



# Stress And Ways Of Coping Among Adult Children Of Alcoholics In De-Addiction Unit Of Selected Hospitals In Pathanamthitta District, Kerala.

*A study to assess the stress and ways of coping among adult children of alcoholics in de-addiction unit of selected hospitals in Pathanamthitta District, Kerala.*

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## ABSTRACT

Alcoholism is one of the major health and social problems all over the world and also it is a family disease and those close to the alcohol dependent people are as deeply affected by it. Growing up with an alcoholic parent can have a deep rooted effect on children and contribute to a variety of challenging outcomes in adulthood. The present study was conducted to assess the level of stress and ways of coping among adult children of alcoholics. A qualitative phenomenological research design using descriptive analysis was used for the study. The study participants (6) were selected using purposive sampling technique who met the inclusion criteria. The data was collected by in-depth interview by using an open ended semi structured interview schedule. From the data analysis, two main themes (stress, coping) and 11 sub themes emerged. The result of this study revealed that different levels of stress was experienced by the adult children of alcoholics and various coping strategies were adopted by them to cope up with the above situation. As to conclude, the study provided insight into the lived experiences of being an adult child of alcoholics and the challenges they faced in their life. It also emphasized the ways in which they battled to overcome difficulties they experienced.

**Index terms:** Stress, Coping, Adult children of Alcoholics.

## INTRODUCTION

Alcoholism is one of the major health and social problems all over the world and also it is a family disease and those close to the alcohol dependent people are as deeply affected by it. According to Global status report on alcohol and health by World Health Organization, the harmful use of alcohol is a casual factor in more than 3 million people died as result of harmful use of alcohol in 2016. This represents 1 in 20 deaths. Globally an estimated 237 million men and 46 million women suffer from alcohol use disorders in European region.

Families of alcohol dependent parents are families in distress. Alcohol dependency has been characterised as a family illness, as the individual family members participate in the dysfunctional behaviour of the alcohol dependent person by assuming faulty behavioural patterns. The consequences of alcoholism all too often result in chaotic, disorganized and dysfunctional families.

Adult children of alcoholics are more likely to become dependent and will start using alcohol during or before they become teenagers. The guilt that they feel because of their parents' alcoholism tends to make them have a low self-esteem. Many of the adult children suffer from depression and/or anxiety and are unable to form a healthy emotional relationship. They can also turn out to be people pleasers since they have spent most of their life seeking approval from their parents. They spend most of their lives being in dysfunctional relationships as they are unable to identify a normal relationship.

## BACKGROUND OF THE STUDY

Alcoholism is a pervasive disease. Every second, two babies are born to addicted parents. 43% of adults have been exposed to alcoholism in their lives. Approximately 18.25 million people in the USA are alcoholics according to the National Council of Alcoholism and Drug Dependence. As a result an estimated 26.8 million children are exposed at varying degrees. These children are 4 times as likely to become addicted than children of non-addicts. According to WHO, about 30% of Indians consume alcohol, out of which 4-13% are daily consumers and up to 50% of these, fall under the category of hazardous drinking.

Nearly 25% of the road accidents are under the influence of alcohol and it is also a significant risk factor for increased domestic violence. In Kerala Alcoholism is an issue, but it is gradually coming down as the availability of the same is less now. Numbers from the Kerala State Beverages Corporation analyzed by the Alcohol and Drug Information Centre (AIDIC), show that alcohol consumption dropped by 20.27 percent since April 2014, this in a market that registered an annual growth of 12 percent to 67 percent for the last 30 years.

Social deprivation, poverty and stress compound the trauma and childhood in alcohol dependent family is distressing – hidden to those outside the family and at times neglected by mental health professionals working in the field of addiction. The effect of strong family relationships on the potential negative effects of parental alcoholism contributes to resilience among children of alcohol dependent parents, shielding them from developing problems in childhood as well as the early development of alcohol problems in adolescence and adulthood.

