

COMPARISON OF THE PSYCHOLOGICAL PROBLEMS AMONG CHILDREN OF ALCOHOL DEPENDENTS WITH CHILDREN OF JUVENILE DIABETICS AND NORMAL CONTROLS.

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Abstract

Alcoholism is a family disease which affects not merely the alcoholic, but ruins the lives of countless families. Children raised in alcohol abusing families show high rates of behavioral and emotional problems. This study has 2 objectives, they are, (1) To assess and compare the psychological problems among children of Alcohol dependents with children of Juvenile diabetics and Normal controls. (2) To determine the association between the psychological problems among the children of Alcohol dependent, Juvenile diabetics and Normal controls with selected demographic variables. A comparative descriptive research design was adopted. 180 children (60 from each study group) were selected using non probability convenience sampling technique. The Child Behavior Checklist (CBCL 6-18) a standardized tool was used to assess the psychological problems in children. The findings revealed that children of alcohol dependent fathers (41.7%) showed 5-fold increase in the clinical range of syndrome scores on CBCL than children of juvenile diabetic fathers (8.3%). Regarding borderline clinical range, children of alcohol dependent fathers (16.7%) showed 2.5- fold increase in the syndrome scores when compared with children of juvenile diabetic fathers (6.7%) and 3- fold increase with children of normal control fathers. Girls had more psychological problems when compared to boys. Between 6-11 years of age, both boys and girls scored equally whereas between 12-18 years of age, girls showed higher scores in overall psychological problems than boys. The internalizing behaviors of children (mean 66.92) were high when compared with control groups (mean 56.20 and 58.58). More girls than boys showed an increase in internalizing symptoms in the age between 12-18 years than 6-11 years of age. Children of alcohol dependents showed

higher mean scores (56.82) in externalizing behaviors than control groups (51.45 and 51.50). There was a significant association between the psychological problems and age of the children among the study groups. The need for sensitizing the family members on the issues of alcoholism and to adopt the coping strategies by them is highlighted in this study.

Keywords study groups, psychological problems, syndrome scores, internalizing behaviors and externalizing behaviors.

Introduction

Alcoholism is a family disease that begins with the person involved, slowly moving on to the near and dear ones especially the immediate family. Parents who abuse alcohol damage the lives of millions of children in all areas of society and in all social classes. It ruins the lives of countless families and damages the development of children who have to carry the burden of their *parents drinking problems* with them for the rest of their lives. Children of alcoholics are people who have been robbed of their childhood (Silverstein, 1990, p.75)

Children of Juvenile diabetics' fathers are highly prone to psychiatric morbidity than children of normal parents. There are many psychological and social pressures that may influence these children. Due to the similarities shown and to highlight the magnitude of the psychological problems experienced by children of alcohol dependents, the children of juvenile diabetics are taken as comparative group along with the children of normal controls (neither alcohol dependent nor juvenile diabetics).

To assess the psychological problems and help the children of alcohol dependents to seek appropriate care are the first two vitally important steps in putting a child on the road to a healthy and happy future.

Statement of the problem

A study to assess and compare the psychological problems among children of Alcohol Dependents with children of Juvenile Diabetics and Normal Controls at selected settings, Chennai.

Objectives

- To assess and compare the psychological problems among children of alcohol dependents with children of juvenile diabetics and normal controls.
- To determine the association between the psychological problems among the children of alcohol dependent, juvenile diabetics and normal controls with selected demographic variables.

Methodology

Quantitative approach with descriptive comparative research design was adopted in this study. The Rajaji Centre for Deaddiction, Out-patient

department, TAG-VHS Diabetic Research Centre, VHS Multispeciality Hospital, Chennai, and Out-patient department, Department of Diabetology, Rajiv Gandhi Government General Hospital, Chennai were the study centers. General Health Questionnaire (GHQ-12) was administered first to the designated respondent of the child, the mothers to assess the psychological well being. Non probability convenience sampling technique was used to select 180 mothers (60 wives of alcohol dependents, 60 wives of Juvenile diabetics and 60 wives of normal controls) who had children between 6-18 years. A semi structured proforma containing the socio demography and socio economic status of the child was used to collect the data. Child Behavior Check List (CBCL 6-18 years) was used to assess the psychological problems in children. It consists of 113 items with various aspects such as Internalizing behavior (26 items), Externalizing behavior (35 items), others (36 items) and other problems (16 items). After obtaining the consent from the respondent of the child, their mothers, CBCL was administered individually and data collected were tabulated and analyzed. The study was approved by the Institutional Ethics Committee of VHS Multispecialty Hospital, Tamilnadu.

