

**PSYCHOSOCIAL CHALLENGES AND COPING STRATEGIES
OF ADULT CHILDREN OF ALCOHOLICS (ACOAs) IN
AIZAWL, MIZORAM**

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**DEPARTMENT OF SOCIAL WORK
MIZORAM UNIVERSITY
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*Submitted in partial fulfillment of the requirement of the Degree of Master of
Philosophy to the Department of Social Work, Mizoram University, Aizawl.*

MIZORAM UNIVERSITY

MAY, 2018

DECLARATION

I, V. L. Chhanchhuahi, hereby declare that the subject matter of this dissertation is the record of the work done by me, that the contents of this dissertation did not form basis of the award of any previous degree to me or to do the best of my knowledge to anybody else, and that the thesis has not been submitted by me for any research degree in any other University/Institute.

This is being submitted to Mizoram University for the degree of **Master of Philosophy in Social Work**.

Date : 10th May 2018

Place: Aizawl, Mizoram

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MAY, 2018

CERTIFICATE

This is to certify that the dissertation “*Psychosocial Challenges And Coping Strategies Of Adult Children Of Alcoholics (ACOAs) In Aizawl, Mizoram*” submitted by V.L. Chhanchhuahi, for the award of Master of Philosophy in Social Work is carried out under my guidance and incorporate the student’s bonafide research.

The scholar has fulfilled all the required norms laid down for the M. Phil regulations by the Mizoram University. The thesis has not previously formed the basis for award of any degree of this university or any other and this work is a record of the scholar’s personal effort carried out under my guidance.

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LIST OF ABBREVIATIONS

ACOA	Adult Children of Alcoholics
AIDS	Acquired Immune Deficiency Syndrome
APA	American Psychiatric Association
AUD	Alcohol Use Disorder
COA	Children of Alcoholics
CYMA	Central Young Mizo Association
DSM	Diagnostic and Statistical Manual of Mental Disorder
FGD	Focus Group Discussion
HIV	Human Immuno-deficiency Virus
KII	Key Informant Interview
MLPC	Mizoram Liquor Prohibition & Control
MLTP	Mizoram Liquor Total Prohibition
WHO	World Health Organisation

The Laundry List – 14 Traits of an Adult Child of an Alcoholic

Tony A., 1978

(Problem Statement of ACOA)

1. We became isolated and afraid of people and authority figures.
2. We became approval seekers and lost our identity in the process.
3. We are frightened by angry people and any personal criticism.
4. We either become alcoholics, marry them or both, or find another compulsive personality such as a workaholic to fulfill our sick abandonment needs.
5. We live life from the viewpoint of victims and we are attracted by that weakness in our love and friendship relationships.
6. We have an overdeveloped sense of responsibility and it is easier for us to be concerned with others rather than ourselves; this enables us not to look too closely at our own faults, etc.
7. We get guilt feelings when we stand up for ourselves instead of giving in to others.
8. We became addicted to excitement.
9. We confuse love and pity and tend to "love" people we can "pity" and "rescue."
10. We have "stuffed" our feelings from our traumatic childhoods and have lost the ability to feel or express our feelings because it hurts so much (Denial).
11. We judge ourselves harshly and have a very low sense of self-esteem.
12. We are dependent personalities who are terrified of abandonment and will do anything to hold on to a relationship in order not to experience painful abandonment feelings, which we received from living with sick people who were never there emotionally for us.
13. Alcoholism is a family disease; and we became para-alcoholics and took on the characteristics of that disease even though we did not pick up the drink.
14. Para-alcoholics are reactors rather than actors.

CHAPTER - I

INTRODUCTION

CHAPTER I

INTRODUCTION

The present study attempts to understand the psycho-social challenges of Adult Children of Alcoholics (ACOAs) in Aizawl city and probe into the coping strategies used by them.

Alcohol is associated with a wide range of social and health Studies of social work (McGarva, 1979; Isaacs and Moon, 1985). There have been multiple studies on substance abuse even in Social Work focusing on the substance abuse - the triggering factor of the abuse and the health implications of abusers. Suggestions had also been given in such studies where intervention is taken up using social work practice in order to prevent further substance abuse, the treatment of such persons consuming the abuse and also to rehabilitate such persons. However, unlike the issue of HIV/AIDS and other social problems, there are limited studies on Alcoholism especially those focusing on stigma and discrimination faced by adult children of alcoholics. Therefore, the study attempts to understand the coping strategies of ACOA and how parental alcoholism has affected their childhood experiences and how it affects their coping as an adult.

1.1 Alcoholism

The word alcohol comes from the Arabic word 'Al-Kohl' which means 'the essence'. According to the Random House Dictionary of the English Language (1966), Alcoholism is defined as 'a diseased condition due to the excessive use of alcohol beverages.

Alcohol abuse generally refers to people who do not display the characteristics of alcoholism but still have a problem with it. Alcoholism is also known as a family disease. Alcoholics may have young, teenage, or grown-up children; they have wives or husbands; they

have brothers or sisters; they have parents or other relatives. Alcoholism or alcohol dependence is defined by the American Medical Association (AMA) as “a primary, chronic disease with genetic, psychosocial and environmental factors influencing its development and manifestations.”

According to the DSM-V, a substance use disorder describes a problematic pattern of using alcohol or another substance that results in impairment in daily life or noticeable distress. Alcoholics Anonymous UK also states that there is no unique definition for alcoholism; it can best be described as a physical compulsion, together with a mental obsession.

Alcoholism is a disease condition due to the excessive use of alcohol. It was accepted by many experts and scholars that the use of alcohol not only affects the alcoholic but also the psychosocial stability of the family members especially their children. The problem of alcoholism in a family not only affects the alcoholic but also affects the growth and development of the children. Parental alcoholism also has severe effects on children such as low self-esteem, loneliness, guilt, feelings of helplessness, fears of abandonment, and chronic depression. Depression is common, as is anxiety, aggression and impulsive behavior.

There is no single, simple explanation for why some individuals develop problems with alcohol. One of the central findings of the large body of research that has examined the psychosocial causes, or etiology, of alcohol use is that there are multiple pathways to behavior that involves alcohol consumption (Cloninger et al. 1996; Sher et al. 1997; Zucker et al. 1994). Multiple biological and psychosocial factors mutually influence each other in causing alcohol abuse; it would be incorrect to view psychosocial causes as either independent from or

competing with, biological causes. Rather, alcohol use and alcoholism are best viewed as end products of a combination of bio psychosocial influences.

Alcohol is expensive and alcoholism is doubly so. Alcoholics run up exorbitant tabs in bars, restaurants, and at the ball game. Then they might lose a job due to erratic behaviour, absenteeism, or inability to perform their duties in an efficient manner and therefore have financial effects on family.

1. 2 Adult Children of Alcoholics

The term, 'Adult Children of Alcoholics' was coined in 1980 by Janet G. Woititz. It is used to describe adults who grew up in alcoholic or dysfunctional homes and who exhibit identifiable traits that reveal past abuse or neglect. (Korhonen, 2004).

The label, Adult Children of Alcoholics has been given to a self-help group, often abbreviated as ACOA which was founded in 1978 in New York by Tony A. Within the group, people with at least one alcoholic parent can meet with others for discussion, the sharing of old and current experiences, and the chance to find interpersonal support—which helps place their own individual experiences into perspective. People who join this voluntary organization are likely to be those who both feel impaired and seek help toward coping with their past and/or present problems. ACOA is based on the 12 steps and 12 traditions of AA. In 2014 there were 1,300 groups worldwide, about 780 of these in USA. While ACOA does bear similarities to other twelve-step fellowships it is a therapeutic program that emphasizes on taking care of the self and re-parenting one's own wounded inner child with love. They aimed at building oneself up, assuming personal responsibility while equivocally standing up for one's immovable right to deserve a healthful life and achieve it.

Alcoholism has a lasting impact on children. Most of the Adult Children of Alcoholics (ACOA) underestimate the effects of being raised in an alcoholic family.

Stating the problem of ACOAs, The Adult Child of Alcoholics World Service Organization, USA describes common characteristics as a result of being brought up in an alcoholic or dysfunctional household. They feel isolated and uneasy with other people, especially authority figures. To protect themselves, they became people-pleasers, even though they may lose their own identities in the process. They either became alcoholics (or practiced other addictive behavior) themselves, or married them, or both. Failing that, they found other compulsive personalities and live life from the standpoint of victims. Having an overdeveloped sense of responsibility, they prefer to be concerned with others rather than themselves. They develop guilt feelings and became reactors, rather than actors, letting others take the initiative. They become dependent personalities, terrified of abandonment, willing to do almost anything to hold on to a relationship in order not to be abandoned emotionally. They keep choosing insecure relationships because they matched their childhood relationship with alcoholic or dysfunctional parents. These symptoms of the family disease of alcoholism or other dysfunction makes ACOAs "co-victims", those who take on the characteristics of the disease without necessarily ever taking a drink. They learn to keep their feelings down as children and kept them buried as adults. As a result of this conditioning, they confuse love with pity, tending to love those they could rescue. Even more self-defeating, they became addicted to excitement in all our affairs, preferring constant upset to workable relationships.

Alcoholism is a highly stigmatized condition, with both alcohol-dependent individuals and family members of the afflicted experiencing stigmatization. In a study, discrimination stigma, disclosure stigma, and positive aspect stigma were considered. The three types of stigma

predicted depressive symptoms, self-esteem, and resilience for both male and female adult children of alcoholics. In addition, people prefer greater social distance between themselves and alcoholics than between themselves and people with mental illness (Crisp et al., 2005; Cadoret et al. 1995). The negative social perceptions of alcoholics likely contribute to feelings of stigma (Room, 2005). Not only does stigma affect the afflicted individual, but also members of his or her family (WHO, 2014).

Children of parents with an alcohol dependency may be reluctant to discuss a parent's alcoholism with others if they feel pressured to keep it a secret or to avoid negative stereotypes (Afifi & Olson, 2005; Burk & Sher, 1990; Caughlin & Petronio, 2004; Lam & O'Farrell, 2011). Thus, the stigma of a parent's alcoholism may prevent children from addressing concerns and coping with their surroundings.

Alcoholism runs in families. Children of alcoholics run a higher risk of developing alcoholism than other children. Adult children of alcoholics also tend to marry alcoholics. Although they may not be aware of it at the time, a pattern is being created. Adult children of alcoholics tend to adopt roles within their families in an effort to cope with the everyday dysfunction. Adult children of alcoholics learn to minimize and ignore their feelings as emotions and feelings are perceived as being wrong and bad. They often see things in black and white terms and engage in all or nothing thinking. They may suffer from dissociation which provides them with an emotional anesthetic. They can learn to separate themselves from the reality of what is going on in the family. Such adult children may be adrenaline junkies, creating crisis after crisis to survive. They may also take on responsibility for everything that is going on. (Woititz, 1983; Wegschieder, 1981; Gravitz and Bowden, 1985).

1.3 Coping

Coping can be understood as the process of spending mental, conscious energy on dealing with personal and interpersonal problems. In the case of stress, coping mechanisms seeks to master, minimize or tolerate stress and stressors that occur in life. These mechanisms are commonly called coping strategies or coping skills. The three most common strategies of coping are appraisal-focused strategies, problem-focused strategies and emotion-focused strategies. Apart from these, psychologists have given positive (adaptive) and negative (maladaptive) coping strategies.

Lazarus and Folkman (1984), define coping as constantly changing cognitive and behavioural efforts to manage specific external and or internal demands that are appraised as taxing or exceeding the resource of the person.

The term stigma refers to problems of knowledge (ignorance), attitudes (prejudice) and behaviour (discrimination) (The British Journal of Psychiatry, 2007). Stigmatization may have a direct detrimental influence on mental and physical health stemming from exposure to chronic stress including experiences of discrimination (Krieger, 1999; Minior *et al* 2003 ; Young 2005). Rejection by others and expectations of rejection may cause chronic stress and may lead to coping approaches that involve withdrawal and isolation, further harming mental wellbeing (Ahern, Stuber, Galea 1997; Fishbein, Hyde, Coe, and Paschall, 2004).

1.4 Alcoholism in Mizoram

It is not known when the Mizos started using Zu (alcohol). They fermented rice and drank beer made from corn or millets. Zu played an important role in many phases of the life of the Mizos (Lalthangliana, 1998, 2005). Zu was used and consumed in sacrificial ceremonies,

marriage ceremonies, festive occasions like Mim kut and Chapchar Kut, condoling and consoling bereaved families, and in celebration of a successful hunt (Thangchhuah). The drinking customs were good, proper and beautiful (Lalthangliana, 2005; Sangkima, 2004).

Mizoram Presbyterian Church Assembly (Synod, 1945) had made a press release based on Biblical teachings with regard to Mizo Christianity and alcohol. The Central Young Mizo Association (CYMA), along with the Synod Social Front conducted a study to understand the effects of Zu – and found that within the 265 YMA branches in Mizoram, there were 730 alcoholics, 7995 alcohol users, 971 alcohol sellers and 537 suspects to be sellers. In addition, Synod Social Front had a study on widows in 20 Pastoral Area and found that in 19 areas, there were 1419 widows out of which 65 were widowed due to alcohol. This gave rise to the need for total prohibition in Mizoram.

Besides these, the rate of adultery, sex workers, suicide, accidents, corruption, marital breakdown and many others were rising. It was accepted that the insecurity in society, the increasing number of widows and orphans were due to alcohol. It hampers the dignity of the alcoholic and family members, lack of self-control in sexual contacts which leads to spread of HIV/AIDS, family breakdown, poverty, loss of assets and deterioration of the spiritual and emotional well being of individuals who were affected. Therefore, with much debate in society, the MLTP Act was implemented in 1995.

However, even after decades of implementing the MLTP Act, there were still people who sold and brewed alcohol illegally. Therefore, the Government, in looking forward to the consumption of fine alcohol and for the economic profit of the State, the MLPC Act was implemented in 2014 with a restriction in terms of purchasing and consumption of alcohol.

2 Overview of Literature

Consumption of alcohol among the Mizos is part of Mizo culture (Mc Call, 2003; Sailo & Pachuau 2015; Varte, 2012). The home environment of children with alcohol abusing parents are generally less cohesive, have more conflict, attract more cohesive attention, less expressive and less organized, are less expressive, and are less organized (Garbarino and Strange, 1993; Havey and Dodd, 1995; Yeatman, Bogart, Geer and Sirrige, 1994). Research has shown the importance of family environment for helping children learn how to regulate their behaviour appropriately in response to experiences and situations.

