), and some have somatic concerns (Chatetz et al 1971). Bradley and Schneider (1991), studied personality differences between 30 adult children of alcoholics and 28 control subjects. They were evaluated using measures of self-disclosure, trust and interpersonal control. The former group had higher need for interpersonal control, but no difference between the two groups was found on trust or self-disclosure.

Sreelal (1994), studied 20 adolescent children of alcohol dependent fathers and 20 adolescent children of non-alcohol dependent fathers found that there are significant difference on three personality factors and total adjustment.

According to the World Health Organisation (WHO), about 30 per cent of India's population consumes alcohol regularly. ^[3] Children living in families where a parent is alcoholic face a traumatic situation that has implications on their physical, social, educational, psychological and spiritual growth. Parents have little time for the children and have an unsteady relationship with the child.

Unfortunately, the effects of alcohol are not always so benign or beneficial. The potentially detrimental effects of alcoholism for the individual, his loved one, and society. According to a Japanese proverb, "First the man takes a drink, then drink takes a drink, and then the drink takes the Man". This could be seen as the best example to depict the course of alcoholism/addiction.

For many decades alcoholism was considered primarily within the context of moral transgression or depravity, social deviancy, public-drunkenness was usually laughed at, but in severe cases it was dealt with punitive criminal justice system.

Today there is a gradual acceptance of the fact that, alcoholism is an illness, a medical and psychiatric problem which needs professional intervention at various levels. There is widespread agreement that, employment is a ultimate goal in the vocational rehabilitation of the recovering substance abuser, it is also generally acknowledged that significant alcohol and drug abuse problems exist among most of the employees at the work place.

In the Indian setting the mental health experts assess the problem of alcohol dependence either exclusively or as part of psychiatric epidemiological surveys. The impact of alcoholism is not only seems to be on the individual per se but there is large level of impact on their families as well as on children as well. That's why, alcoholism is often termed the family illness, referring to the tremendous impact on active alcoholic has on those around him. There is no way the family members can escape or ignore the alcoholic.

Alcoholism is often termed the family illness, referring to the tremendous impact on active alcoholic has on those around him. There is no way the family members can escape or ignore the alcoholic. The majority of the alcoholic's impairment is behavioural. So in the day to day interactions of family life, the family members are confronted with alcoholic behaviour. The family is confused, be-wildered, angry and afraid, they act according to situations. Families' responses characteristically are as impaired as the alcoholics.

The highest risk for developing alcoholism exists for individuals who start using alcohol as adolescents, have a high family loading for alcohol problems and display a cluster of behavior traits described as disinhibited, under controlled or impulsive, which are usually evident in childhood and persist into adulthood^[4,5]

There is a general consensus that, children of alcoholics constitute a "High risk" population, and most of the studies have been concerned with one of the two offspring outcomes – the development of alcoholism per se and the development of general psychosocial difficulties in childhood and adulthood.

Clinical findings show that, life in an alcoholic family is often characterized by pain, guilt, fear, tension and insecurity. Children do not know that alcoholism is disease which they cannot cause, control or cure. Because, alcoholism is a family secret, children rarely seek help, as adults. As the children of alcoholics are in many medical and social service systems. The health and human service professionals can lead to identify and help this vulnerable group. The interaction between the child and both parents, the nonalcoholic as well as the alcoholic one, is distributed in several spheres and role conflicts in children are common (Cork 1969) ^[6].

Effect of Alcoholism on children Udaykumar (1983) reported below average academic performance in this group of children. Burk and Sher (1988) showed that children from families with parental alcoholism are more likely to be truant, drop-out of school and repeat grades. Difficulty in relationships with teachers and other students and anxiety related to performance and fear of failure was noted. Higher incidence of behaviour problems was also seen as a factor that contributed to the academic problems.

Children of parents with alcohol dependence syndrome are particularly at high risk for substance use as well as other emotional and behavioral problems such as learning disability, hyperactivity, psychomotor delays, somatic symptoms and emotional problems. There have been attempts to study various aspects of children of people with alcohol dependence from India and some published literature is available that looks at various domains in the same sample.^[7,8,9,10] The current study aims to understand the self-esteem among the children of alcoholic abstinent and relapsed employees in an industrial setting.

II. Research Methodology:

The present study was aimed to assess the emotional maturity among the Children of Alcoholics abstinent and relapsed industrial employees. The research study was an exploratory in nature, where in two groups of children of employees in the two categories working in Industrial settings were compared.