Results

Table 1: Comparison of psychological problems in children among study groups.

N=60

Psychological problems. (range of syndrome scores)	Children of study groups (n=60)						Statistical values
	Range of obtained score		Juvenile diabetics		Normal controls		
	No.	%	No.	%	No.	%	
Normal	25	41.7	51	85.0	57	95.0	$\chi^2=53.111$ df = 4 p <0.001**
Borderline	10	16.7	4	6.7	3	5.0	
Clinical	25	41.7	5	8.3	0	0.0	

Table 1 depicts that 41.7% of children of alcohol dependent fathers were in clinical range and 16.7% were in borderline range whereas among children of juvenile diabetic fathers, 8.3% and 6.7% were in clinical and borderline range respectively. There are significant differences in the psychological problems among children of alcohol dependents with children of juvenile diabetics and normal controls.

Table 2: Association of psychological problems among children of study groups with age and gender.

N=60

Age and gender	Psychological problems	Children of study groups (n=60)						Statistical values	
		Alcohol dependents		Juvenile diabetics		Normal controls			
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
6-11 years	Normal	9 (47.4)	15 (57.7)	18 (81.8)	24 (91)	26 (96.3)	23 (100)	$\chi^2=18.469$ df = 4 p=0.001**	$\chi^2=23.413$ df = 4 p<0.001**
	Boder line	2 (10.5)	3 (11.5)	2 (9.1)	0 (0.0)	1 (3.7)	0 (0.0)		
	Clinical	8 (42.1)	8 (30.8)	2 (9.1)	0 (0.0)	0 (0.0)	0 (0.0)		
12-18 years	Normal	0 (0.0)	1 (11.1)	1 (33.3)	8 (72.7)	2 (66.7)	6 (85.7)	$\chi^2=5.333$ df= 4 0.255 NS	$\chi^2=13.458$ df = 4 p=0.009**
	Boder line	4 (66.7)	1 (11.7)	1 (33.3)	1 (9.1)	1 (33.3)	1 (14.3)		
	Clinical	2 (33.3)	7 (77.8)	1 (33.4)	2 (18.2)	0 (0.0)	0 (0.0)		

Table 2 depicts that the children of alcohol dependent fathers between 6-11 years of age had scored high in clinical range than 12-18 years of age. Among whom, boys and girls have scored equally in clinical range whereas girls have scored high in borderline range. Between 12-18 years of age, girls of alcohol dependent fathers scored high in clinical range than children in the control groups. The psychological problems among children of study groups between 6-11 years are significant, since p value is less than 0.01.

Table 3: Comparison of mean and standard deviation of psychological problems among children of study groups.

N=60

Psychological problems. (range of syndrome scores)	Children of study groups (n=60)						F value	P value df = 2
	Alcohol dependents		Juvenile diabetics		Normal controls			
	Mean	SD	Mean	SD	Mean	SD		
Anxious/Depressed	7.97 ^a	3.54	4.13 ^b	3.03	4.48 ^c	2.20	30.425	<0.001**
Withdrawn/Depressed	7.17 ^a	3.05	3.95 ^b	2.39	3.83 ^c	2.09	33.177	<0.001**
Somatic Complaints	2.63 ^a	1.52	0.92 ^b	1.34	1.45 ^c	1.40	22.940	<0.001**
Internal Score	17.77 ^a	7.33	9.00 ^b	6.17	9.77 ^c	4.82	36.885	<0.001**
Internalizing								
T score	66.92 ^a	7.26	56.20 ^b	8.15	58.58 ^c	6.86	34.302	<0.001**
Rule Breaking Behaviour	1.25 ^a	1.87	0.47 ^b	0.81	0.17 ^c	0.46	12.953	<0.001**
Aggressive Behaviour	9.65 ^a	4.59	5.70 ^b	3.25	5.83 ^c	2.69	23.245	<0.001**
External Score	10.90 ^a	5.79	6.17 ^b	3.88	6.00 ^c	2.89	24.452	<0.001**
Externalizing								
T score	56.82 ^a	8.68	51.45 ^b	5.95	51.50 ^c	4.39	13.172	<0.001**