The literature on ACOA tends to stress on the negative outcomes experienced by many of these children such as an increased risk for alcoholism, depression and other psychological impacts that can harm the growth of a child (Black, Bucky & Wilder-Padilla 1986; Booz-Allen & Hamilton, 1974; Cotton, 1979; Gravitz & Bowden, 1985; Hesselbrock, Stabenau, Hesselbrock, Meyer & Babor, 1982). Besides, there is growing evidence that a notable subgroup of COAs are well adjusted as adults (Berkowitz & Perkins, 1988; Burk, 1985; El-Guebaly & Offord, 1977; Steinglass, Bennett, Wolin, & Reiss, 1987; Werner, 1986)

A group at particular risk for greater substance use and problematic squeal during young adulthood is children of alcoholic parents. During adolescence, greater stress partly accounts for elevated rates of alcohol and drug use for this group, suggesting the potential for an etiological role of stress in early phases of substance use (Chassin, Curran, Hussong, & Colder, 1996). ACOAs may have slightly more difficulty regulating behaviour (Coleman, 1994; Finn & Hall, 2004; Phil et al., 1990; Ross, 2001).

Self-esteem ratings for COAs were significantly lower in comparison to ratings for non COAs (Morey, 1999; Vanitha 2008). Domenico and Windle (1993) also observe that ACOAs reported higher levels of depression and lower levels of self-esteem. 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. Growing up in a household with alcoholic parents is likely to produce low self-esteem and low self esteem in ACOAs (Williams and Corrigan, 1992; Harter, 2000). Drucker and Greco-Vigorito (2002) observe that five separate factors related to Negative Self-concept, Acting-out. Somatic / Disturbed Symptoms, Mood, and Hopelessness and that depressive symptoms displayed by children of substance abusers are related to self-concept and externalization.

Just like non-alcoholic spouses, COAs think they can stop their alcoholic parent from drinking by hiding liquor, or by pleasing the parent with good grades in school. Children of alcoholics feel guilty for their failure to save their parents from the effects of alcohol. In family where alcoholism is present, there may be denial of the issue in order to protect the family from shame and social stigma. Alcoholism is a major factor of premature widowhood as well as one of the major reasons for divorce. Denial is an essential problem for alcoholics and family members (Wegscheider, Silverstein, Berger, 1993; Cadoret et al. 1995).

Members of alcoholic's families very often become co-dependent. A family that has developed co-dependent relationships may be in need of counselling and or treatment sometimes equal to the needs of the dependent family member (Wekesser, 1994).

According to WHO (2010), alcohol control strategies for each nation and each community in order to re-evaluate its alcohol control policies in light of current evidence is

required. As compared to non ACOAs, ACOAs reported more symptoms of depressive mood (Klosterman, 2011; Domenico and Windle, 1993)

3 Theoretical Perspective

A theory is an explanation of certain events or phenomenon. It either acts as a framework for understanding a phenomenon in society or as a source of hypothesis. The present study uses theory for understanding the challenges and coping strategies of ACOAs. The Study applies Urie Bronfenbrenner's Ecological Systems perspective to understand the dynamics of the life of an adult child of an alcoholic in Aizawl city. The perspective draws attention to the factors contributing to a child's development and how the various systems that affects his/her personality even as an adult. The perspective is discussed as follows:

3.1 The Ecological Systems Perspective

Urie Bronfenbrenner's Ecosystems theory looks at a child's development within the context of the system of relationships that form his or her environment. The theory defines complex layers of environment- the microsystem, the mesosystem, exosystem, macro system and chronosystem, each having an effect on a child's development. The interaction between the primary environment and his immediate family as well as the societal landscape fuels and steers his development. Changes or conflict in any one layer will ripple throughout other layers.

The microsystem is the layer closest to the child and contains the structures with which the child has direct contact. It encompasses the relationships and interactions that a child has with her immediate surroundings (Berk, 2000). At this level, relationships have impact on the Child's behaviour and beliefs.

The mesosystem layer provides the connection between the structures of the child's microsystem. The exosystem layer defines the larger social system in which the child does not function directly. The structures in this layer impact the child's development by interacting with some structure in his/her microsystem (Berk, 2000). The child may not be directly involved at this level, but he/she feels the positive or negative force involved with the interaction with his own system. The macrosystem may be considered the outermost layer in the child's environment. This layer is comprised of cultural values, customs, and laws (Berk, 2000). The effects of larger principles defined by the macrosystem have a cascading influence throughout the interactions of all other layers. The chronosystem encompasses the dimension of time as it relates to a child's environments. As children get older, they may react differently to environmental changes and may be more able to determine more how that change will influence them.

The problem of alcoholism in a family not only affects the alcoholic but also affects the growth and development of the children. Parental alcoholism also has severe effects on children having common symptoms such as low self-esteem, loneliness, guilt, feelings of helplessness, fears of abandonment, and chronic depression. Depression is common, as is anxiety, aggression and impulsive behaviour. Adult children of alcoholics continue having a negative self-image, which causes them to make poor choices and accumulate failures in their work, social and family lives. Parental alcoholism has severe effects on normal children of alcoholics (Berger, 1993, in child abuse features even more prominently (Oliver, 1985). Studies of children into local authority care have found that parental problems are the single most important factor (Strathclyde Council, 1981; Newcastle City).

4 Statement of the Problem

Alcohol had been a part of the Mizo society since time immemorial. Its presence has negative impacts in the functioning of the Mizo family. Alcoholism not only affects the individual physically and psychologically but it has adverse and multiple negative impact on the family of the alcoholic. Children growing up with alcoholic parent(s) have been found to have lower self esteem, depression, shyness, loneliness, guilt, behavioural problems and face stigma and discrimination in society. They also face psycho-social problems, and are more likely to become alcoholics themselves. Therefore, the present study seeks to explore the stigma and discrimination faced by ACOAs within Aizawl. By applying the Eco Systems perspective, the study will probe into the challenges faced by ACOAs during their childhood as well as their coping behaviour and functioning as adults.

Through the study, social workers will be able to practice, gather and impart knowledge and information on Social Work with Families, Social Work with Children and Social Work with Substance Abusers. The ecological systems perspective will help in understanding that an Alcoholic or the family members cannot be isolated from the family nor the family from the Alcoholic. Besides, the goal of social work is to enhance human functioning so that they can reach their maximum potential.

5 Objectives

The following are the objectives of the Study:

1. To understand the perception of the influence of parental alcoholism on ACOAs.
2. To understand the stigma and discrimination faced by Adult Children of Alcoholics.
3. To identify and understand the psycho social challenges faced by the ACOAs.
4. To understand the coping strategies used by adult children of alcoholics.
5. To suggest measures for social work intervention with ACOAs.

6 Chapter Scheme

The Study is organized into five chapters. The first chapter is an introduction to the concepts of Alcoholism, Adult Children of Alcoholics (ACOAs) and Coping. It also discusses the issues related to parental alcoholism and presents the statement of the problem and objectives of the study. The Chapter also presents the theoretical perspective applied to the study.

The second chapter is devoted to reviewing relevant literature which has been divided into four sections. It deals with studies on Alcoholism, Issues and Challenges of ACOAs, Studies on Family of ACOAs, Coping Strategies and Interventions for ACOAs.

Methodological aspects of the study are discussed in the third chapter. It includes the research design comprising of sampling, methods of data collection and tools of data analysis along with limitations of the study.

The fourth chapter includes a discussion of findings on demographic profile of respondents, the experiences of ACOAs, impact of parental alcoholism on the behaviour of respondents, and the perspectives of ACOAs towards alcohol. It also presents the results of key informant interviews with medical practitioners working with alcoholics and church leaders. Interviews with individual children of alcoholics are presented in the form of case studies and analyzed to better understand their challenges and coping strategies.

The conclusion and suggestions for intervention are presented in the fifth and final chapter.

CHAPTER - II

REVIEW OF LITERATURE

CHAPTER II

REVIEW OF LITERATURE

A review of literature is a 'systematic, explicit and reproducible method for identifying, evaluating, and synthesizing the existing body of completed and recorded work produced by researchers, scholars and practitioners' (Arlene Fink, 2005). A review of literature is essential in conducting a study to understand the theoretical background and findings by different experts.

2.1 Studies on Alcoholism

According to Christian Nordqvist (2015), an alcoholic is a person and alcoholism is the illness. An alcoholic suffers from alcoholism which is a long term (chronic) disease. An alcoholic is a person who suffers from alcoholism, having a distinct physical desire to consume alcohol beyond their capacity to control it, regardless of all rules to control it.

According to Silverstein (1990), alcoholics can be of any age, background, income level, social, or ethnic group. Very often alcoholism affects highly educated people. Several studies even showed that people who lack motivation are less likely to become addicted to alcohol than highly motivated individuals.

According to Ackerman (1986), Alcoholism is also known as a family disease because all person living in the family are affected. Alcoholics have wives or husbands, they may also have young, teenage, or grown-up children, they have their brothers or sisters, their parents and other relatives. An alcohol can totally disrupt family life and cause harmful effects that can last a lifetime.

R. Rozuala (1995) mentioned the observation of alcoholics in Aizawl as 'They consumed alcohol and at the same time stigmatize their fellow alcoholics'.

According to U. S. Department of Health and Human Services and SAMHSA's (Substance Abuse & Mental Health Services Administration) National Clearinghouse for Alcohol and Drug Information, seventy six million American adults have been exposed to alcoholism in the family. Alcoholism is responsible for more family problems than any other single cause.

According to Silverstein (1990), one of every four families has problems with alcohol.

The American Medical Association (AMA) characterized Alcoholism as

1. A prolonged period of frequent, heavy alcohol use
2. The inability to control drinking once it had begun
3. Physical dependence manifested by withdrawal symptoms when the individual stops using alcohol
4. Tolerance or the need to use more and more alcohol to achieve the same effects
5. A variety of social and/or legal problems arising from alcohol use.

According to the National Council on Alcoholism and Drug Dependence, about 5000 babies are born each year with severe damage caused by FAS; another 35000 babies are born with more mild forms of FAS. A baby with Fetal Alcohol Syndrome (FAS) may be given birth if a woman consumes alcohol during her pregnancy. One of the three top known causes of birth defects is Fetal Alcohol Syndrome.

Parental alcoholism may affect the fetus even before a child is born. In pregnant women, alcohol is carried to all of the mother's organs and tissues, including the placenta, where it easily crosses through the membrane separating the maternal and fetal blood systems. When a pregnant woman drinks an alcoholic beverage, the concentration of alcohol in her unborn baby's bloodstream is the same level as her own. A pregnant woman who consumes alcohol during her

pregnancy may give birth to a baby with Fetal Alcohol Syndrome (FAS) (Berger, 1993; National Health Services, UK, 2017).

According to Dr. C. Lalhrekima (2017), Alcohol consumption may have negative health impact upon the alcoholic. The following 13 illnesses are the major alcohol effects on a person- Anaemia; Cancer; Heart attack and stroke; Cirrhosis; Dementia; Depression; Epilepsy; Gout; High blood pressure; Infectious diseases such as tuberculosis, whooping cough; Alcohol Neuropathy; Pancreatitis; Stomach ulcers.

2.2 Studies on ACOA

According to Hope Trust, ACOA is considered as Post Traumatic Stress Disorder (PTSD). The natural feelings of intense closeness and dependency that are a part of living in a family can become potential triggers for the ACOA. Long after they have left home, gotten jobs, married and had children, their unresolved pain from childhood still lives inside of them, waiting to be triggered to the surface through events that mirror the situations that hurt them to begin with.

A study in India (Stanley & Vanitha 2008) reveals that majority of COAs have lower levels of self-esteem and experienced adjustment issues than non COAs. The two groups of respondents were matched on key socio-demographic variables and the alcoholism of the father of the study group was a major differentiating factor between the two. The data of this study indicates that the stressful and vitiated domestic environment prevalent in alcohol complicated familial relationships is responsible for the low self-esteem and deficient adjustment seen in adolescent children of alcoholics. There is hence an imperative need for therapeutic intervention with this population. The need of the hour is to develop programs 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.

The low self-esteem scores obtained by the study group respondents according to Mac Kinnon (1981), indicates the feeling of unhappiness, meaningless and unworthy of self and perception of self as incompetent.

Berger (1993) mentioned that adult children of alcoholics continue having a negative self-image, which causes them to make poor choices and accumulate failures in their work, social and family lives.

According to Oliver (1985), Parental alcoholism has severe effects on COAs, in child abuse features even more prominently.

Nancy & Sam Deva (2014), in their study to understand the problems of the children's family environment of Alcoholic parent found that living with a non-recovering alcoholic in the family can contribute to stress for all members of the family. Each member may be affected differently. But, all families may not react and experience the same. The level of dysfunction or resiliency of the non-alcoholic spouse is a key factor in the effects of problems impacting children. Children raised in alcoholic families have different life experiences than children raised in non-alcoholic families. A child being raised by a parent who is suffering from alcohol abuse may have a variety of conflicting emotions that need to be addressed in order to avoid future problems.

Churchill et al. (1990), found no significant relationship between parental alcoholism and self-esteem of COA.

Kelley et al. (2004) found that ACOA are more prone to having avoidant and anxious intimate or romantic relationships as compared to non ACOAs.

In a further study Kelley et al. (2005) also reported ACOA to have more anxious and avoidant behavior in romantic relationships, alongside a more fearful style of general adult attachment. These effects were partially mediated by ACOA reports of parenting behavior, they mentioned that parenting styles or attachment between child and parent may have large impact on ACOA experiences.

According to the WHO, there are at least 140 million alcoholics in the world where majority are not treated. In 2012, approximately 3.3 million deaths worldwide were due to the harmful use of alcohol (WHO, 2014).

Findings by both Klingemann, (2001); Schomerus et al., (2011) states that individuals who abuse alcohol are susceptible to a variety of negative health outcomes and display inappropriate social behaviors and further stated that perception of the society tends to characterize alcohol-dependent individuals as irresponsible and low level of self-control.

Berger, (1993); Sher et al (1991) agreed that the stressful environment at home prevents COAs from studying whereby their performance may also be affected by inability to express themselves. They often have difficulty in establishing relationships with teachers and classmates.

A United States government survey, “Exposure to Alcoholism in the Family”, shows that 30 percent of young women who didn’t complete high school had grown up in families with alcoholic parents.

Hall and Webster (2002) found that ACOA had more symptoms of personal dysfunction comparing to the non COA.

Casas-Gil and Navarro-Guzman (2002) found that the COAs compared to non COAs experiences serious problems in the areas of education, social functioning and relationship.

Sher et al. (1991) also observed that COAs have lower academic achievements and poor communication (verbal) skills comparing to non COAs.