### PROBLEM STATEMENT

Alcohol dependent person faces a variety of problems such as health, mental, family and social in origin. Personal consequences of alcohol dependency include trauma, violence, peptic and gastric ulcers, unsafe sex, pre mature death, organ systems failure, cirrhosis of liver, and poor nutritional status of the family. An alcohol dependent person's home environment and the manner in which family members interact may contribute to the risk of the problem observed among their children. National association for children of alcohol dependent parents, USA, states that alcoholic families demonstrate poorer problem solving abilities than non-3 alcoholic families both among the parents and within the family as a whole. These poor communication and problem solving skills may be mechanisms through which lack of cohesion and increased conflict develop and escalate in alcohol dependent families. The child may not get any support, love, care and have a strange feeling towards the alcoholic father. The important thing to know is that there is help, and that they are not alone. This leads to peaceful life for the future of the family and in-turn for the betterment of the society and the country development. As a mental health professional, it is essential to know the stress and the method of coping used by these children to improve their quality of life. This study will help the researcher to develop insight about the stress level of children of alcoholics and to provide timely help which if neglected, can lead to long-term emotional and behavioral consequences. **So this is a qualitative study to assess the stress and ways of coping among adult children of alcoholics in de-addiction unit of selected hospitals in Pathanamthitta District, Kerala.**

### OBJECTIVES OF THE STUDY

To assess the stress and ways of coping among adult children of alcoholics in de-addiction unit of selected hospitals.

### OPERATIONAL DEFINITIONS

#### STRESS

In this study stress is a state of disequilibrium to an emotional or physical disturbance experienced by children of alcoholics as measured by semi structured interview schedule.

#### COPING

Coping means increasing conscious effort by the children of alcoholics to solve personal and interpersonal problems and seeking to minimize or to tolerate stress or conflict as measured by semi structured interview schedule.

### ASSUMPTIONS

- Adult children of alcoholics may have stress in their daily life
- Adult children of alcoholics may use different ways of coping

**CONCEPTUAL / THEORETICAL FRAME WORK:** Lazarus and Folkman Stress and Coping theory was used as the theoretical framework of the study. According to this theory, stress is a condition or feeling experienced when a person perceives that the demands exceed the personal and social resources of the individual. Cognitive appraisal occurs when a person considers stress as a threat and assesses the resources required to minimize, tolerate or eradicate stress. Coping is a process of constantly changing cognitive and behavioural efforts to manage specific external and or internal demands that are appraised as taxing or exceeding the resources of the person. Problem-focused coping is used when we feel we have control over the situation, thus can manage the source of the problem. Emotion based coping is used when an individual feels they cannot manage the source of the problem. In this study, the stress was precipitated by events in life like alcohol addiction and its impact leads to stress. In primary appraisal, assess the stress as a threat, harm or challenge and in secondary appraisal assessing for the available resources like help from person, money and society. If the resources were inadequate stress could be developed and tried to overcome the stress by problem focussed or emotion focussed coping methods.

### RESEARCH METHODOLOGY

**RESEARCH DESIGN:** Descriptive Phenomenological research design

**VARIABLES:** Research variable – **stress and ways of coping**

**SETTING OF THE STUDY:** De-addiction unit of selected hospitals in Pathanamthitta District. **POPULATION:**

#### TARGET POPULATION

The target population consists of adult children of alcoholics in De-addiction unit

#### ACCESSIBLE POPULATION

Adult children of alcoholics in De-addiction unit of selected hospitals in Pathanamthitta District.

**SAMPLING TECHNIQUE:** - The subjects were selected by using non-probability purposive sampling technique.

**SAMPLE SIZE:** - In this present study, the sample size was based on data saturation and it included 6 samples.

## CRITERIA FOR SAMPLE SELECTION

In sampling criteria, the researcher specifies the characteristics of the population under study by detailing the inclusion and exclusion criteria.

### Inclusion Criteria

Inclusion criteria are characteristics that each sample element must possess to be included in the sample. In the present study the inclusion criteria are:

- Adult children above 18 years of age
- Adult children who are available during the time of data collection
- Adult children who are willing to participate in the study.

### Exclusion Criteria

Exclusion criteria mean characteristics that eliminate a potential subject from the study. Exclusion criteria in this present study are:

- Adult children who are mentally retarded or suffering from mental illness.

## METHOD OF DATA COLLECTION:

Data was collected using face to face in-depth semi-structured interviews. The study received ethical approval from the Institutional Ethics Committee. Prior to the study, the participants were informed about the purpose of the study and ensured regarding the confidentiality of their identity and data. In order to record the interview data, an informed verbal consent was obtained. The participants were free to leave the interview or narrate their experiences. With prior coordination, interviews were conducted in De-addiction unit in a quiet room during their rest time in order not to disturb the process of work routine.