Social problems	4.03a	2.72	2.42 ^b	2.24	1.60 ^c	1.58	18.489	<0.001**
Thought problems	0.53a	0.72	0.22 ^b	.69	0.05 ^c	0.39	9.419	<0.001**
Attention problems	5.90a	3.37	2.98 ^b	2.35	3.28 ^c	1.22	25.204	<0.001**
Other problems	2.62a	2.15	1.45 ^b	1.35	1.28 ^c	0.90	13.120	<0.001**
Overall Problems score	13.08 ^a	7.65	7.07 ^b	5.45	6.22 ^c	2.66	26.486	<0.001**
Overall Syndrome scale score	41.75 ^a	19.15	22.23 ^b	13.95	21.98 ^c	8.81	36.233	<0.001**
Syndrome scale								
T score	59.65 ^a	8.48	50.63 ^b	7.51	51.00 ^c	5.02	30.508	<0.001**

Note: 1. ** Denotes significant at 1% level.

2. Different alphabet between mean values of aspects of psychological problems denotes significant at 1% level using Duncan Multiple Range Test. (DMRT)

Table 3 shows that among the study groups of children, the internal scores, external scores and overall scores of children of alcohol dependents are higher when compared with the controls groups. Among the children of alcohol dependents, the internalizing symptoms are higher than externalizing symptoms. All the aspects of psychological problems among children of study groups are significant, since p value is less than 0.01

Discussion

The study findings revealed that children of alcohol dependents (41.7%) showed 5-fold increase in the clinical range of syndrome scores on CBCL as compared to children of juvenile diabetics (8.3%). Regarding borderline range of psychological problems, children of alcohol dependents (16.7%) showed 2.5 -fold increase as compared to children of juvenile diabetics (6.7%) and 3-fold increase as compared to children of normal controls (5.0%).

Among children of alcohol dependents, girls had more psychological problems when compared to boys. Though between 6 and 11 years, both boys and girls scored equally, between 12-18 years, girls showed higher scores than boys. These results are concurrent with the findings explored in two studies by Kaiser and colleagues who reported that 21% of boys scored in the clinical range for externalizing behavior and 27% in the clinical range for internalizing behavior. The children of alcohol dependents obtaining a high mean score on the CBCL scores is indicative of more psychological distress than children of the control groups.

Internalizing Behaviors

Children of alcohol dependents are at risk for elevated internalizing and externalizing symptoms

(Zucker, 2006). The Internalizing symptoms include anxious/depressed, withdrawn/ depressed and somatic complaints. In this study, the internalizing behaviors of children of alcohol dependent (mean 66.92) were high when compared with control groups. (mean 56.20 and 58.58). The internal scores of children of alcohol dependents were seem to be high compared to external scores. More girls than boys showed an increase in internalizing symptoms between 12-18 years of age than in the 6-11 years age group. Similar findings are shown in a study by E. F. Furtado, M. Lauch and M. H. Schmidt who reported that girls showed an increase of internalizing symptoms, but with the age group recorded as up to age 11 years. Children of alcoholic fathers are at high risk for psychopathology and gender-related differences also seem to exist as contended by Furtado et al. (2006).

The children of alcohol dependents showed higher levels of anxiety and depression than the control groups. In a similar study, Maynard (1997) found that children of alcoholics experienced higher levels of anxiety and lower identification of self than children of non-alcoholics. Majority of such studies report that children of heavy drinking parents are at increased risk of developing psychological problems, most commonly depression and anxiety.

The findings of this study do not fall in line with those of E.F.Furtado who reports that somatic complaints are the strongest discriminating effect among girl children of alcoholics.

The present study revealed that the *internal scores had strong discriminating effect* among the study groups of children. A *high predictor* of psychological problems in children of alcohol dependents is *internalizing symptomatology*. Internalizing behaviors are characterized by children's emotional disturbance and inhibition, such as being anxious or depressed, socially withdrawn and manifesting somatic complaints. This is concurrent with studies from children of alcoholics and other non-children of the alcoholic community samples that have found an internalizing cluster of behavioral inhibition, shyness and social anxiety as predicted in problematic alcohol use in adolescence and adulthood.