According to Carly Rodgers (2013), it is estimated that one in every five American adults (about 18%) have lived with an alcoholic during their childhood, with an estimated 26.8 million American children being exposed to alcohol due to parental alcoholism. It was also found that ACOAs are likely to have attachment issues, psychosocial and psychological disturbances, behavioral issues, low self esteem and hopelessness.

More than 6 million, or one out of every four, U.S. children under age 18 are exposed to family alcohol abuse or alcohol dependence (Grant, 2000; Office of Applied Studies, 2002).

Kim (2002), Korean Alcohol Research Foundation [KARF] (2005), Min (1995) found that in Korea, alcoholism is also prevalent, and the lifetime rate of alcoholism has reached over 20% in adults.

According to the 2004 WHO report, Korea is the country with the second highest alcohol consumption per adult in the world and is ranked first on alcohol consumption for those aged 15 years or older among OECD (Organization for Economic Co-operation and Development) countries (Statistics Korea, 2008).

According to Wekesser (1994), Codependency may occur in members of alcoholic families. Codependency is an unconscious addiction to another person's abnormal behavior.

Heyward (2012) stated that the dynamic of parentification (making a child a 'parent') is both strong and frequent in alcoholic families. Many children of alcoholics who seek treatment in adulthood are unaware that their present distress is related to alcoholism in the family, no matter how far in the past. Most are convinced that there is inherently something wrong with

them in that they cannot seem to cope, to live in peace with their intimates, or feel fulfilled in their life's work. In some regard, they seem to feel lost.

Rizwana (2014) mentioned that ACOA due to being a child of an alcoholic, their sense of identity was affected which gave rise to certain emotional chaos. The emotions that ACOAs experienced are anger, fear, shame and insecurity. These emotions also affected the self-esteem of the ACOAs.

2.3 Families and Relationship

Brown (1988) proposed that the failure of alcoholic parents to provide a stable, consistent and nurturing environment will leave COA unable to develop secure attachments, resulting in them replicating insecure attachments styles in their adult relationships.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) reported that about 23% of current drinkers have alcoholic parents, and about 35% have alcoholic family members (NIAAA, 2006).

Kelly et al. (2006) mentioned that ACOAs have experienced more parenting issues, problems in care giving, emotional care and past unfairness in their families of origin.

Synod Social Front (1995) stated that there may be many effects of alcohol and many families had suffered due to alcohol in Aizawl. COAs suffered emotionally. The family economy face problems and the community as well are in chaos.

Harter (2000), claimed that COAs faced difficulties in family relationships, and experienced maladjustments.

Many ACOAs have problems with intimacy, because their previous experience has taught them not to trust other people. They may also think that if they will love someone, this person will hurt them in the future, just the same as their alcoholic parent did. Unfortunately,

research has shown that many ACOAs often find themselves intimately involved with someone who is an alcoholic, or in some way abusive (Wekesser, 1994).

A study by Schroedar and Kelley (2008) examined executive functioning in college aged ACOAs (n = 84) and non-ACOAAs (188). They examined whether the characteristics of the family environment and family responsibility in one's family of origin were associated with functioning above the contribution of ACOA status. ACOAs reported more difficulty regulating behavior related to executive functioning but comparable metacognitive abilities to non-ACOAAs. Family environment contributed to behavioral and metacognitive regulation above the contribution of the sample. The findings suggest that ACOAs may be at greater risk for experiencing difficulty in higher processes related to behavioral regulation. For both the ACOAs and non-ACOA college students, individual's family of origin environment appears related to higher order processes, suggesting the need for interventions aimed at improving executive functioning for vulnerable students.

2.4 Coping

According to the Encyclopedia of Drugs, Alcohol and Addictive Behavior (2001), ACOAs indicates people over the age of eighteen, who have at least one biological parent with severe and repetitive life problems with alcohol. Because of their genetic and familial relationship to an alcoholic, these people carry an increased risk of severe alcohol problems themselves (a probability of two to four times that of children of non alcoholics). It is possible that when children of alcoholics reach adolescence or adulthood, they might be slightly more likely to have problems with drugs. It has also been observed that if their childhood home has been disrupted by alcohol-related problems in either or both parents, the children may have

greater difficulties with a variety of areas of life adjustment as they mature or go off on their own.

COAs are often misdiagnosed or ignored because of socially acceptable coping styles. These survival coping mechanisms have been identified as specific role behaviours inhibiting normal development. Haugland (2003), also reported that children of alcohol abusing fathers were found to have more adjustment problems compared to a general population sample.

Menees, (2009) Cadoret et al. (1995), on their study on role of coping found that social support and family communication in explaining the self-esteem of ACOA, it was stated that there were no significant relationship between parental alcoholism and self-esteem. Social support and family communication did not moderate the relationship. Coping styles did not appear to be a moderator however, one behaviour did appear to be a vulnerability and resiliency factor for COA.

Maisto, Carrie, & Bradizza, (1999), Wills, (1986) stated that coping styles are supposed to bring direct and moderated effects on substance use and misuse.

According to National Youth Federation (2003), there are two coping strategies- The Adaptive and Maladaptive Coping Strategies.

- i) Under the adaptive strategies we have the following - Positive re-interpretation and growth, Seeking instrumental social support, Active coping, Restraint, Acceptance, Suppression of competing activities and Planning.
- ii) The Maladaptive Coping strategies have the following – Mental avoidance, Disengagement, Focusing on and venting emotions, Seeking emotional support, Alcohol or drug use and Denial.

2.5 Intervention

A study by Yang and Lee, (2005) in Korea found that stress management program helps COAs by enhancing self-esteem, alcohol sensitization, and improved their coping abilities, which therefore enhance their mental health.

According to The Arizona Inter-group (2017) the list of problems faced by ACOAs are as followed

1. Many of us found that we had several characteristics in common as a result of being brought up in an alcoholic or dysfunctional household.
2. We had come to feel isolated and uneasy with other people, especially authority figures. To protect ourselves, we became people pleasers, even though we lost our own identities in the process. All the same we would mistake any personal criticism as a threat.
3. We became alcoholics, practiced other addictive behaviors ourselves, or married them, or both. Failing that, we found other compulsive personalities, such as a workaholic, to fulfill our sick need for abandonment.
4. We lived life from the standpoint of victims. Having an over developed sense of responsibility; we preferred to be concerned with others rather than ourselves. We got guilt feelings when we trusted ourselves; instead we gave in to others. We became reactors rather than actors, letting others take the initiative.
5. We were dependent personalities, terrified of abandonment, willing to do almost anything to hold on to a relationship in order not to be abandoned emotionally. Yet we kept choosing dysfunctional relationships because they matched our childhood relationship with alcoholic or dysfunctional parents.

6. These symptoms of the family disease of alcoholism or other dysfunction made us ‘co-victims’, those who take on the characteristics of the disease without necessarily ever taking a drink. We learned to keep our feelings down as children and kept them buried as adults. As a result of this, we often confused love with pity, tending to love those we could rescue.
7. Even more self-defeating, we became addicted to excitement in all our affairs, preferring constant upset to workable solutions.

2.6 Research gaps

The following are the research gaps in the study:

1. Literatures and studies on ACOA are found mostly on International level..
2. At the National level, few studies were found on ACOAs and many studies had been carried out which focuses on Alcoholism, the consequences that the consumer faced, the spousal coping and family systems.
3. Studies on Psychosocial challenges of ACOA is scarce.
4. In Mizoram context, only a single study is found on COA.

CHAPTER - III

METHODOLOGY

CHAPTER III

METHODOLOGY

The study was conducted among Adult Children of Alcoholics (ACOAs) in Aizawl city.

The study was Exploratory in design. It was based on primary data collected through Qualitative methods and Quantitative methods. Semi Structured Interview schedule was used for ACOAs. Key Informant Interviews was conducted with ACOAs in order to have an in-depth understanding of stresses related to being an ACOA. A separate Key Informant Interviews was also conducted with experts working in the field of substance abuse rehabilitation.

Sources of data

Data was collected through qualitative and quantitative methods from respondents through snowball sampling. Primary data was collected through the interview schedule and secondary data was collected from families and experts.

Sampling

The unit of study were individual ACOAs. All ACOAs in Aizawl constitute the population of the study. Snowball sampling was used in the identification of ACOA in Aizawl.

Tools of data collection

Interview schedule was used as a tool and were administered personally by the Researcher on Adult Children Of Alcoholics.

Data processing and analysis

The data collected was processed with the help of Computer and analyzed with CSPro, SPSS Package and MS Excel.

Limitations

The following are some of the research limitations which the researcher had identified:

1. Though multiple studies had been conducted on problems of substance abuse in Aizawl, a particular study on ACOA has no been done.
2. As snowball sampling was used, there were difficulties in getting respondents as the issue is sensitive to be discussed.
3. Female respondents are less in the data collected.
4. There are unequal proportion of married and unmarried respondents as the researcher cannot choose or select respondents.
5. Literatures on ACOA are found mostly on Western context.
6. The literature mostly focused on the psychological aspects of individuals.
7. At the National level, few studies were found on ACOAs and many studies had been carried out which focuses on Alcoholism, the consequences that the consumer faced, the spousal coping and family systems.
8. Locally, studies on Alcoholism, the Acts and provisions laid down for the Alcoholic consumers are studied but material and study on ACOA is scarce.

CHAPTER – IV

RESULTS AND DISCUSSIONS

CHAPTER IV

RESULTS AND DISCUSSIONS

In this chapter, an attempt has been made to present the results of the analysis of data collected using different research methods. The findings are presented in four sections.

4.1 Profile of Respondents

The profile of respondents is presented in seven subsections viz., age and sex, marital status of the respondents, socio-economic status, educational qualification, type of family and form of family.

4.1.1 Demographic profile of the respondents

The demographic profile is a term used to describe the statistical data about characteristics of a population or respondents which comprises of age group, marital status, and educational qualification.

As can be seen from Table 4.1, the total number of respondents is 40 little more than half (57%) are male and the rest are females (42.5%). The age group was classified into Young and Middle. The Young group (below 35yrs) made up a majority (85%) of the total sample. The middle group (35-60 yrs) consisted only 15% of the total respondents where male constitutes 13% and 18% are females. The number of female respondents is less because the data was collected using snowball sampling male respondents usually refer to their male friend.

Majority (60%) of the respondents are unmarried while 30% are unmarried, 8% are divorced and only a few (3%) of the respondents are widowed. Among the unmarried respondents, 65% are male whereas females constitute 53% of the sample.

Education is a very important part of an individual's development. A United States government survey, "Exposure to Alcoholism in the Family", shows that 30 percent of young women who didn't complete high school had grown up in families with alcoholic parents. In this study, majority (45%) of the respondents has completed the HSSLC level of education followed by Under Graduates (25%), secondary level (18%), below secondary (8%) and Post Graduate (5%). The findings show that all respondents are literate but most ACOAs do not attain a high level of education (See Table 4.1). Therefore findings by Sher et al. (1991) which stated that COAs have lower academic achievements and poor communication (verbal) skills comparing to non COAs could be related to the findings in this study.

Table 4.1 Demographic profile of the respondents

Sl.No		Male n = 23	Female n = 17	Total N = 40
I	Age Group			
	Young (Below 35)	20 (87)	14 (82)	34 (85)
	Middle (35-60)	3 (13)	3 (18)	6 (15)
II	Marital Status			
	Married	6 (26)	6 (35)	12 (30)
	Unmarried	15 (65)	9 (53)	24 (60)
	Divorced	2 (9)	1 (6)	3 (8)
	Widow	0 (0)	1 (6)	1 (3)
III	Educational qualification			
	Below HSLC	3 (13)	0 (0)	3 (8)
	HSLC	3 (13)	4 (24)	7 (18)
	HSSLC	11 (48)	7 (41)	18 (45)
	UG	4 (17)	6 (35)	10 (25)
	PG	2 (9)	0 (0)	2 (5)

Table 4.2 Family characteristics

		Gender		
Sl.No		Male	Female	Total
		n = 23	n = 17	N = 40
I	Type of Family			
	Nuclear	6 (26)	7 (41)	13 (33)
	Joint	16 (70)	10 (59)	26 (65)
	Reconstituted	1 (4)	0 (0)	1 (3)
II	Form of Family			
	Stable	18 (78)	15 (88)	33 (83)
	Dysfunctional	5 (22)	2 (12)	7 (17)
III	Socio-economic Status			
	BPL	5 (21.7)	3 (17.6)	8 (20.0)
	APL	18 (78.3)	14 (82.4)	32 (80.0)

Source: Computed

Figures in parentheses are percentages

4.1.2 Family Characteristics

Family is the first and primary institution of an individual. Therefore, it is important to understand the family in which an individual was brought up. It determines the behavior and personality of an individual in many ways. As shown in Table 4.2, majority (65%) of the respondents are from a joint family, followed by those from a nuclear family (33%) while only a

small number (3%) are from reconstituted family. The reason for large number of joint family found among ACOAs could be because of parental divorce due to alcohol use. It was observed that some of the ACOAs stay with their Grandparents or Aunts and Uncles after their parents' divorce.

Conversely, the vast majority (83%) of ACOA respondents came from stable families whereas less than a fifth (17%) came from dysfunctional families. The findings that there are more ACOAs from Joint families show the strength of the Mizo family system. This shows that despite alcohol use, families tend to be resilient and stay together.

The socio-economic status of the respondents shows a huge difference. The majority (80%) of the respondents are from APL family whereas BPL constitutes only 20%. Comparing the male and female respondents, 78.3% of male respondents fall under the BPL category and 82.4% were female. Thus, it could be understood that majority of the respondents have stable economic condition despite the alcohol consumption.

Health status of alcoholic parent

Table 4.3 Health status

Sl. No	Health status	Gender		Total
		Male	Female	
		n = 23	n = 17	N = 40
I	Alcoholic parent still drinking			
	Yes	7 (30.4)	7 (41.2)	14 (35.0)
	No	16 (69.6)	10 (58.8)	26 (65.0)
II	Alcoholic Parent's Health			

	Status			
	Deceased	9 (39.1)	3 (17.6)	12 (30.0)
	Healthy	8 (34.8)	9 (52.9)	17 (42.5)
	Poor Health	6 (26.1)	5 (23.5)	11 (47.8)

Source: Computed

Figures in parentheses are percentages

Table 4.3 shows the status of present alcohol use of parent of the respondents. Sixty five percent of the respondents said that their alcoholic parent(s) has stopped alcohol consumption whereas 35% of the respondents claimed that their parent/s is/are still alcoholic. Less than a third (30%) of the ACOAs had lost their parent(s) due to alcohol while less than half of the respondents (42.5%) reported that their parents were in good health and another 47.8% reported having parents who were of ill health. A Survey by Presbyterian Church in 2017 declared that there were 1070 Alcohol deaths in 2003-2016. In 2014, out of the total Mizoram death rate, they claimed that 9.86% were due to alcohol, 17.19% in 2015 and 23.38% in 2016. In 2012, approximately 3.3 million deaths worldwide were due to the harmful use of alcohol (WHO, 2014) which supplements the findings in this study that there are certain deaths which occurs due to alcohol effects.