The participants' demographic characteristics were recorded during the interview. The interview was initiated with raising questions about stress and the ways of coping used to handle those stress, for example,

1. "Do you face any stress due to the alcoholic behaviour of father?"
2. "What do you think about the reason for stress?"
3. "What are the methods used for coping the stress?"
4. "What are the factors which influence ways of coping?"
5. "What difficulties/barriers do you experience while using different coping strategies?"
6. "How do you handle the identified difficulties/barriers?"

In order to gain a deeper understanding of the concept and encourage the interviewee to give further explanation, the researcher engaged the participants with some probing questions, such as ".....Please further elaborate." or "What do you mean by saying that?" Data collection was continued until data saturation. The interviews lasted about 35 – 40 minutes. The order of question varied from subject to subject according to their flow of answering. The language of communication was Malayalam. The interviews were transcribed; translated and analysed. The interview narratives were coded and validated. Codes were then grouped to form sub themes from which were themes were developed. The themes and subthemes were supported by the literature.

## METHOD FOR DATA ANALYSIS:

The researcher carefully listened to the interviews several times to obtain a deep understanding of the materials. The data analysis was done by using Colaizzi's phenomenological methodology. During the phenomenological data analysis oral descriptions given by the participants were read separately to immerse into the data and ensure familiarity with the content. Significant statements and phrases about the objectives of the study were identified. Meanings were formulated from these significant statements and phrases. The formulated meanings were then organized into clusters of themes. Common themes were created by merging similar statements for every category. From the formulated meaning of those statements, two main themes and eleven sub themes emerged. Finally, validation was secured by returning the results to the participants for review and the confirmation of the findings were received. No relevant additional data emerged from validation.

## RESULTS:

### Description of subjects according to baseline variables using frequency and percentage.

Regarding the demographic characteristics of children of alcoholics, among 6 samples, four (67%) of children were between the age group 18 to 27 years and two of them (33%) were in the age group of 28 to 37 years and all of them, six (100%) were males. Out of 6 samples, three (50%) were high school certified, whereas two (33%) of them were qualified with intermediate diploma and one (17%) was under graduate or post graduate. Among 6 samples, three (50%) of them were unemployed, on the other hand two (33%) were Plant and machine operators and Assemblers and one (17%) was working under craft and related trade works and three (50%) of them earns between 6327-18949 rupees and similarly the other half three (50%) of them earns  $\leq 6323$ . Out of 6 samples, majority four (67%) were belongs to upper lower class where as two (33%) were under the lower middle class and all are unmarried. Among the samples, the majority four (66%) of them were reside in rural area then one (17%) was in urban locality, one (17%) was in slum area and all of them were six (100%) belongs to nuclear family. Out of 6 samples, three (50%) of them had one sibling and three (50%) of them had two siblings and four (67%) of them were elder and two (33%) were holds middle position. All the subjects (100%) denied the use of alcohol or substance abuse by themselves.

**Description of level of stress and different ways of coping among the adult children of alcoholics.**

MAIN THEME	SUB THEME
<b>STRESS</b>	<ol style="list-style-type: none"> <li>1. Negligence from father , Poor interpersonal relationship and dysfunction in the family (5)</li> <li>2. Feeling helpless anger and low self-esteem and addiction to alcohol (6)</li> <li>3. Sadness and loneliness (5)</li> <li>4. Financial Crisis and Poor social support system (6)</li> <li>5. Physical and verbal abuse (5)</li> </ol>
<b>COPING</b>	<ol style="list-style-type: none"> <li>1. Support from pear group (3)</li> <li>2. Share with mother (1)</li> <li>3. Depend on alcohol (3)</li> <li>4. Physical Recreation (2)</li> <li>5. Seek Professional help (2)</li> <li>6. Social support (2)</li> </ol>

**1. STRESS****1.1 Negligence from father, Poor interpersonal relationship and dysfunction in the family**

“Every time he drinks he avoids us.” (S1)

“I can’t have the relationship with that person and I quarrel with him” (S2)

“When I get angry to my father and I never talk to him” (S3)

