



College-going Children of Alcoholics and Directions for Meaningful Interventions (A study of college students in North Arcot District, Tamil Nadu)

KEYWORDS

Children of Alcoholics (COAs), College students, Youth counselling, Youth problems.

D. John

Ph.D Scholar, Dept. of Social Work, Bishop Heber College (Autonomous), Trichy, Tamil Nadu.

Dr. J. Godwin Prem Singh

Associate Professor, Dept. of Social Work, Bishop Heber College (Autonomous), Trichy, Tamil Nadu.

ABSTRACT

Alcoholism in India is a one of the major problems in the country. It is truly a family disease. It affects the person and his whole family physically, psychologically, emotionally and even spiritually. The children of the alcoholics (COAs) are negatively affected for life and often their cry goes unheard. Among them, the adolescents and the young adults are the worst hit, due to the criticality of this stage of human development. This study was conducted among the college students in North Arcot District, Tamil Nadu. In all 200 boys and girls were chosen for this study. Of them, 61 boys and 47 girls affirmed the presence of an alcoholic person in their families. The paper identifies the prominent areas of concerns in their family and personal life. The findings of the study revealed that these COAs suffered from family disruption, co-dependency, emotional problems and disruptive behaviour patterns. However, their tendency to take recourse to alcohol or drugs remained minimal. Awareness regarding alcoholism, the need to make healthy choices and an assurance of hope are urgent. The absence of a control group in this study is a major limitation. However, the respondents had not reported of any other major psychological or psychiatric problems in their parents.

INTRODUCTION

Influencing factors in COA research:

Interests in the COA research began in early 20th century. However, widespread interest in the problem is noticed only since the sixties. By mid-seventies a wide range of problems encountered across their life span by the COAs began to be documented. In the next twenty years, research advanced on several fronts and has helped to clarify the nature and extent of problems facing COAs as well as the numerous variables that must be considered when attempting to make generalizations about this group (Sher, 1997). Sher makes these above observations, quoting various studies such as MacNicholl, 1905, Elguebaly and Offord, 1977, and Windle and Searles, 1990. According to him the most significant revelation about COAs is the difficulty in making valid generalizations about them mainly because the alcoholics do not seem to represent a homogeneous class of people. Besides, many other psychological disorders coexisted (co-morbid) with alcoholism. They are common to people who abuse other drugs too. Even if the alcoholics were homogeneous, the COAs are not. Two children can share the same biological parents and general rearing conditions yet are profoundly different along multiple psychological dimensions, even on characteristics known to be moderately heritable (Sher, 1997). Then there are methodological complexities.

Convincing Convergences in researches on COAs:

However, there are common convergences among researchers and practitioners on certain areas. The most important among them all is that the COAs are somewhere between two and ten times more likely to develop alcoholism than the children of non-alcoholics (non-COAs) due to both genetic and family environment factors. This is strongly affirmed by the National Association for Children of Alcoholics. Secondly, COAs are found to be at risk for disruptive behaviour problems, especially conduct disorders, such as antisocial personality disorder, aggressiveness, sensation seeking and impulsivity. Particularly, there seems close commonality in terms of conduct disorders, in the off-springs of both the parents with

substance abuse and parents with antisocial behaviour. Thirdly, active alcoholism in a parent can lead to family disruption and which in turn tends to create anxiety and depression. In general COAs appear to have lower self-esteem than the children of non-alcoholics in childhood, adolescence, and young adulthood (Sher, 1997). Yet another and most popular concept to emerge from COA literature is that of co-dependency. A study by Gordon and Barrett (1993) noted that co-dependency was a "disease" of "compulsive caretaking" found in spouses of alcoholics. In addition, Gary B. Newman points out: changes in appearance; failure to return report cards promptly; fluctuating academic performance; avoidance of argument of conflict; hunger, anger, loneliness, & tiredness (H.A.L.T.); fatigue & listlessness; concern about getting home on time or avoiding going home; and social isolation.

Avenues for Intervention:

According to Naomi Weinstein, MPH, Director, Phoenix House Children of Alcoholics Foundation (2014) the following are possible ways of intervention: Prevention services and programs; psycho-education for the COAs; access community-based services (Alateen, support groups, special counseling); treatment centers; mental health centers; student assistance programs; family service agencies; talking to kids; reunification support; strengthen access to protective factors; and help COAs identify resiliencies. In the first place, the goal of our interventions should be to find ways and means to help them improve self-esteem, and social and coping skills, as well as find ways to help them enjoy adolescence and have legitimate fun that is their need. We need to provide them with information about alcohol and alcoholism, how it affects their family, and in particular help them understand that their experiences are not unique (Emshoff & Valentine, 2006). These two authors suggested the following interventions:

Healthy involvement outside one's family with its own routines and rituals is capable of providing comfort and support to these children. This is enabled through group activities. Sharing their experiences with others especially with other

COAs helps them to understand that they are not the only ones experiencing these stressors. One way to reduce stigma is to provide support using an educational and skill-building model (where COAs and non-COAs participate together) rather than a therapeutic model; this way children receive the information they need, including how to find and access support from others, in a less stigmatizing way.