Table 4.4 Habits of Family members

Sl.No	Habits	Gender				Total	
		Male		Female		Mean	S.D
		Mean	S.D	Mean	S.D	Mean	S.D
I	Father						
	Alcohol	2.6	0.5	2.7	0.5	2.6	0.5
	Kuhva/Paan	2.1	0.6	1.8	0.8	2.0	0.7
	Tobacco Products	2.1	0.6	1.8	0.8	2.0	0.7
	Other substances	0.0	0.0	0.0	0.0	0.0	0.0

II	Mother						
	Kuhva/Paan	1.6	0.9	1.4	0.9	1.5	0.9
	Tobacco Products	1.4	1.0	1.4	0.9	1.4	0.9
	Alcohol	0.1	0.4	0.1	0.5	0.1	0.4
	Other substances	0.1	0.4	0.0	0.0	0.1	0.3
III	Spouse (if married)						
	Alcohol	0.3	0.7	0.7	1.1	0.4	0.9
	Other substances	0.1	0.5	0.2	0.8	0.2	0.6

Source: Computed

The habits in terms of consumption of Alcohol, Kuhva/Paan, Tobacco products and other substances by the ACOAs' father, mother and spouse was compared. From the Table 4.4, it can be seen that, there is no significant difference in the use of alcohol among the respondents' fathers (2.6), mothers (0.1) and spouses (0.4) for both male and female respondents. The same can be said for use of tobacco products as well as for paan and other substances.

Alcohol Use Disorder (AUD) among ACOAs

Table 4.5 Alcohol Use Disorder (AUD) among ACOAs

	Gender					
	Male		Female			
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Mild	4	17.39	2	11.76	6	15
Moderate	2	8.69	1	5.88	3	7.5
Severe	6	26.08	1	5.88	7	17.5
Not applicable	11	47.82	13	76.47	24	60
Total	23	100	17	100	40	100

Source: Computed

The respondents (ACOAAs) were asked to answer questions based on the Alcohol Use Disorder (AUD) Scale proposed by American Psychiatric Association in DSM-V (2013) in order to find out whether ACOAAs also suffer from the same disease as their parents. The AUD scale consists of a set of 11 (eleven) questions relating to an individual's alcohol use and experienced symptoms for the past one year. If a person answers positively to 6 or more questions, that person's alcohol consumption is considered 'severe' and could therefore be called an Alcoholic or suffering from Alcohol Use Disorder (AUD). Scores between 4 and 5 are considered to be moderate AUDs while a score of 2-3 are mild AUDs.

Table 4.5 shows that more than half (60%) of the respondents do not suffer from Alcohol Use Disorder while 40% are found to be alcoholics or suffering from AUD. Among the ACOAAs, more than a fourth of male respondents (26.08%) and 5.88% of female respondents were suffering from severe Alcohol Use Disorder. It was also found that 7.5% of the respondents were moderate users while a sixth (15%) of the respondents was found to be mild users. It can also be seen that male respondents were more for each of the categories of AUD, viz., Mild, Moderate and Severe. Supplementing the findings of The National Institute on Alcohol Abuse and Alcoholism (NIAAA) that about 23% of current drinkers in the United States have alcoholic parents (USA : NIAAA, 2006).

ACOA Experiences

Table 4.6 ACOA Experiences : Behaviour

Sl. No	ACOA Experiences Behavior	Gender				Total	
		Male		Female			
		Frequency	Percent	Frequency	Percent	Frequency	Percent
1	Loss of sleep	20	87	17	100	37	92
2	Protection of other family members	14	61	6	35	20	50
3	Hid/threw parent's alcohol	12	52	12	71	24	60
4	Constant thoughts about parent's drinking	17	74	15	88	32	80
5	Wish that parent would stop drinking	13	57	15	88	28	70
6	Withdrawal from social situations	11	48	10	59	21	53
7	Felt sick or cried due to parent's drinking	16	70	13	76	29	72
8	Took up parent's Responsibilities at home	16	70	10	59	26	65
9	Treated differently by others	13	57	9	53	22	55
10	Longing to share problems and seek help	13	57	12	71	25	62

Source: Computed

The ACOA experiences are categorized into three– the Behavioral aspect, their Perception and Relationship issues. Parental Alcoholism largely affects the behavior of an individual right from childhood. According to Carly Rodgers (2013), it is estimated that one in every five American adults (about 18%) have lived with an alcoholic during their childhood,

with an estimated 26.8 million American children being exposed to alcohol due to parental alcoholism. It was also found that ACOAs are likely to have attachment issues, psychosocial and psychological disturbances, behavioral issues, low self esteem and hopelessness.

The present study seeks to understand the kind of experiences that an ACOA faced as a child of alcoholic parent(s). As can be seen from Table 4.6, respondents' behaviours were largely governed by their parents' alcoholism. Most ACOAs (92%) had experienced loss of sleep due to parental alcoholism. While this was true for all (100%) of the female respondents, the number was lesser (87%) for male respondents. This was followed by ACOAs having constant thoughts about parent's drinking (80%), which is found more among females (88%) as compared to males (74%).

Most ACOAs also experienced having felt sick or had cried due to a parent's drinking. This was experienced by 76% of female respondents and 70% of male respondents. Taking up of adult responsibilities at home because an alcoholic parent was unable to do so, is a common experience of ACOAs (65%). This was found to be more so for male respondents (70%) as compared to females (59%).

While 71% of female respondents longed to share their problems with someone who understands and help their family, only a little more than half (57%) of the male respondents felt the same. This finding suggests that males tend to keep their hurt and feelings to themselves and females have more help-seeking behaviours.

Conversely, while a little more than half (52%) of male respondents could relate to having hid or thrown their parent's alcohol in an attempt to stop drinking, a larger number (71%) of female ACOAs reported the same.

Though ACOAs seem to have similar experiences of growing up with an alcoholic parent(s), there were some differences in male and female ACOA experiences. The experiences and behaviours of ACOAs suggest that female ACOAs experienced more emotional trauma as compared to their male counterparts such as loss of sleep, hiding parent's alcohol, constant thought about parent's alcoholism, wishing that a parent would stop drinking, withdrawing from social situations, feeling sick and crying over parents' drinking problem and in help seeking. On the other hand, more male ACOAs reported experiences of having to protect a family member from an intoxicated parent and taking up the responsibilities in lieu of an alcoholic parent at home as well as experiences of being treated differently by others because of being a child of an alcoholic.

Table 4.7 ACOA Experiences: Emotions & Perception

Sl. No	ACOA Experiences	Gender				Total	
		Male		Female		Total	
		Frequency	Percent	Frequency	Percent	Frequency	Percent
1	Parent has a drinking problem	17	74	14	82	31	77
2	Responsible for parent's alcoholism	12	52	5	29	17	43
3	Fear of parents divorce	11	48	13	76	24	60
4	Self blame for parental alcoholism	5	22	1	6	6	15
5	Unloved by alcoholic parent	7	30	4	24	11	27
6	Resent parental alcoholism	18	78	16	94	34	85
7	Worried about health of alcoholic parent	21	91	17	100	38	95
8	Thought of father as alcoholic	14	61	14	82	28	70
9	Longing for normal family	15	65	13	76	28	70
10	Thought of mother as an alcoholic	5	22	2	12	7	18
11	Felt alone	12	52	14	82	26	65
12	Felt scared	13	57	14	82	27	67
13	Nervous	12	52	15	88	27	67
14	Frustrated	13	57	16	94	29	72

Source: Computed

The experiences of ACOAs are categorized in terms of their emotions and perceptions. It was found that majority of the respondents (95%) experienced having been concerned and worried about the health of the alcoholic parent. This experience was true for 91% of the male respondents and all (100%) of the female respondents. Most ACOAs (85%) resent their parent's alcoholism which is reported to be higher among females (94%) as compared to males (78%). Many ACOAs have had felt that their parent had a drinking problem (77%) which was found to be perceived more by females (82%) as compared to males (74%).

A large number of respondents (72%) have felt frustrated because of their parent's drinking and is an experience found more among females (94%) as compared to male ACOAs (57%). More female respondents (76%) reported experiences of longing for a "normal" and better home environment as compared to males (65%). An equal number of respondents (67%) reported feelings of fear and nervousness due to parental alcoholism.

The comparison of emotions and perceptions of ACOAs indicate that growing up in an alcoholic family is frustrating and has negative effects on the emotions of children. While it is the duty of parents to take care of their children's health and security, it can be found that children of alcoholics are deprived of their childhood and concern themselves over their parent's health and well-being while they themselves experience emotions such as fear, nervousness, frustration and a longing to be a "normal" family. Feelings of frustration, insecurity and fear are found more among daughters of alcoholics. They tend to resent their parent's addictive behaviour more than males. Whereas sons of alcoholics tend to blame themselves more for their parent's addiction

and feel responsible for their parent's behaviour and have had thoughts that their parent(s) never really loved them. Haugland (2003) reported that children of alcohol abusing fathers were found to have more adjustment problems compared to general people. Besides, Menees, (2009) Cadoret et al. (1995), on their study on role of coping found that social support and family communication in explaining the self-esteem of ACOA, it was stated that there were no significant relationship between parental alcoholism and self-esteem. Social support and family communication did not moderate the relationship. Coping styles did not appear to be a moderator however, one behaviour did appear to be a vulnerability and resiliency factor for COA.

Table 4.8 ACOA Experiences: Relationship with parents and others

Sl. No	Relationship with parents and others	Gender				Total	
		Male		Female			
		Frequency	Percent	Frequency	Percent	Frequency	Percent
1	Encourage parent to quit	17	74	16	94	33	83
2	Arguments with intoxicated parent	18	78	12	71	30	75
3	Threaten to leave home	15	65	5	29	20	50
4	Physical and emotional abuse from intoxicated parent	14	61	7	41	21	52
5	Arguments between parents	16	70	10	59	26	65
6	Came in between parent's fight	11	48	6	35	17	43
7	Blamed for a parent's drinking	11	48	2	12	13	33
8	Broken promises by parents	14	61	8	47	22	55

9	Fight with siblings due to parental alcoholism	9	39	5	29	14	35
10	Avoid home	9	39	4	24	13	32

Source: Computed

ACOA experiences were further categorized into relationship with parents and others. Majority (83%) of ACOAs reported having encouraged their parent to quit drinking which is higher for females (94%) as compared to males (74%). Age number (75%) of respondents have experienced getting into an argument with an intoxicated parent which is found more among males (78%) as compared to females (71%). ACOA experiences also include witnessing and hearing arguments between their parents (65%) followed by experiences of parents breaking promises that they have kept (55%). More males (61%) feel that they have been let down by their parents by breaking a promise(s) as compared to females (22%). According to Berger (1993), Adult children of alcoholics continue having a negative self-image, which causes them to make poor choices and accumulate failures in their work, social and family lives.

Another heartbreaking experience is that more than half (52%) of ACOAs have experienced physical and emotional abuse by an intoxicated parent which is also stated by Oliver (1985) that Parental alcoholism has severe effects on COAs, in child abuse features even more prominently.

This was reportedly higher among males (61%) as compared to female respondents (21%). Half (50%) of the respondents have threatened to leave home which is found to be experienced by more males (65%) than females (29%). Experiences of having come into or dragged into a fight between their parents was reported by 43% of respondents of which 48% are male and 35% are female.

It can be seen in terms of relationship, male ACOAs have more experiences of a difficult relationship at home and with others while more daughters of alcoholics tend to try and help their alcoholic parent to quit drinking.

Table 4.9 Impact of parental alcoholism

Sl. No	Impact of parental alcoholism	Gender				Total	
		Male		Female		Total	
		Frequency	Percent	Frequency	Percent	Frequency	Percent
1	Frightened by authority	14	61	12	71	26	65
2	See themselves as a victim	15	65	14	82	29	72
3	Approval seeking from others	15	65	11	65	26	65
4	Feeling different from 'normal' people	15	65	11	65	26	65
5	Judging oneself harshly especially when things are not perfect	11	48	8	47	19	48
6	Isolation	7	30	10	59	17	42
7	Difficulty having fun	4	17	6	35	10	25
8	Frightened by angry people	6	26	10	59	16	40
9	Enjoy taking risks	13	57	12	71	25	63
10	Difficulty having intimate relationship	6	26	5	29	11	28
11	Easily give in to the demands of others	12	52	9	53	21	52
12	Need for approval by others	12	52	5	29	17	43
13	Difficulty in sharing feelings	10	43	12	71	22	55
14	Been in a relationship with alcoholic or substance abuser	6	26	8	47	14	35

15	Tend to lock oneself in a plan even if it appears to fail	8	35	12	71	20	50
16	Hold on to relationships even when they are painful	8	35	11	65	19	47
17	Tend to clean up after other people's problems	8	35	13	76	21	53

Source: Computed

Impact of Parental Alcoholism

Parental alcoholism has serious impact on the behaviour, personality and self-image of an individual. The impacts of parental alcoholism are presented in Table 4.7. A large number (72%) of ACOAs seem themselves as victims of alcoholism and this is reported by a majority (82%) of females and 65% of males. As a result of growing up in an alcoholic family, 65% of respondents are frightened by authority figures, find themselves constantly seeking the approval of others and feel that they are different or “not normal”. More females (71%) became timid and frightened of those in authority as compared to males (61%).

Many (63%) of ACOAs say that they have become risk takers and like to live on the edge as a result of parental alcoholism. This behaviour is found more among females (71%) as compared to males. More than half (55%) of respondents internalize their feelings and have difficulty in sharing their thoughts with others. This behaviour is more common among females (71%). While 52% of respondents report insecurities such as not being able to stand up for themselves and giving in to the demands of others, another half (50%) tend to lock themselves into a plan even if it appears that the plan would be a failure. This implies either rigidity and inability to adjust to the needs of the situation or an inability to come up with better solutions. This may perhaps be because of low self-esteem and the impact of having experiences of being in a bad situation for so long.

Other impacts include judging oneself harshly especially when things are not perfect (48%). This implies self-blame and the need to have things go perfectly in order to be happy since their childhood and growing up years were messy and “imperfect”.