“He never thinks about us, he lives in his own way and always fights with us.”(S4)

“My mother struggled to earn for our livelihood and he never cared us.” (S5)

**1.2 Feeling helpless, anger, low self-esteem and addiction of alcohol**

“I get angry toward him when he drinks and come, since my 12<sup>th</sup> year onwards I started to drink alcohol.”(S1)

“Whenever he drinks he gets angry and making noise and aggressive so I felt not angry too and sometimes I drink also.” (S2)

“I felt uncomfortable and I didn’t want to be nice to him, so I also followed father’s way of drinking” (S4)

“While My father is an alcoholic, nobody comes to talk and make companionship so I feel emptiness, lack of confidence and temptation to drink alcohol”. (S5)

“I got angry and powerless when he drinks and makes quarrel and I drink alcohol occasionally only”. (S3)

“Usually my father never makes any problem after drinking but I feel helpless and hopeless when he got admitted in hospital due to physical illness”. (S6)

**1.3 Sadness and loneliness**

“Neighbours are not talking to us and they are angry and avoiding us”. (S1)

“All are teasing us and I felt alone”. (S2)

“In front of everybody I treated as ignored so I felt sad and I lost concentration in studies too.” (S3)

“Mentally I feel very sad because my father used to give alcohol for licking when I was a small child so later I followed his path of alcoholism”. (S4)

"I brought up as a child of an alcoholic parent so no one comes to make friendship and I felt isolated then slowly I started to drink."(S5)

#### 1.4. Financial Crisis and poor social support system

"We never received any help from anyone and we are struggling to live." (S1)

"My mother used to do work for our livelihood and we are under poverty due to his alcoholism and sometimes neighbours helped us." (S2)

"We have financial problems but my mother's family took care of us."(S3)

"We don't have enough money to meet our daily living and never received any help from others." (S4)

"We never received any help from others because still he used to spend some amount for the household expense."(S5)

"We did not have any help from anybody."(S6)

#### 1.5. Physical and verbal abuse

"My father used to beat my mother after drinking alcohol but he used to abuse me verbally." (S1)

"When I was a child he used to beat after drinking but nowadays he used to beat mother." (S2)

"Father used to beat and tell annoying words as well."(S3)

"Father used to fight with my mother only." (S4)

"Father beats me and I will strike my father too."(S5)

## 2. COPING

### 2.1 Support from peer group

"I used to spend time with my friends and drink alcohol when I was stressed."(S1)

"I used to sit with my friends and talk to them when I have tension." (S4)

"I used to share my feelings to my girlfriend and also with my friends." (S3)

"When I feel sad I go to friends house when I frustrated I spend time with friends and gambling with them." (S2)

### 2.2 Sharing with mother

"When I feel mentally disturbed sometimes I will share with my mother." (S6)

### 2.3 Depend on alcohol

"Whenever I feel stressed I used to go out and drink alcohol only I never think about anything else."(S5)

"When I was small I used to cry when stressed, but now I used to consume alcohol."(S2)

"I used to spend time with my friends and drink alcohol when I was stressed."(S1)

### 2.4 Physical recreation

"Some time I share with my mother, then I go to play cricket." (S6)

"I frustrated I spend time with friends and gambling with them." (S2)

### 2.5 Seek Professional Help

"Sometime I think I want to stop my alcohol addiction and stay away from stress, that time I go to hospital for counselling and treatment." (S5)

"I was admitted in hospital to stop alcoholism, that time I went for counselling." (S1)

### 2.6 Social support

"When I was child my neighbours helped us."(S2)

"My mother's family support us financially."(S3)



## Essence of the phenomena

After the data analysis, we have got the essence about the stress level and ways of coping used by adult children of alcoholics. Majority of the subjects expressed that alcoholic behaviour of their parents had influenced family relationships, interpersonal communication, financial management and all these factors result in high psychological distress.

## DISCUSSION

The purpose of the study was to assess the stress and ways of coping among adult children of alcoholics in de-addiction unit of selected hospitals.