Objectives:

1. To identify the size of COAs in any given student population.
2. To identify critical areas of concern in their lives.
3. To bring to light the plight of these children whose cries go unheard.
4. To propose certain lines of action based on existing researches and current practices

METHODOLOGY

This study was conducted among the college students of a college in the North Arcot District, Tamil Nadu. The universe consisted of about 4500 students, that is, about 2600 boys and 1900 girls. An appeal was made to the students by the researcher asking for one hundred boys and one hundred girls for the study. Of the two hundred, 61 boys and 47 girls affirmed the presence of an alcoholic member in the family. They were interviewed for the study. It was also clarified that there was no other serious mental health problems in their families. Being a preliminary study, the design chosen was that of exploratory. The researcher adopted a questionnaire titled "Do you need Alateen?" for the purpose of this study. This consisted of 30 questions. Alateen is a fellowship of young people whose lives have been affected by alcoholism in a family member or close friend. This questionnaire is approved by the World Service Office for Al-Anon & Alateen, and the Al-Anon Family Groups Headquarters Inc. (1973).

Analysis of Data and Discussion:

In the first place the study has shown that on an average about 54% of the college students had a problematic alcoholic patient in their families. Of this, 44% were girls and 56% were boys. It is a well known fact that at least two of the family members will be as badly affected as the alcoholic through their co-dependence. Thus in each of these students' families at least there are three who are seriously affected by alcoholism.

The relationships at home become a major source of pain to the COAs. These homes are marked by the focus on alcohol, chaotic interaction, unspoken rules, and fear of even normal conflict (Neumann, 2014). As high as 82% of the boys and 70% of the girls worried about their parents and 89% in all became upset when their parents quarrelled. About 78% of them resented the alcoholic's drinking. Almost 50% of the boys and one third of the girls avoided speaking the truth to their parents. Almost 40% of the boys and 30% of the girls resented having to do jobs that their parents should be doing.

On the emotional front, the beating is also heavy for the COAs. About three fourth of the boys and almost 90% of the girls reported that they were scared a lot of the time. About 80% of the boys and girls lost their temper a lot. About three fourth in both sexes reported fear of future. Loneliness, feelings of not being cared for and lack of ability to concentrate in their academic work were also highly reported by them.

Related to the dimension of negative emotionality is the aspect of self-esteem. COAs are normally burdened by a very low self-esteem (Neumann, 2014). This is noticed in their childhood, adolescence, and young adulthood. Self-esteem deficits easily lead to neurosis and depression (Sher, 1997). About 75% of the boys as well as the girls compared their home with those of their friends and felt very low about themselves. Almost one out every two of them felt that they were ashamed of their

homes. They were afraid to let people know what they were really like and they felt that they had a rotten break in their lives. Another area of their struggle is in their unhealthy coping behaviours. COAs are normally at risk for disruptive behaviour. It included personality disorders too (Sher, 1997). About 60% of the boys and girls said and did things that they did not want to but could not help themselves. More than the boys (43%), the girls (55%) tried to get even with their parents when they thought they were unfair to them. About 40% of them tried to cover up their real feelings as though they did not care. One out of three girls and one out five boys wished they were dead. Nearly fifty per cent of the boys and 17% of the girls went to extremes to get people like them. Almost 40% of the boys and 10% of the girls did strange and shocking things to get attention. Almost 20% of the boys had started to think that it would be nice to take drugs or get drunk. Among the girls the percentage was very small (04%). The COAs had a propensity for guilt and self-blame. In this study though the percentage was small, still 18% of the boys and 13% of the girls felt they were the cause for their parents' drinking. Nearly 30% of them felt that they were a burden to their parents.

Directions for intervention:

1. Awareness creation will go a long way in educating and empowering the COAs.
2. With regard to emotional and behavioural problems, guidance and counselling are vital. Colleges have to appoint trained counsellors.
3. Organizing solidarity groups such as AA, Alateen and Al-Anon will be therapeutic.
4. Single Subject studies are a must in this field to understand the qualitative aspects.

APPENDIX PERCENTAGE OF BOYS AND GIRLS AFFIRMING AREAS OF CONCERN

Sl. No.	Emotional and behavioral areas of concern	Girls %	Boys %
1	Do you get upset when your parents fight?	92	87
2	Are you nervous or scared a lot of the time?	89	74
3	Do you lose your temper a lot?	87	79
4	Do you wish your home could be more like the homes of your friends?	75	74
5	Are you ashamed of your home?	57	48
6	Are you afraid of the future?	72	79
7	Do you believe no one could possibly understand how you feel?	70	66
8	Do you worry about your parents?	70	82
9	Do you resent the alcoholic's drinking?	75	80
10	Do you feel you got a rotten break in life?	68	72
11	Do you sometimes say and do things you don't want to but can't help yourself?	68	56
12	Are you afraid to let people know what you're really like?	57	69
13	Do you try to get even with your parents when you think they have been unfair?	55	43
14	Do you have trouble concentrating on college work?	51	49
15	Do you cover up your real feelings by pretending you don't care?	43	36
16	Do you sometimes wish you were dead?	36	21
17	Do you feel nobody really loves you or cares what happens to you?	36	41
18	Do you hate one or both of your parents?	30	21
19	Do you avoid telling your parents the truth?	30	48
20	Do you resent having to do jobs around the house that you think your parents should be doing?	28	39
21	Do you feel like a burden to your parents?	28	28
22	Do you stay out of the house as much as possible because you hate it there?	23	39
23	Do you go to extremes to get people to like you?	17	49
24	Is it hard for you to talk to your parents? Do you talk to them at all?	15	23
25	Do you feel you make your alcoholic parent drink?	13	18
26	Do you take advantage of your parents when you know you can get away with it?	13	57
27	Have you lost respect for your non-alcoholic parent?	11	07
28	Do you sometimes do strange or shocking things to get attention?	11	39
29	Are you starting to think it would be nice to forget your problems by taking drugs or drunk?	04	18

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