Because ACOAs have experienced insecure relationships with a parent(s), they tend to seek for love and affection by holding on to relationships that are painful (47%), and hurt themselves more even when the relationship becomes abusive emotionally and physically. The need to change one’s mind instead of being disapproved by others (43%), a tendency to isolate oneself from others (42%), being easily frightened by angry people and loud voices (40%), engaging in a relationship with an alcoholic or substance abuser (35%), difficulty in having intimate relationships with others (28%), and difficulty in having fun (25%) are some of the other impacts of parental alcoholism on the behaviour and personality of ACOAs. However, Churchill et al. (1990), found no significant relationship between parental alcoholism and self-esteem of COA while a study in India (2008) reveals that majority of COAs have lower levels of self-esteem and experienced adjustment issues than non COAs (Study by Stanley, S. & Vanitha, C).

Table 4.10 ACOA perspectives: Attitude towards alcohol

Sl.No	ACOA Perspectives	Gender				Total	
		Male		Female		Frequency	Percent
	Attitude towards alcohol	Frequency	Percent	Frequency	Percent	Frequency	Percent
	Domain 1 – Why						
1	Overcome shyness	9	39	4	24	13	32
2	Feeling self confident	10	43	2	12	12	30
3	Feel at ease within group	4	17	4	24	8	20
4	Ease relations with opposite sex	1	4	2	12	3	8
5	To be talkative	1	4	1	6	2	5
	Domain 2 – When						
1	Deal with feelings of despair	8	35	3	18	11	28
2	When angry	7	30	3	18	10	25
3	When sad	5	22	4	24	9	23
4	When in need of relaxation	7	30	1	6	8	20

5	To escape from everyday problems	4	17	2	12	6	15
Domain 3 - Economic aspects							
1	Free alcohol-take advantage	0	0	2	12	2	5
2	Pay for alcohol-less consumption	0	0	2	12	2	5
3	Never turn down a free drink	0	0	2	12	2	5
5	Free drink-accept	2	9	0	0	2	5
3	Drink more when offered	0	0	2	12	2	5

Source: Computed

Attitude towards Alcohol: Perspective of ACOAs

The attitude of ACOAs towards alcohol was assessed using 3 (three) domains – Domain 1: Why people drink alcohol?, Domain 2: When do people drink alcohol?; and Domain 3: Economic Aspects of alcohol consumption. The attitude scale intends to bring out the attitudes of ACOAs towards alcohol even though some of them may not be Alcohol users themselves.

On the first domain, reasons for consuming alcohol include overcoming shyness, gaining self-confidence, to feel at ease within a group or social situation, ease relations with the opposite sex and to be talkative. Male respondents perceived alcohol consumption as a means to boost self- confidence (43%), followed by the need to overcome shyness (39%) and to feel at ease in group or social situations (17%). Whereas for female respondents, they perceived the main reasons of alcohol consumption to be to overcome shyness (32%), to feel at ease in groups and social situations (24%) and to boost self confidence (12%).

The second domain pertained to the instances when people consume alcohol and the occasions included to deal with feelings of despair, when angry, when sad, when in need to relax and to escape from everyday problems. Male respondents perceived that people consume alcohol

in order to deal with feelings of despair (35%), followed by when a person is angry (30%) and in order to relax (20%). Female respondents perceived that alcohol consumption takes place when one is sad (24%) and to cope with feelings of despair and when one is angry (18% each).

The third domain pertained to economic aspects of alcohol consumption such as taking advantage of free alcohol, paying for one's own alcohol would lessen consumption, the inability to turn down a free drink and tendency to drink more when it is offered. Respondent males perceived that most alcohol consumers are unable to turn down a free drink and therefore tend to consume more (9%) while their female counterparts perceived that people consumed alcohol due to all the mentioned economic reasons mentioned in this domain except for the inability to turn down a free drink.

The findings indicate that respondents scored more in the first domain followed by the second domain the scored the least in the third domain. It may be said that attitude towards alcohol pertains towards a person's inability to face social situations or lack of self esteem due to which a person consumes alcohol to boost one's self confidence especially in social or group situations. Attitude towards alcohol also related to a person's way of coping with negative situations and emotions such as despair, anger and sadness. Perception on Economic reasons for alcohol consumption was relatively less.

4.2 Case Studies

Case study method enables a researcher to closely examine the data within a specific context. In most cases, a case study method selects a small geographical area or a very limited number of individuals as the subjects of study. Case studies explore and method enables a researcher to closely examine the data within a specific context. In most cases, a case study

method selects a small geographical area or a very limited number of individuals as the subjects of study. It explores and investigate contemporary real-life phenomenon through detailed contextual analysis of a limited number of events or conditions, and their relationships.

In this section, the Interviews with ACOAs are presented in the form of Case Studies. The five Case Studies are described in the first person and analysis of each of the cases is made in order to highlight the challenges of ACOAs.

Case 1 : The abused Child of an Alcoholic

My father died in 2014 due to internal bleeding, liver cirrhosis and diabetes. He had been drinking for a long time but he eventually gave it up after the Doctors asked him to do so for health reasons in 2012. I have known that my father had been drinking since I was a child and whenever he was drunk, it used to be very hard for us. Ever since I can remember, I have seen my father drunk and beat up my mother. My mother suffered many things and she continued to suffer till the day he died. I can still remember the time when my father used to beat her up even after I became an adult. My older brother and I were his victims too on many occasions. We never sought anyone's help as it was an embarrassment and shame for our family.

I did not stay away from the Church but deep inside, I had many insecurities and doubts as some of the lessons we learnt in Sunday School made me very uncomfortable. When I was with my friends, there were many times when I could not keep up with their conversations because I am the son of an alcoholic and they came from normal families. We were the subject of people's rumors in the community as we lived in the rural area. Our village was small and word would travel around quickly which was very embarrassing. I was often teased and laughed

at by my friends and knowing that they heard my drunken father's shouts and ramblings at night, I would often be hesitant to attend school the next day. Though we were not discriminated upon, there were many times we did not want to be in certain places, even in times of community services like grave digging. Though I was a very energetic teenager, there was many times I felt embarrassed to socialize and involve in Community activities.

I used to feel very sad being the son of an alcoholic since my childhood. There are times that the past haunts me. I did not go outdoors much in my childhood because of my father, I dare not hang out with friends and even if I did, it was with limit and I would isolate myself quickly. Whenever I feel low and dejected due to my family background, due I always bow down to pray as my mother taught me.

I dropped out from school after the 12th standard and work as a wage labourer. I got married in 2014 but I did not know how to act like a father and sometimes I take silly things very seriously. I was unable to take care of my wife and children therefore we are now divorced and so is my brother. We both live with our mother which is the best for us as we do not have any problems like our childhood.

My father's death had a deep impact in my life even though he was an alcoholic, and made my childhood insecure. I often blame God for my Dad's behaviour and for the problems in our family but I try my best not to indulge in alcohol because I know its impact as my family and I have already suffered much in the past. I am 24 years of age now and I know how hard it is for those who suffer too. Among my father's six siblings, the younger three are all alcoholics, and because I know what it is to live with an alcoholic, I hate alcohol as it brings only chaos.

Analysis of the Case: The case of the abused child of an alcoholic father shows the silent suffering of ACOAs and their families. They witness domestic violence and are themselves the

victims of physical and emotional abuse. They see and hear things that no child should ever have to see, feel and hear. The community and society may not discriminate them openly, but they are stigmatized and isolate themselves from group and social activities. They carry these insecurities into adulthood and without a role model to look up to in the family especially for males, they lack the skills of raising and maintaining a family. In this particular case, the mother is a victim of an alcoholic is released from her suffering only after death of the alcoholic but only after having to nurse and take care of a man whose organs fail due to his lifelong addiction to alcohol. Even after his death, the scars that they have been inflicted with throughout the alcoholic's life still remain.

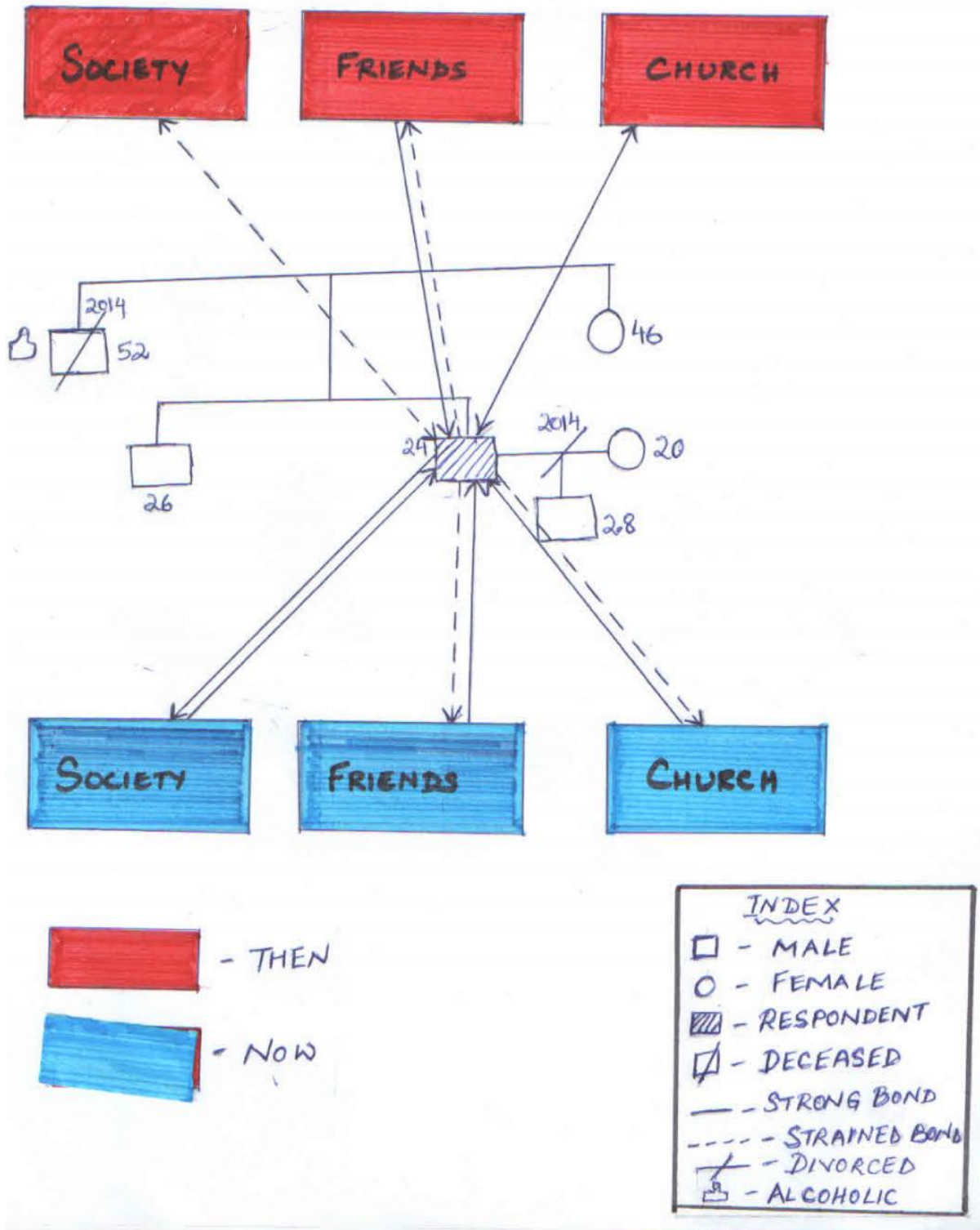


Figure 1: Eco map of the abused Child of an Alcoholic

Case 2: The helpless Child

I am 27 years of age and I am self-employed I live with my family and we are what society would call a “normal family” but I was once a child of an alcoholic. I am the eldest of five siblings. My father was an alcoholic and whenever he become drunk, he did not know right from wrong. He frequently beat my mother and though I saw my mother’s suffering, I could not do anything about it as I was still a child. All I could do was watch her with a broken heart. Our family’s relationship with my mother’s family was not very good mainly because of my father and for that reason; my mother did not have anyone to turn to. My father’s siblings were also alcoholics and they too added to our problems. Alcohol brings nothing but trouble and chaos in the family.

When I became a teenager my father’s drinking became less severe and as we entered adulthood, his torture of my mother became lesser. My father’s alcoholism gave us many heartaches and sufferings but he never stopped us from participating in the Church and community activities, and never interfered in our time with friends. However, we always have some hesitation and embarrassment deep inside; though we participate in all the activities happily, we always felt that we were different from others because we have an alcoholic father. I felt that they were discriminating us in some way but then, it could just have been my imagination.

There were many times when I was angry at my father and many times, my entire mood would be spoilt because of him. We also had many hesitations as a family in the community. As a youth, there were many times I felt very distraught and embarrassed because I have an alcoholic father. When he is drunk, he becomes talkative and does not care about other people. When I had my friends over at our house, his drunken ramblings and over openness towards

them makes me all the more embarrassed and when he was intoxicated during their visit, I used to feel very sad and ashamed of him. Because I am the daughter of an alcoholic there were many times I felt very hopeless, I cannot share my hardships with anyone so I just pray to God. I did not want to become an irresponsible person because of my family background and I often advise my siblings not to become like our father.

I have always prayed fervently so that my father will give up drinking but my prayers were answered not in the way I wanted to. In 2016, my father had a high level of fructose in his system, his liver was in a very bad condition and he had to give up drinking by all means. Even though he was not well, it is a kind of blessing for my family as he gave up drinking.

My younger siblings also have a job of their own and we are a happy family. My mother's fears and heartaches were gone and our unpleasant relationship with our relatives was eventually repaired.

Analysis of the Case: In the case of the helpless child, it is clear that ACOAs witnessed physical abuse that happened in their family. There may be some ACOAs who could not cope their parental alcoholism but this case reveals that besides their sorrows and problems, on the other hand, they have strong will and passion to be a successful person. But besides all this thoughts, ACOAs are still having trouble deep inside, they are in pain and suffering even if they do not exposed it to others. It could also be seen that there are ACOAs who happens to keep their faith in God besides all the problems they have been through. With hardworking and will to be a stronger person, there are days when they will succeed as seen in the case-the 5 siblings are having their own job and are independent financially which adds up their happiness in the family as their father stops alcohol consumption.