Aim of the Study: To find out the emotional maturity of children of alcoholic abstinent and relapsed employees. The universe for the study was Largest Public Sector Undertaking, Bangalore. Two groups consisting 30 children of alcoholic abstinent and 30 children of alcoholic relapsed employees fulfilling inclusion and exclusion criteria were taken for the present study.

Inclusion Criteria:

1. Children of abstinent and relapsed employees.
2. Eldest child of each of the families.
3. Both boys and girls, between 10-17 years of age.

Exclusion Criteria:

1. Presence of major mental illness or brain damage.
2. Children who are being reared by the relatives than the parents.

Tools:

Keeping in view of the aim of the study a semi structured interview schedule consists of sociodemographic details along with emotional maturity were considered as tool for present study.

Emotional Maturity Scale:

This scale was developed by "Willoughby", adapted to Indian situation by Kulwant Kaur (1964) The 80 items are classified into 8 dimensions:

1.	Insight into oneself (9 Items).	1,4,20,22,23,26,56,70,80
2.	Social conformity (5 Items).	2,18,49,50,64
3.	Initiative and Confidence (21 Items).	3,6,9,14,19,27,30,33,34,41,43,51,52,55,59,67,72,73,75,77,79
4.	Reality orientation (6 Items).	12,40,57,65,69,74
5.	Adjustment (11 Items).	5,7,13,21,36,37,48,53,58,68,76
6.	Consistency (12 Items).	10,24,29,32,35,38,39,44,46,47,54,78
7.	Self Control (12 Items).	11,15,17,25,31,42,45,60,61,63,66,71
8.	Organization (4 Items).	8,16,28,32

All the 80 items in the scale, were responded by any of three responses viz., 'always', 'sometime', and 'never'. For the item number 5,6,7, 8,10,11, 16,19,24,25,28,29,31,35, 36,37,44,46,47,52,54,56,57, 58,59, 61, 66,69,70,72,74 and 76, the responses 'always' were given '3' points, 'sometimes' are given '2' points and 'never' given '1' points. For the remaining items the scores are reversed i.e., 'always' were given '1' point, 'sometimes' were given '2' points and 'never' given '3' points.

The score for this scale are derived by totaling the number of items, higher scores refer to higher level of maturity of the respondent.

Data Analysis:

The data collected was scored, coded, tabulated and analyzed statistically keeping view of the aim of the study. Data analysis was done by using appropriate statistical test like descriptive statistics, T-test and correlation.

III. Results:

Sociodemographic details of the Children of Alcoholics Abstinent and Relapsed Employees

Sl. No.	Socio-Demographic Characteristics		Abstinent Group		Relapsed Group		Inference
			Number	Percentage	Number	Percentage	
1.	Age (In Years)	12	1	3.33	2	6.67	X ² =0.821 df=1 NS
		13	2	6.67	4	13.33	
		14	2	6.67	2	6.67	
		15	3	10.00	1	3.33	
		16	18	60.00	20	66.67	
		17	4	13.33	1	3.33	
2.	Gender	Male	15	50.00	18	60.00	X ² =0.617 df=1 NS
		Female	15	50.00	12	40.00	
3.	Birth Order	Ist Born	11	36.67	14	46.66	X ² =0.606 df=1 NS
		IIInd Born	9	30.00	3	10.00	
		IIIrd Born	6	20.00	8	26.67	
		IVth Born	2	6.67	5	16.66	
		Vth and Above	2	6.67	0	0.00	
4.	Education	Below SSC	11	36.67	15	50.00	X ² =1.806 df=1
		SSC	13	43.33	12	40.00	
		HSC	5	16.67	2	6.67	
		Diploma/ITI	1	3.33	2	3.33	
5.	Religion	Hindu	28	93.33	26	86.67	P=0.335 NS
		Muslim	0	0.00	1	3.33	
		Christian	2	6.67	3	10.00	
6.	Type of Family	Nuclear	27	90.00	29	96.67	P=0.306 NS
		Joint	3	10.00	0	0.00	
		Extended	0	0.00	1	3.33	
7.	Age of Fathers	35-40	0	0.00	1	3.33	X ² =1.200 df=2 NS
		40-45	8	26.67	11	36.67	
		45-50	9	30.00	8	26.67	
		50-55	10	33.33	9	30.00	
		55-60	3	10.00	1	3.33	
8.	Education of the father	Primary	7	23.33	9	30.00	X ² =1.001 df=1 NS
		High School	2	6.67	6	20.00	
		SSC/PUC	16	53.33	12	40.00	
		ITI/ Diploma	3	10.00	3	10.00	
		Graduate	2	6.67	0	0	

The age distribution in both the group shows that, most of the children of abstinent (60%) and relapse (66.67%) are in the age group of 16 years. In the abstinent group, there was a equal distribution of gender, where in in relapsed group 60% respondents were male and 40% respondents were female. It was also noticed that, majority of the children are first born. The table further reflect the education details, wherein it was found that, majority i.e. 43.33% respondents were in abstinent group and 40% respondents were in relapsed group are studying in SSC. Maximum numbers, 93.33% and 86.67% respondents are belongs to Hindu religion in both the groups. Most of the respondents were having invariably 3-5 persons in their house. Interestingly, it was noticed that most of the respondents are staying in Nuclear family set up.