In a recent study, Hussong and Chassin (2004), found that children of alcoholics showed a statistically significant difference in their emotional and behavioural aspects, such as shyness, insecurity and low self-esteem. Woodside, Coughney and Cohen (1993) also found that children of alcoholics (birth to 23 years) were significantly more susceptible to certain mental disorders such as adjustment reactions and depression (9.5 percent vs. 6.3 percent) than children of non-alcoholics. This needs urgent attention so that these problems do not lead to serious social problems in later life.

Externalizing behaviors

The externalizing behaviors are rule breaking behaviors and aggressive behaviors. Children of alcohol dependents showed higher mean scores in externalizing behaviors than children of juvenile diabetics and normal controls. A similar study by Rubio-Stipec M, Bird H, Canino G, Bravo M, Alegria M. reported higher levels of externalizing behaviors on CBCL in children of alcoholics. ¹Another study by a National Household Survey on Drug Abuse (NHSDA -2004) showed that children living with alcohol-dependent parents had significantly higher delinquency and aggressive behavior scores compared to control children. Many studies consistently report elevated externalizing

symptoms among children of alcoholic parents which may develop into pathological antisocial behavior.

In this study, the children of alcohol dependents scored very high in aggressive behavior, when compared to control groups. This pattern can be projected into the future trend of behavior and alcohol symptomatology as observed in the results from the Columbia County Longitudinal Study which predicted that aggression and behavioral 'under controls' at age 8, showing externalizing characteristics at age 19 years, in turn predicted later drinking behaviors at age 30 and then alcoholic symptomatology at age 48 (Dubow et al., 2008).

Overall problem scores

The overall psychological problem scores of children of alcohol dependents showed almost two-fold increase when compared with the control group. There was suggestive evidence that was supported by a similar study conducted by Sher K. J. (1997) which revealed that the psychological problems of children of alcoholics as emotional problems and hyperactivity in childhood, emotional problems and conduct problems in adolescence; and the development of alcoholism in adulthood. Findings from a longitudinal study by Andreas & O'Farrell (2007) show that the fathers' heavy drinking patterns and children's psychosocial problems appear to be closely related to one another. Jarmas, Audre L.; Kazak, Anne E exhibited greater introjective depression but no increase in anaclitic depression and adults of alcoholics relied more on aggressive defenses. The results demonstrate that young adult children of alcoholic fathers manifest distinct, identifiable emotional characteristics.

Association of psychological problems with socio demographic variables

There was significant association between psychological problems and age of children of study groups. The children of alcohol dependents between 6-11 years of age (64%) showed more psychological problems than 12-18 years. Though adolescence has been globally accepted to be a period of turbulence and a significant developmental milestone, adolescents may be expressive and share their problems with their friends or others. However, the

school- aged children are inexpressive and are still in the process of understanding and adjusting with their father's drinking problems, therefore have greater psychological problems.

This study showed 23.3% of the children of alcohol dependents were school dropouts and 26.7% showed poor performance in the school. Though, schooling and performance in the school did not show any association in the present study, this result is consistent with the findings of Casa-Gil and Navarro-Guzman (2002) who has documented in their study of children of alcohol misusing parents that repeating a grade, skipping school days and dropping out of school were more common in children of alcoholics than children of non-alcoholics.

It is also agreed by the Sher et al. (1991) who observed that children of alcoholics evidenced lower academic achievement and less verbal ability than children of non-alcoholics. Lower quality of life scores in children of alcoholics has been reported in another study by Oravec (2002).

In the light of these findings and the statistics that are highlighted by Mc Andrew (1985) illustrate the increasing number of children living in alcoholic homes, their probability of becoming alcoholic and lack in targeting these children for social services. The children of alcohol dependents most of the times do not reach the clinical settings and do not get professional help. Early identification and appropriate referrals for counseling services would help them to cope with their fathers' drinking problems.

Conclusion

The results are discussed in terms of the difficulty in generalizing the consequences of being a child of an alcoholic and the mechanism of the effect of father's drinking on children's behavior, physical and emotional dispositions and school adjustment. It is also suggested that the issue of the impact of excessive use of alcohol by fathers on children's health and wellbeing requires substantive further consideration.

The need for sensitizing the family members on the issues of alcoholism and to adopt the coping strategies by them is highlighted in this study. In this regard, the investigator prepared a pamphlet on tips to overcome stress and coping strategies for children.

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