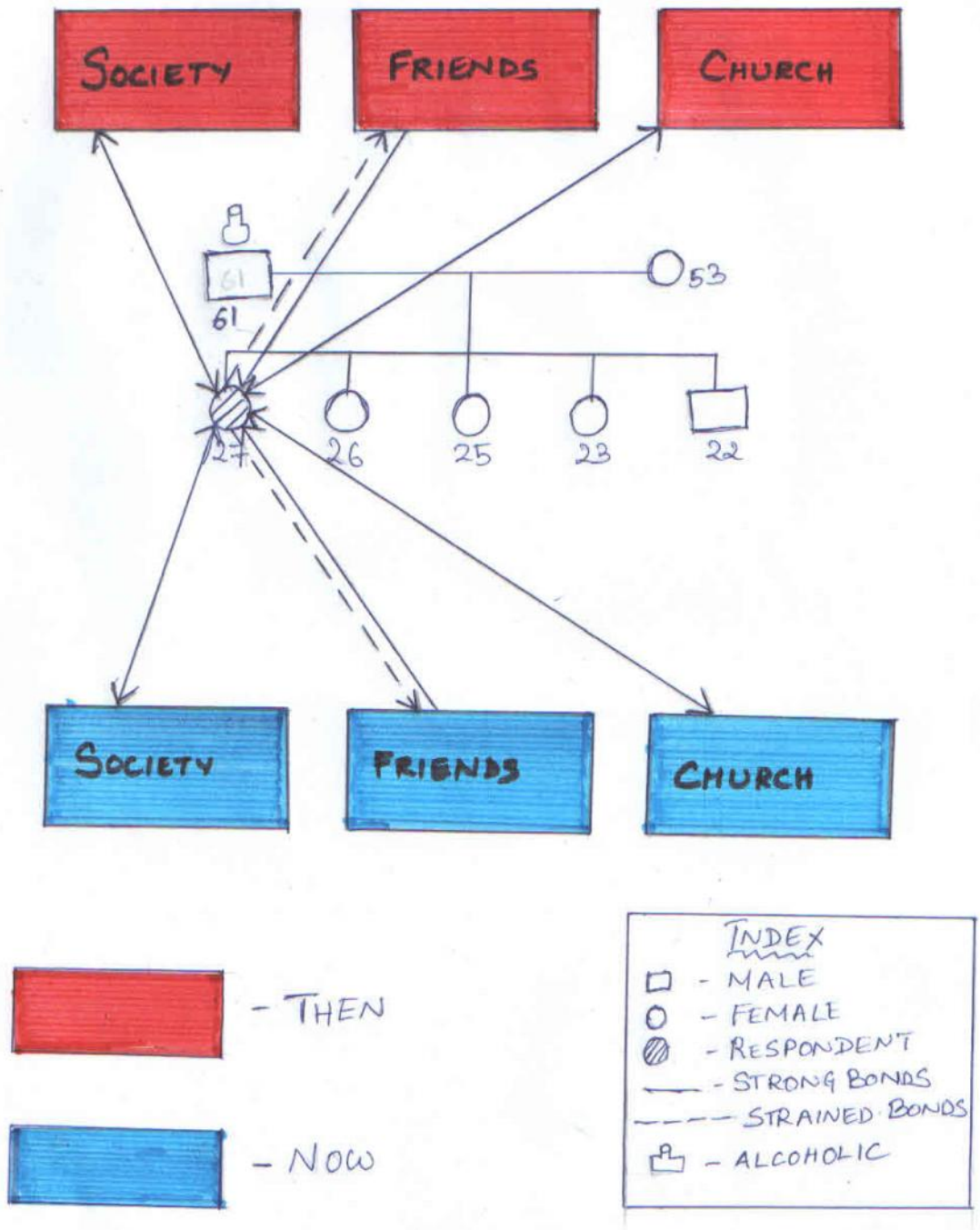


Figure 2: The Helpless Child

Case 3: The shamed Child

Seeing my father drunk ever since I was a little kid had led to many hardships in my life. I am 24 years of age now and have a younger brother. My father's alcoholism makes me embarrassed among my friends. I became introverted and I did not feel comfortable being among other people.

My father is 43 years of age and he had been drinking ever since I can remember. Even though I was a young child who likes to hang out with friends, I often feel very embarrassed of my father and we were often the subject of people's verbal torture because of his behavior. Even when I attained the age of adolescence and had physical attraction for the opposite sex, I feel ashamed to approach girls because of my family background. While my other friends were having a good time I was being pushed to the corner in shame.

While I was 18 years old, one day I saw my father passed out on the street. I cannot forget how embarrassed I was at the time and how heartbroken I was. I approached my intoxicated father lying on the ground and it was such a shame to see the people who were there too. With trembling hands, I carried him home and I felt so embarrassed that I did not want to see the light of day anymore. My father got up the next day without any guilt, acted as if nothing happened and went out of the house, while we were engulfed in shame and devastation and dared not go out on the streets.

I participate in the activities of the YMA and the Church and do not indulge in intoxicants. We lived in the village and we were poor so we migrated to Aizawl to live with my paternal uncle's family. While my father's alcoholism had destroyed us and was continuing to destroy us, my mother started drinking and indulging in drugs too. My life felt completely devastated especially since they both had extramarital affairs. The little happiness we had in our

family was entirely gone. My father's passing out on the streets became more and more frequent, my mother was always drunk and it was very difficult for me to lead my daily life. But I always pray to God that at least my brother and I would refrain from all these. I began to get used to dealing with my father passing out on the streets and my but the sounds of our family fighting and destroying furniture was another thing we had to encounter.

As I have become older, I was able to have power over my father's drunken rebel. But as we are not originally from the city, the same kind of embarrassment that I used to have as a child came back to me. The people in our locality were good and they made sure that we would not feel hesitant to participate in YMA and Church activities. My parents eventually got divorced in 2016 and we went to live with my father's brother and his family. My Uncle's family took good care of my brother and me and the kind of affection and care from them which we never got from our parents gave us hope for our future. I dropped out after the 12th standard and work as a daily wage laborer so that I can and pay for my younger brother's school fees. Sometimes I feel that people laugh and look down on us behind our back and I feel inferior when I am with friends and in other group situations. I still find it hard to participate in conversations and make friends.

Analysis of the Case: The shamed child gives us an understanding of low self esteem, shame and doubts that ACOAs have in their life. Being an ACOA since childhood, there were many times they have insecurity among peers. The intoxicated acts and the unpleasant stories which the alcoholic parent had made kept the ACOA in shame and anger in the community. Even though people approaches them, was friendly and communicates well with them, the ACOAs hesitated to be part of the larger society. Understanding their problem, ACOAs strive to make both ends meet. They wanted to have a normal life and if they could not, they still want the best for their sibling and therefore, give up their studies and make money as much as they can.

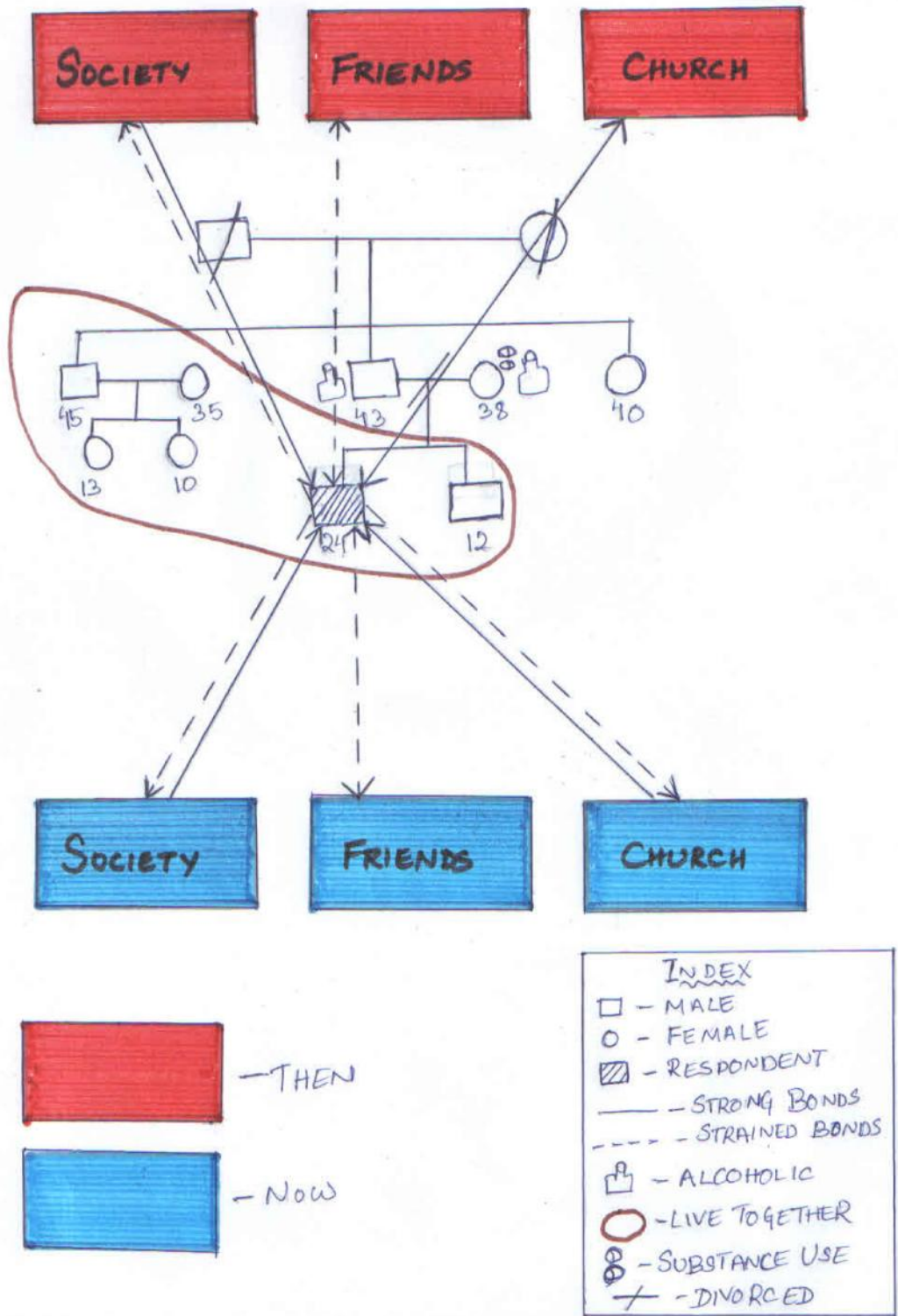


Figure 3: The shamed Child

Case 4: The Alcoholic Child of an Alcoholic

I am 22 years of age and live with my mother and my two younger siblings who are still in school. My father has been an alcoholic as long as I can remember and we used to be beside him when he drinks whether we wanted or not. Being a bus driver, he used to have plenty of time to drink and when he came home in the evening, he would beat my mother and us too. I used to feel very sorry for my mother as she is a simple housewife; my father looked down on her and considered her as nothing especially since she did not earn money.

Being the child of an alcoholic is seldom pleasant. We had to endure many shameful things and have to carry the burden of being looked down upon by others. Even though we attend Church, we used to be teased and ridiculed by our peers, which is why I have stopped attending Church. Staying alone at home is my greatest comfort now. My parents frequently separated ever since I was young because when he is drunk he beats up my mother and throws her out of the house. In the morning when he is sober, he gets her back again. I know that my mother feels cheap for the way he treats her but her love and dedication for our family keeps her from complaining about anything and she keeps holding on.

As my father was a heavy drinker, his health also quickly deteriorated and he was admitted to the hospital many times. I used to feel very happy whenever he is admitted to the hospital because there is no one to complain and create trouble at home and it would be peaceful for a while. He eventually died in 2011 in his attempt to stop drinking but his body had been too far damaged from years of alcohol intake. There was a kind of relief in our family and we felt peaceful and comfortable after his death. Though we had lost our father, it was a relief that drunken shouts and physical abuse were no longer part of our family life.

I have also become dependent on alcohol but I do not blame my father for this. Even my younger siblings also drink but our youngest cannot be labeled an alcoholic. Ever since I started drinking, I have people to call as 'friends', I am able to be among others in times of grave digging for funerals but I still do not attend Church and neither does my mother. I know that alcohol is not good but I do not know how I too have become a slave to it. I want to quit it but I do not have the strength to do so. All I know is that I do not want to end up like my father. I never pray to God but I hope that my mother's daily family prayer will one day enable me to be completely sober.

Analysis of Case: This case shows that ACOAs having understood the impacts of alcohol consumption still chooses to be an alcoholic. Witnessing and suffering physical abuse since childhood, ACOAs do not understand the need and importance of a father in their family not until he passed away. The case also reveals that there are parents who make time to drink despite their busy schedule, choose to get intoxicated rather than looking after their family. Even though the child was active and participated in churches during childhood, he now hesitated to continue such actions because he felt that people are having different perspective towards him. Besides all the problems their family had been through, it was shown that alcoholic parent makes a family insecure physically and emotionally as the child is now at peace, after the parent passed away.

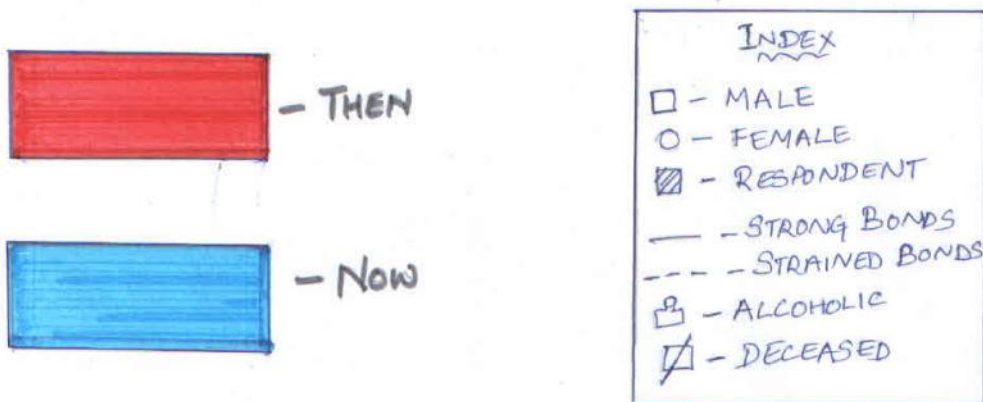
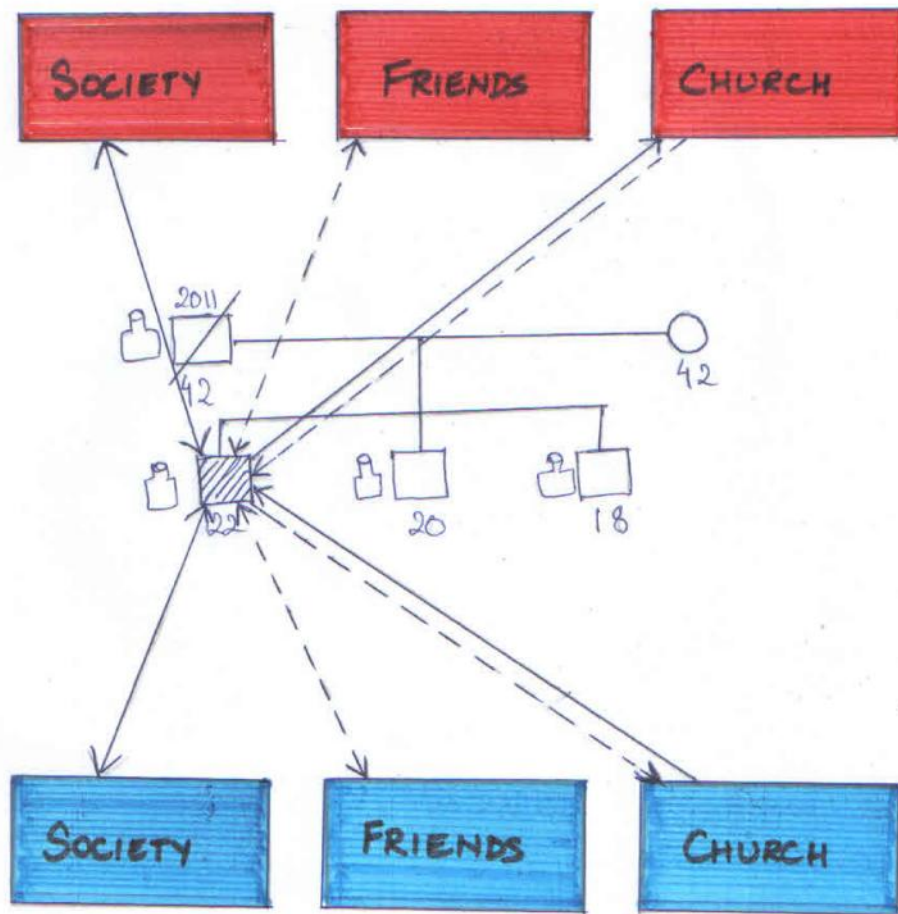


Figure 4: The Alcoholic Child of an Alcoholic

Case 5 : The alcoholic daughter married to an alcoholic

My father died in 1997 due to Lung Cancer, he was a heavy user of alcohol and tobacco. I am the middle among five children and as I have two older sisters, I seldom do the household chores at home since I was young. I have known my father as a kindhearted man and even our neighbors used to consider him as a man of good wisdom and who is always ready to help others.