The majority of the fathers of children of abstinent employees i.e. 33.33% fall in the category of 50-55 years whereas 36.67 % fathers of children of relapsed employees fall in the category of 40-45 years.

As far as education of the fatner of children of alcoholic are concerned, 76.67 percentages in abstinent group and 90 percentages in the relapse group were having education from primary to secondary level. The statistical inference shows that, there is no significant difference in terms of educational background of both the groups.

Emotional Maturity Scale Differences between Children of Alcoholic Abstinent and Relapsed Employees

Sl. No.	Emotional Maturity Scale	Abstinent Group	Relapsed Group	Inferences
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		(n=30)		(n=30)		
1.	Insight into oneself	Mean SD	19.90 2.44	Mean SD	18.06 1.68	t=3.38 p<0.01 df=58
2.	Social Conformity.	Mean SD	8.90 1.02	Mean SD	8.60 1.00	t=1.14 df=58 NS
3.	Initiative and Confidence	Mean SD	47.60 5.94	Mean SD	40.86 2.77	t=5.62 p<0.001 df=58
4.	Reality orientation	Mean SD	14.60 1.81	Mean SD	12.03 0.96	t=6.84 p<0.001 df=58
5.	Adjustment	Mean SD	27.06 2.89	Mean SD	25.50 2.78	t=2.13 p<0.05 df=58
6.	Consistency.	Mean SD	29.10 2.61	Mean SD	25.96 2.02	t=5.18 p<0.001 df=58
7.	Self Control.	Mean SD	26.90 2.57	Mean SD	25.00 2.22	t=3.05 p<0.01 df=58
8.	Organization	Mean SD	8.30 0.98	Mean SD	8.00 0.45	t=1.51 df=58 NS
	Total	Mean SD	180.33 15.06	Mean SD	161.83 6.92	t=6.11 p<0.001 df=58

From the above table it was observed that, emotional maturity among the children of alcoholic abstinent group (Mean score 180.33) is much better as compared to children of alcoholic relapsed group (Mean score= 161.33), statistically significant difference was also noticed in these two groups (p<0.001). There is much better emotional maturity was observed in children of alcoholic abstinent group as compared to children of relapsed group, particularly in the domains of insight into self, initiative and confidence, reality orientation, adjustment, consistency and self control. However, there was no significant difference found in the domains of social conformity and organisation.

In the domains of insight into oneself, initiative and confidence, reality orientation, adjustment, consistency, self control shows statistically significant difference between the two groups at P<0.05 to P<0.001 was observed. The sub-scales; social conformity and organization show statistically no significant difference between the two groups. The findings reveal complexities and different aspects of emotional maturity as compared to children of relapsed and abstinent employees groups.

IV. Discussion

The present study was aimed to assess the sociodemographic variables and emotional maturity of the children of alcoholic abstinent and relapsed industrial employees. The research was undertaken in one of the largest public sector organization in Garden city of India. As it has been well documented that absenteeism and alcoholism are the main reason for the loss of production in many industries. The detrimental effects of alcoholism only disturb the family equilibrium but also leave significant impact on the upbringing and shaping the personality of children in those families. In the current research an attempt was made to understand the emotions of the children in these families.

Sociodemographic Variables:

In the present study it was observed that on sociodemographic variables there is no significant difference between the abstinent and relapsed group. Therefore, they are comparable inferences can be drawn as there is homogeneity between the two groups on these variables.

The age distribution in both the group shows that, most of the children of abstinent (60%) and relapse (66.67%) are in the age group of 16 years. Studies have found that, the age of elementary school years, i.e., from 6 or 7–15 years of age, is known as the latency developmental period of children, but this phase of development does not apply to Children of Alcoholics, as they are constantly under stress which hinders their self-development. Children of Alcoholics suffer from direct physical, verbal, emotional, and sexual abuse from their alcoholic parent (Velleman et al. 2008). Most of the families from both the groups are Hindus, nuclear families, means that the family members of an alcoholic would not get as much support as they would if they were in joint family system. In the current study majority of the respondents are first born in both alcoholic and relapsed category. It further indicates that, they are vulnerable for role strain as eldest child in the family.