### Section A: Discussion of the baseline variables of adult children of alcoholics

Among 6 samples, four (67%) of children were between the age group 18 to 27 years and two of them (33%) were in the age group of 28 to 37 years and all of them, six (100%) were males. Out of 6 samples, three (50%) were high school certified, whereas two (33%) of them were qualified with intermediate diploma and one (17%) was under graduate or post graduate. Among 6 samples, three (50%) of them were unemployed, on the other hand two (33%) were Plant and machine operators and Assemblers and one (17%) was working under craft and related trade works and three (50%) of them earns between 6327-18949 rupees and similarly the other half three (50%) of them earns  $\leq 6323$ . Out of 6 samples, majority four (67%) were belongs to upper lower class where as two (33%) were under the lower middle class and all are unmarried. Among the samples, the majority four (66%) of them were reside in rural area then one (17%) was in urban locality, one (17%) was in slum area and all of them were six (100%) belongs to nuclear family. Out of 6 samples, three (50%) of them had one sibling and three (50%) of them had two siblings and four (67%) of them were elder and two (33%) were holds middle position. All the subjects (100%) denied the use of alcohol or substance abuse by themselves.

The findings of the present study corroborate with a study conducted by Ana I. Balsa. et .al in United States to assess the long-term impacts of parental problem drinking on adult children's mental and self-perceived overall health and the sample ranged 14 – 22 years. The findings of the present study was similar to the findings of a study conducted by Lydia Dove in United Kingdom to explore the lived experience of adult children of alcoholics to gather a richer understanding of how these individuals develop into the people they are today and it was found that majority of children were males, and majority of them were single.

### Section B: Discussion of the stress and different ways of coping among the adult children of alcoholics.

## STRESS

This theme aims to capture the struggles of an adult child of an alcoholic parent. The sub themes under stress was (1) negligence from father and poor interpersonal relationship and dysfunction in the family (2) feeling helpless, anger and low self-esteem, (3) Sadness and loneliness, (4) Financial Crisis and Poor social support system, (5) Physical and verbal abuse. Participants expressed their ways in which they felt their experiences and majority spoke about their parent being absent physically or emotionally as a result of alcoholism. The drinking habit limits the interaction within the family and they expressed a range of emotions like anger, sadness, poor self-esteem etc. The study revealed higher level of psychological distress and negative social consequences ranging from poor self-esteem, low socio economic status, disturbed family relations, domestic violence, social and recreational problems.

The findings of the present study were congruent with a study conducted by Hyunhwa Lee in Korea to explore the relationships among parental alcoholism, sense of belonging, resilience, and depressive symptoms. The results from primary analyses revealed a significant relationship among parental alcoholism, depressive symptoms, sense of belonging, resilience, social support, family functioning, parental mental health problems, and domestic violence. The similarity in the study finding may be due to environmental and cultural factors and irresistible social pressure which results in alcoholic behaviour. The researcher also comes across other studies which also revealed that adult children of alcoholic parents have lower levels of self-esteem and experienced adjustment issues than children of non-alcoholic parents.

## COPING

The theme captures the different ways of coping used by the adult children of alcoholics to relieve the psychological stress caused by the alcoholic behaviour of parents. The participants reported their ways of coping differently. The methods used were: (1) share with their peer group, (2) share with mother, (3) depend on alcohol, (4) physical recreation, (5) seeking professional help and social support. The study findings showed that different ways of coping were adopted by the adult children of alcoholics like talking to friends, families etc. to come out of the psychological trauma.

These results compare well with the study findings of Michelle L. Drapkin, et.al North America to assess the coping styles of adult children of individuals with alcohol use disorders. The researcher also comes across other studies which also revealed that adult children with alcohol-addicted parents tend to avoid accepting responsibility for their lives. The resource factors of people with alcohol-addicted parents included keeping a diary, participation in a rehabilitation program, and confidential communication with other people. The similarities in these study findings may be due to similarity in the problems faced by these children who adopts similar coping strategies to relieve stress.

**CONCLUSION**

Children of alcoholic parents appeared to be affected by a variety of problems over the course of their life span. The study finding revealed that different levels of stress was experienced by the adult children of alcoholics and various coping strategies were adopted by them to cope up with the above situation. As to conclude, the study provided insight into the lived experiences of being an adult child of alcoholics and the challenges they faced in their life. It also emphasized the ways in which they battled to overcome difficulties they experienced. There is an urgent need by the health care members to focus on the problems of Children of alcoholics.

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