Financially, our family is self-sufficient since my mother has her own business, and my father finds work in the Electric Department temporarily. It is very difficult for him to earn reliable money due to which he quit in 1987 and became a butcher, which was when he started drinking. Considering our family history, three of my father's six siblings also had issues with alcoholism and my maternal grandfather and uncles were the same.

We used to be a happy family but that happiness was completely destroyed. Our family tradition of attending the Church together and having family prayers were all stopped altogether ever since my father started drinking. The sound of praising God was now replaced with that of fights; the place of praising God was now a place of torture. Our family was in trouble and our mother and we had to endure my father's beatings. My mother's business also took the toll of it. When the father came home from his butchering work, we were always filled with dread. When I recall how he harmed the more delicate females without any hesitation, my heart aches so much.

In the earlier part of my father's indulgence with alcohol, I used to be very embarrassed and I dared not face other people. I felt that people were watching me very intently. But then we became older and even though it was hard at home, I felt happy to be among my friends even though I felt ashamed to have an alcoholic father. My mother tried her best to make us become responsible human beings, she made us study and keep us in good schools and I became a

Laboratory Technician. If it was not because of my mother's hard work and endurance, I do not think that I would be who I am today. If I were in her place, I would not be able to handle things the way she did. I look up my mother for her strength and I feel she deserves to be celebrated.

Many things are difficult for our family. My older sister got married to an alcoholic just like my father. She suffers many beatings and I feel very sorry for her. Her husband died shortly after they got married. Despite knowing the hardships of having an alcoholic for a father and a brother-in-law, I too married an alcoholic. I feel that I am destroying my own life but a person like me, a daughter of an alcoholic and a troubled family does not deserve any good person. I feel that God gave me the exact person fit with the family I came from and I completely accept it.

We had a daughter and she makes me very happy. My in-laws are very good people, they know all my past and they are always understanding and I feel my marriage to their alcoholic son makes me somehow very valuable to them. They treat me as their own daughter and I know there cannot be any family better than this for me. Alcoholics can also be very different as my husband never beat me and never creates trouble at home. As he is from a very normal family, he is always very polite and very caring towards me. He used to remind me of my father many times and I used to wonder why my father was always very cruel to us. Even though I live with an alcoholic, my life is very happy, I always start my day with a new hope and I also believe that one day God will rescue my husband from his addiction.

Analysis of Case: The alcoholic daughter married to an alcoholic gives us an understanding that there are alcoholics who started drinking after years living without it. It could be seen that once a happy family can suddenly become a doomed family. After living a normal life, the daughter became emotionally down and could not attain happiness, she became hopeless

and shameless. There was physical and emotional abuse upon the family members which was difficult to understand as there was never past incidents of abuse in the family. On the other hand, the spouse of an alcoholic can become very strong. The child's mother was one inspiration for the child, her emotional strengths leads to success of her children. Besides the father's alcoholism, children might have problem in choosing their partner. The case revealed that ACOAs somehow ended up marrying an alcoholic. But, this case showed the other side of alcoholics as her husband did not impose any abuse or problems upon the family.

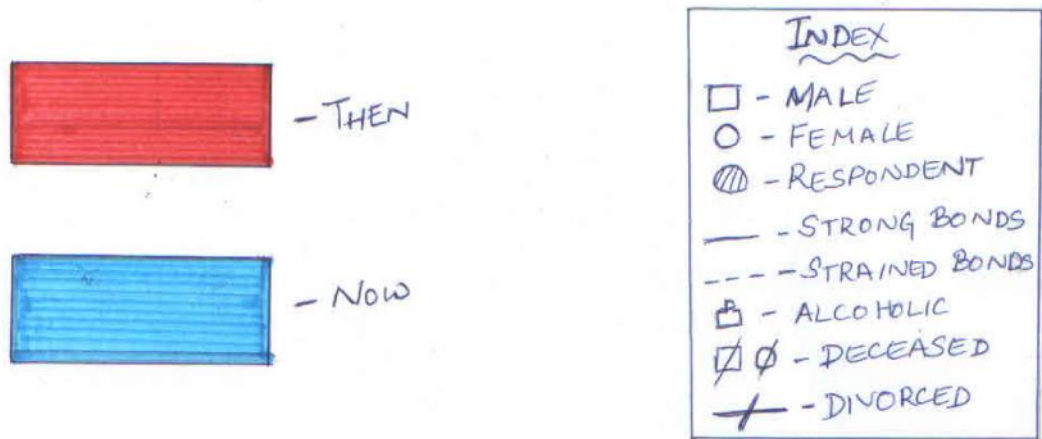
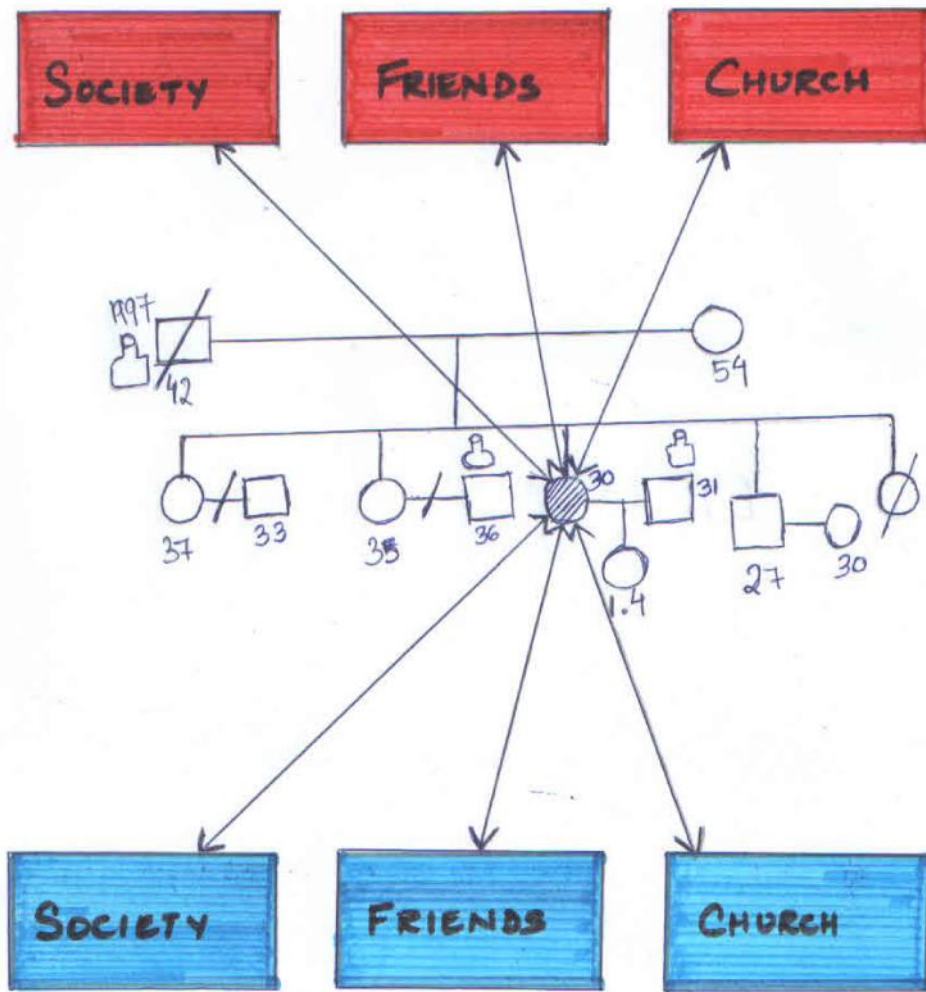


Figure 5 : The alcoholic daughter married to an alcoholic

4.3 Focus Group Discussion

Group Discussion or focus group is a means of collecting data in one go from several people(who usually share common experiences) and which concentrates on their shared meanings, whereas a focus group is a special type of group discussion with a narrowly focused topic discussed by group members of equal status who do not know one another.

In this section, the findings from the Focus Group Discussion facilitated among ACOAs are highlighted.

Topic of discussion:

1. Apart from a religious perspective, what is your view of alcohol?
2. How did you cope with your pain – as a child and an adult?

Highlights of discussion:

1. Both the group members shared their personal perspective on alcohol and alcohol consumption. Being an ACOA, they viewed alcohol as an unnecessary substance which creates problem in families.
2. Most of the group members cope their pain by praying withdrawing themselves from societal activities.
3. The group members also came up with certain experiences which they discussed together- such as- the intention of consuming alcohol which they had during their childhood.

Date: 16th Sept. 2017

Time: 02:00 pm

Place: Republic Veng

Table 4.11 : FGD among Male respondents

Sl. no	Name	Age	Marital Status	Occupation
1.	Mawia*	21	Unmarried	4 th Grade
2.	Kima*	21	Unmarried	Unemployed
3.	Puia*	26	Unmarried	Unemployed
4.	Fela*	18	Unmarried	Student
5.	Awma*	26	Unmarried	Security
6.	Hriata*	23	Unmarried	Footballer
7.	Reuben*	22	Married	Unemployed
8.	Benjamin*	29	Married	Computer Operator
9.	Samuel*	23	Divorced	Bus driver
10.	Freddy*	18	Unmarried	Student

*Names changed

Date: 04th Nov. 2017

Time: 01:00 pm

Place: Ramhlun Venglai

Table 4.12 : FGD among Female respondents

Sl. no	Name	Age	Marital Status	Occupation
1.	Mary*	27	Divorced	Teacher
2.	Baby*	40	Unmarried	Business
3.	Kimkimi*	35	Unmarried	Shop keeper
4.	Angela*	21	Unmarried	Student
5.	Hriati*	23	Unmarried	Student
6.	Mawitei*	25	Unmarried	4 th Grade
7.	Felfeli*	27	Unmarried	Home maker
8.	Miriam*	29	Married	Shop keeper
9.	Georgina*	22	Married	Unemployed
10.	Daisy*	26	Unmarried	Student

*Names changed

As mentioned, the discussion was based on the interview schedule which the respondents had already answered. A focus was given on their view on alcohol and their coping strategies.

The group discussed their view on alcohol. In this discussion, majority of the participants stands on an opinion where alcohol must be restricted through MLTP Act rather than using the MLPC Act. They believe that alcohol brings chaos in the family as well as in the society.

The participants shared their coping strategies and listed out the major points-

1. Prayer
2. Withdrawal from societal activities
3. Ignoring comments
4. Drinking alcohol

Apart from the focused points, the participants discussed and shared their experiences of being an ACOA. They shared common experiences such as shame, being laughed at, relationship issues, physical and verbal abuse in the society. The participants also shared their thoughts of being an ACOA which is that since their childhood, they had once wanted to drink alcohol as they have seen their parent drinking. They feel that alcohol tastes good and being intoxicated looks great and they seem to be confident in public.

4.4 Key Informant Interviews (KII)

Key Informant Interviews are the qualitative in-depth interviews with people who know what is going on in a specific issue. The purpose of key informant interview in this study is to probe into the experiences of church leaders and experts working in the field of rehabilitation of substance abusers and its related issues. In this section, the results of the Key Informant Interviews are described as follows:

Key Informant 1 : Dr. R.L Sanghluna, Medical Officer, Synod Hospital Durtlang

The medical practitioner Dr. R.L. Sanghluna is one of the medical practitioner in a hospital. His services and treatment are extended to substance users in the process of their detoxification, abscess treatment and rehabilitation of their psychosocial health. His intervention and services are carried out in K-Ward in Synod Hospital. He shared his experiences in working with substance abusers and their families. He mentioned that among the substance abusers they have treated, ACOAs happened to be present as well. These ACOAs have low self esteem and were not confident among the other patients. They have maximum chance of abusing alcohol and have no coping strategies. They usually blame themselves for their substance use rather than mentioning peer pressure which other abusers non ACOAs usually mentioned. Their lifestyle has changed and withdraw themselves from societal activities. The expert suggested the implementation of treatment for ACOAs in Counseling Centres no matter what the ACOA's situation may be. They have come across stigma, discrimination and many ended up being an alcoholic.

Key Informant 2: Rev. Dr. H. Vanlalruata, Professor, Counselling Department, ATC

The church leaders no doubt accepted the fact that alcohol is disturbing the Mizo society. Their stand point focuses on the MLPC Act which was implemented by the Government. They believe that the implementation of the Act leads to chaos and increase alcohol use in Mizoram. In the interview, he mentioned that he accept the challenges and discrimination faced by the ACOAs. However, he believe that ACOAs or the alcoholic parent should not get involve along with religious practices as each religion has their norms and set of rules that they might hamper the value of church. On the other hand, he also felt the needs of family counseling for alcohol users.