The majority of the fathers of children of abstinent employees i.e. 33.33% fall in the category of 50-55 years whereas 36.67 % fathers of children of relapsed employees fall in the category of 40-45 years. Majority of the fathers from abstinent and relapsed groups have less education varying from 40-53 percentages next to the primary level of education varying from 23 to 30 percentages, which further indicates that the lower level of education has been observed in both the groups. William O.B. (1992) found that growing up in a household with alcoholic or mentally ill parents are more likely to produce lower self esteem, greater dysphoria and more anxiety in adulthood. Majority of the respondent's family size is medium i.e. there are 3 to 5 members in each family.

Emotional Maturity Scale:

In this study, children of abstinent group's have better emotional maturity which shows that they have good home atmosphere and interaction compared to relapsed group. While taking decision about their self, interacting with other relapsed group children are very much passive and they depend upon other in their decision, where as abstinent children of group are very well much in a position to take decisions on by themselves. Marital aggression places children's mental health at risk. Children exposed to aggressive marital conflict show many of the same characteristics as children exposed to parental problem drinking, such as emotional and behavioral problems (Davies et al., 2002, 2004).

The earlier studies, i.e. Moos and Billings (1982) reveals that, the emotional stress of parental drinking on children lessons when parents stop drinking. It also reveals the difference of emotional problems in the children from families of relapsed alcoholics, children from families with recovering parents, and children from families with no alcohol problems. In the domain of initiative and confidence, and reality orientation statistically significant difference was observed. Although, children of relapsed alcoholics reported higher levels of anxiety and depression than children from the homes with no alcohol problem, emotional functioning was similar among the children of recovering alcoholics and normal parents. Wolin, Bennet and Noonan (1979) examined the role that family rituals play. Rituals surrounding dinner time, week-ends, holidays and socializing were studied. It was showed that transmission of alcoholism was highest in families where ritual activity was adversely affected and least in families where ritual pattern and behavior remained basically intact regardless of parental drinking or non-drinking. Bennet, Wolin and Reiss (1988) showed that school aged children who grew up in alcoholic homes which deliberately plan and execute family rituals or valued relationships are less likely to develop behavior or emotional problems. This 'deliberateness' was seen as a protective factor.

Nagalaksmi and Suman (1995) assessed family interaction of 40 alcoholic families using the Behrens's Family Interaction Scale. It was found that there were significant differences between alcoholic and non-alcoholic families, the alcoholic families were characterized by poor communication patterns, lack of mutual warmth and support, poor role functioning and spouse abuse. Spouses of alcoholics expressed greater dissatisfaction in all the above areas.

Hanter (1991) showed majority of children from families with parental alcoholism were functioning well. They scored more on social extraversion and promotions at work. Abuse of alcohol though was more. He thus showed that even with the negative factor of alcoholism in their lives, they can cope well. Specific characteristics of the family environment, parent-child relationship, individual cognitive differences and interpretations they bring to their experience were important factors that determined resiliency.

Emotional development being the vital force for any human action, it is important to give high priority for those efforts which are known to have positive impact on the children. Psychosocial orientation and approaches if consistently applied would strengthen the emotional maturity of an individual.

Deisinger (1993) showed that predicting alcohol use and personality profiles based on status of parental alcoholism had limited utility. Instead, conceptualization of coping styles of students based on family and environmental stressors was a better idea. This study clearly showed a strong influence that families have on children. Relating the roles that the child plays to resiliency, he showed that the 'hero' role appeared to represent a highly resilient response to life stressors while the 'scapegoat' role represented a more dysfunctional response.

Anderson et al. (1983) in a series of investigations have found that a positive association has been reported between parental alcoholism and impaired emotional functioning of offspring. Children of alcoholics (COAs) have been found to be more vulnerable to emotional and behavioral problems.

V. Conclusion

The impacts of alcohol problems on the various dimensions that comprise family functioning in Indian context are very important. The overall family functioning is unhealthy; leadership is 'stop-gap' or highly

indecisive filled by another member; reinforcement is through coercion or punishment with no established boundaries for expected behavior; communication styles are confusing, contradictory often imposed by the leader; common family goals are absent with poor concerns towards each other including inadequate support system. The researchers recommend mental health professionals to shift their intervention approach to include the entire family and not just the alcoholic individual.

Literature review in this field reveals that a lot of investigation has been carried out with children of alcoholics and adult children of alcoholics but those with specific focus on adolescent children are not many.

Conflict of Interest:

There are no conflicts of interests.

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