Key Informant 3: Mr. Walter Young, Social Worker, Substitute Families for Abandoned Children, United Kingdom

An interview with the expert mentioned the practices in their country. He accepted the fact that ACOAs and other members of alcoholic families had gone through multiple challenges as well as stigma and discrimination. He had many experiences in working with and for the COAs. They did not cater directly to the COAs but in their organization and the homes where he was employed, he found many COAs having poor coping abilities and behavioral problems. Such individuals especially in orphanage homes are given priority in extending welfare through counseling of the families. He believed that they should be looked after and given care and support as much as experts can because individuals have distinct characteristics where one person may cope with the challenges and the other person may not be able to stand firm and ended up being an alcoholic or substance users.

The Key Informant Interviews provide a wider perspective and knowledge on limitations of care and support towards ACOA. Through KII, we could understand the felt needs of experts that ACOAs are to be given care and support for their psychosocial well being. Besides the needs

and requirements of ACOA, we can see the needs for sensitization among church leaders and society as a whole. Discrimination may also come from experts or religious leaders in terms of their perception. Therefore, KII shows the need for sensitization in the Mizo society in understanding ACOAs and the challenges they faced.

CHAPTER – V

CONCLUSIONS AND SUGGESTIONS

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CONCLUSIONS AND SUGGESTIONS

The present study aims at understanding the challenges and coping strategies of ACOAs in Aizawl City. The preceding chapters presented discussion on the result of qualitative and quantitative data analysis. In this chapter, an attempt has been made to summarize the results of the findings in an integrated manner. They are presented in three sections wherein the first section is devoted to presentation of key findings while the second section presents a conclusion. The third section is focused on the implications of the study for policy, social work intervention and scope for further research.

5.1 Integrated discussion of findings

In this study, the perception of parental alcoholism could be assessed. It is found that ACOAs due to their parental alcoholism had frustration, shame, emotional insecurity and even suffered physical abuse in their homes. Due to this, ACOAs feels that they are victims of alcoholism even though they did not consume it. Secondly, ACOAs do faced stigma and discrimination throughout their life. Case studies revealed the presence of stigma and discrimination. Through the cases, it was clear that even though they participates in society and churches, there once were verbal and non-verbal discriminations in peer groups and other place of gathering. Besides, the ACOAs themselves felt insecure even if people approaches them in a positive manner. They feel that they are discriminated and different from others.

The vast majority of ACOA respondents came from stable families whereas less than a fifth came from dysfunctional families. The findings that there are more ACOAs from Joint

families show the strength of the Mizo family system. This shows that despite alcohol use, families tend to be resilient and stay together.

The socio-economic status of the respondents shows a huge difference. The majority of the respondents are from APL family whereas BPL constitutes less than half of the respondents. Comparing the male and female respondents, more than half of male respondents fall under the BPL category so is female. Thus, it could be understood that majority of the respondents have stable economic condition despite the alcohol consumption.

More than a half of the respondents said that their alcoholic parent(s) has stopped alcohol consumption whereas less than half of the respondents claimed that their parent/s is/are still alcoholic. Less than a third of the ACOAs had lost their parent(s) due to alcohol while less than half of the respondents reported that their parents were in good health and a little less than half reported having parents who were of ill health.

More than a half of the respondents do not suffer from Alcohol Use Disorder while less than a half are found to be alcoholics or suffering from AUD. Among the ACOAs, more than a fourth of male respondents and a small number of female respondents were suffering from severe Alcohol Use Disorder. It was also found that there were few moderate users while a sixth of the respondents was found to be mild users. It can also be seen that male respondents were more for each of the categories of AUD, viz., Mild, Moderate and Severe.

Though ACOAs seem to have similar experiences of growing up with an alcoholic parent(s), there were some differences in male and female ACOA experiences. The experiences and behaviours of ACOAs suggest that female ACOAs experienced more emotional trauma as compared to their male counterparts such as loss of sleep, hiding parent's alcohol, constant

thought about parent's alcoholism, wishing that a parent would stop drinking, withdrawing from social situations, feeling sick and crying over parents' drinking problem and in help seeking. On the other hand, more male ACOAs reported experiences of having to protect a family member from an intoxicated parent and taking up the responsibilities in lieu of an alcoholic parent at home as well as experiences of being treated differently by others because of being a child of an alcoholic.

The comparison of emotions and perceptions of ACOAs indicate that growing up in an alcoholic family is frustrating and has negative effects on the emotions of children. While it is the duty of parents to take care of their children's health and security, it can be found that children of alcoholics are deprived of their childhood and concern themselves over their parent's health and well-being while they themselves experience emotions such as fear, nervousness, frustration and a longing to be a "normal" family. Feelings of frustration, insecurity and fear are found more among daughters of alcoholics. They tend to resent their parent's addictive behaviour more than males. Whereas sons of alcoholics tend to blame themselves more for their parent's addiction and feel responsible for their parent's behaviour and have had thoughts that their parent(s) never really loved them.

It can be seen in terms of relationship, male ACOAs have more experiences of a difficult relationship at home and with others while more daughters of alcoholics tend to try and help their alcoholic parent to quit drinking.

Because ACOAs have experienced insecure relationships with a parent(s), they tend to seek for love and affection by holding on to relationships that are painful and hurt themselves more even when the relationship becomes abusive emotionally and physically. The need to

change one's mind instead of being disapproved by others, a tendency to isolate oneself from others, being easily frightened by angry people and loud voices, engaging in a relationship with an alcoholic or substance abuser, difficulty in having intimate relationship with others, and difficulty in having fun are some of the other impacts of parental alcoholism on the behaviour and personality of ACOAs.

In the ACOA perspectives, the findings indicate that respondents scored more in the first domain followed by the second domain the scored the least in the third domain. It may be said that attitude towards alcohol pertains towards a person's inability to face social situations or lack of self esteem due to which a person consumes alcohol to boost one's self confidence especially in social or group situations. Attitude towards alcohol also related to a person's way of coping with negative situations and emotions such as despair, anger and sadness. Perception on Economic reasons for alcohol consumption was relatively less.

The case studies and interactions from the respondents revealed that physical abuse is common in alcoholic families. The society as well, does not give space for ACOAs to get involved or it may also be due to the complex which they have because of parental alcoholism. There are certain cases where both the parents consume alcohol which increases the burden for ACOAs. The sorrows, the discrimination and the challenges they faced are doubled. Therefore, the ACOAs may have a clear understanding that the society does have negative perception towards alcoholic parent.

As the case represents, there are some ACOAs who happens to cope with the parental alcoholism by prayer and adopting introvert personalities. Besides, there also exists individuals who tends to ease their feelings and problems by drinking alcohol. It may not be because of the taste of it or may not be the kick which it gives. Mainly, as mentioned before, family is the

primary institution for a child. Therefore, the alcoholic behavior which an individual adopts can be from what he had witnessed during his or her childhood, even if the person does not blame on it. Kelley et al. (2004) mentioned that ACOA are more prone to having avoidant and anxious intimate or romantic relationships as compared to non ACOAs. This could be understood from the case studies as there are relationship breakdown due to role conflict of the ACOA.

Most ACOAs do not seek help from others. They tend to keep their problems within their boundary so that the family will not get a bad name in the society.

5.2 Conclusion

In conclusion, from the study, it appears that ACOAs faced many challenges and had unpleasant experiences as well. The home environment in which they were brought up had negative impacts in their life. Most ACOAs adopt low- self esteem among peers and in the larger society. They once went through shame, fear and abuse both within the family and outside. ACOAs have gone through marital breakdown, family chaos, relationship problems and fear of attachments, fear of people superior to them and the unconfident personalities in their life.

Many ACOAs are found to be alcoholic themselves. The poor coping strategies they have led to failure of their personal conduct. Despite all the challenges they faced, they are neglected in some way or the other. They are in need of love and affection which is absent from the alcoholic parent. Therefore, ACOAs need more attention, they need care and understanding. They might not let out all their feelings and hardships, but, deep inside, they have a feeling considering themselves as victim of abuse and alcoholism. Their perception towards people may not be acceptable in many ways. But, considering all the sorrows they had been through since childhood, ACOAs happened to have strong will in surviving among 'normal' individuals.

5.3 Suggestions

1. Family of Alcohol users are prone to stress, pain, hardships and seek help and approval from others. There may be few hospitals who took care of their welfare, provides physical and mental care by professionals. Besides this, there are many homes and camping centres that provides spiritual care to alcoholics. Most importantly, there are no care and support for families of alcohol which the need arises every year. The number of alcoholics may or may not increase but the need of their family especially their children will always be present. Therefore, it is very much important to have family counseling on such families and also focus on ACOAs for psychosocial rehabilitation.
2. Stigma and discrimination faced by ACOAs during childhood and adulthood are still very much prevalent in the Mizo society. Therefore, there is the need for awareness and sensitization to the society as a whole addressing the ACOAs and their needs for socialization.
3. The limitation of the MLPC Act could be that Mizoram have limited resource in providing care and support to alcoholics. Social policies regarding the welfare of ACOAs must be taken up in order to provide security and psychosocial stability for ACOAs.
4. As research is limited in ACOA studies, there is a scope for further research in order to have better understanding and probe into many other effects that alcoholism may bring into families.

APPENDICES

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	or getting over other after effects?		
4	Have you had wanted a drink so badly you couldn't think of anything else?		
5	Have you ever had found that drinking – or being sick from drinking – often interfered with taking care of your home or family? Or caused job troubles? Or school problems?		
6	Have you ever had continued to drink even though it was causing trouble with your family or friends?		
7	Have you ever had given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?		
8	Have you ever had more than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area or having unsafe sex)?		
9	Have you ever had continued to drink even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?		
10	Have you ever had to drink much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before?		
11	Have you ever had found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, or a seizure? Or sensed things that were not there?		

Habits of Father:

Father	Mild	Moderate	Severe
Kuhva/Paan			
Tobacco Products			
Alcohol			
Other Substances			

Habits of Mother:

Mother	Mild	Moderate	Severe
Kuhva/Paan			
Tobacco Products			
Alcohol			
Other Substances			

Habits of Spouse (if Married)

Spouse	Mild	Moderate	Severe
Alcohol			
Other Substances			

ACOA experiences

1. Have you ever thought that one of your parents had a drinking problem? Yes No
2. Have you ever lost sleep because of a parent's drinking? Yes No
3. Did you ever encourage one of your parents to quit drinking? Yes No
4. Did you ever argue or fight with a parent when he or she was drinking / intoxicated? Yes No
5. Did you ever threaten to run away from home because of a parent's drinking? Yes No
6. Has a parent ever yelled at or hit you or other family members when drinking? Yes No
7. Have you ever heard your parents fight when one of them was drunk? Yes No
8. Did you ever protect another family member from a parent who was drinking? Yes No
9. Have you ever hid or emptied a parent's bottle of liquor? Yes No
10. Do many of your thoughts revolve around a problem drinking parent or difficulties that arise because of his or her drinking? Yes No
11. Did you ever wish that a parent would stop drinking? Yes No
12. Did you ever feel responsible for or guilty about a parent's drinking? Yes No
13. Did you ever fear that your parents would get divorced due to alcohol misuse? Yes No
14. Have you ever withdrawn from and avoided outside activities and friends because of embarrassment and shame over a parent's drinking problem? Yes No
15. Did you ever feel caught in the middle of an argument or fight between a problem drinking parent and your other parent? Yes No
16. Did you ever feel that you made a parent drink alcohol? Yes No
17. Have you ever felt that a problem drinking parent did not really love you? Yes No
18. Did you ever resent a parent's drinking? Yes No

19. Have you ever worried about a parent's health because of his or her alcohol use? Yes No
20. Have you ever been blamed for a parent's drinking? Yes No
21. Did you ever think your father was / is an alcoholic? Yes No
22. Did you ever wish your home could be more like the homes of your friends who did not have a parent with a drinking problem? Yes No
23. Did a parent ever make promises to you that he or she did not keep because of drinking? Yes No
24. Did you ever think your mother was an alcoholic? Yes No
25. Did you ever wish that you could talk to someone who could understand and help the alcohol-related problems in your family? Yes No
26. Did you ever fight with your brothers and sisters about a parent's drinking? Yes No
27. Did you ever stay away from home to avoid the drinking parent or your other parent's reaction to the drinking? Yes No
28. Have you ever felt sick, cried, or had a "knot" in your stomach after worrying about a parent's drinking? Yes No
29. Did you ever take over any responsibilities at home that were usually done by a parent before he or she developed a drinking problem? Yes No
30. Did you ever face a situation in which you were treated differently because of your parent/parents' Alcoholism? Yes No
31. Have you ever felt the following because of your parent's alcoholism

	Yes	No
Alone	<input type="checkbox"/>	<input type="checkbox"/>
Scared	<input type="checkbox"/>	<input type="checkbox"/>
Nervous	<input type="checkbox"/>	<input type="checkbox"/>
Angry/Frustrated	<input type="checkbox"/>	<input type="checkbox"/>

Impact of Parental Alcoholism

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1. Do people in authority tend to frighten you? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Do you see yourself as a victim? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Do you find yourself constantly seeking approval from others? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Do you feel that you are basically different from other normal people? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Do you judge yourself harshly, especially when things aren't perfect? Yes | | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Do you have a tendency to isolate yourself from others? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Do you find that you have difficulty having fun? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. Do angry people tend to frighten you? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9. Do you enjoy being on the edge or like taking risks? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 10. Do you have difficulty having intimate relationships? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 11. Is it easier to give into the demands of others than stand up for yourself? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 12. When others disapprove of you, do you feel you need to change their mind? | | <input type="checkbox"/> | | <input type="checkbox"/> |
| No | | <input type="checkbox"/> | | <input type="checkbox"/> |
| 13. Do you have difficulty in telling others about your feelings? | Yes | | No | |
| 14. Have you ever been in a relationship with an alcoholic or substance abuser? | | <input type="checkbox"/> | | <input type="checkbox"/> |
| No | | <input type="checkbox"/> | | <input type="checkbox"/> |
| 15. Do you tend to lock yourself into a plan even if it appears it will fail? | Yes | | No | |
| 16. Do you tend to hold on to relationships even if they become painful? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 17. Do you feel that you spend a lot of time cleaning up problems of others? Yes | | | No | |
| | | <input type="checkbox"/> | | <input type="checkbox"/> |

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DEPARTMENT : SOCIAL WORK

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(ACOAs) In Aizawl, Mizoram

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COMMENCEMENT OF SECOND SEMESTER : 16th February 2017

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2. SCHOOL BOARD : 19th May 2017
3. REGISTRATION NO. & DATE : MZU/M. Phil./422 of 22.05.2017
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