

**IMPACT OF PATERNAL ALCOHOLISM
ON PSYCHO-SOCIAL FUNCTIONS OF YOUNG ADULTS IN
MANIPUR**

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**DEPARTMENT OF PSYCHOLOGY
MIZORAM UNIVERSITY**

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ON PSYCHO-SOCIAL FUNCTIONS OF YOUNG ADULTS IN
MANIPUR**

BY

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DEPARTMENT OF PSYCHOLOGY**

Submitted

**In partial fulfillment of the requirement of the degree of Doctor of
Philosophy in Psychology of Mizoram University, Aizawl.**

DECLARATION

I, Ms. Naorem Rebika Devi hereby declare that the subject matter of this thesis is the record of work done by me, that the contents of this Thesis 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 Doctor of Philosophy in Psychology.

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CERTIFICATE

This is to certify that the present research work titled, “Impact of paternal alcoholism on psycho-social functions of young adults in Manipur” is the original research work carried out by Ms. Naorem Rebika Devi under our supervision. The work done is being submitted for the award of the degree of Doctor of Philosophy in Psychology of the Mizoram University.

This is to further certify that the research conducted by Ms. Naorem Rebika Devi has not been submitted in support of an application to this or any other University or an Institute of Learning.

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Alcohol is commonly used and abused depressant. Alcoholism, also known as alcohol use disorder, is a broad term for problems with ethanol (commonly referred to as alcohol), and generally refers to alcohol addiction, which is the compulsive and uncontrolled consumption of alcoholic beverages, usually to the detriment of the drinker's health, personal relationships, and social standing. It is medically considered a disease, specifically an addictive illness. Alcohol dependence is a substance-use disorder in which an individual is physically or psychologically dependent upon drinking alcohol.

There are many terms used synonymously with alcohol misuse, including 'alcohol abuse,' 'alcohol dependence,' 'problem drinking,' 'binge drinking,' and 'risky drinking behaviour.' However, often times these phrases are not defined properly by the researchers/general public and have different connotations when being used. According to Phillips (2004), the words 'addiction,' 'abuse,' and 'dependence' are used more often in psychiatric and medical settings than phrases such as 'problem use' and 'misuse,' which are used more often when dealing with the negative psychosocial aspects of alcohol issues (Phillips, 2004).

Alcohol dependence is differentiated from alcohol abuse by the presence of symptoms such as tolerance and withdrawal. Though both the terms, alcohol dependence and alcohol abuse are sometimes referred to by the less specific term alcoholism. However, many definitions of alcoholism exist, and only some are compatible with alcohol abuse. There are two major differences between alcohol dependence and alcoholism as generally accepted by the medical community.

1. Alcohol dependence refers to an entity in which only alcohol is the involved addictive agent. Alcoholism refers to an entity in which alcohol or any cross-tolerant addictive agent is involved.
2. In alcohol dependence, reduction of alcohol, as defined within DSM-IV, can be attained by learning to control the use of alcohol. That is, a client can be offered a social learning approach that helps them to 'cope' with external pressures by re-learning their pattern of drinking alcohol. In alcoholism, patients are generally not presumed to be 'in remission' unless they are abstinent from alcohol

When looking at alcohol misuse and alcoholism in parents, Laybourn, Brown, and Hill (1996) describe four patterns of parental drinking. These drinking patterns include constant, opportunistic, nightly, binge, and routine heavy drinking.

- Constant drinking is described as daily drinking that can occur at any time during the day. Nightly drinking is also daily but limited to evenings only.
- Binge drinking is defined by bouts of drinking that last days or even weeks, where periods of sobriety intervene and get shorter as the disorder progresses.
- Lastly, routine heavy drinking revolves around a schedule, where there is a settled routine of heavy drinking either only on the weekend or only on the weekdays.

Laybourn and colleagues suggested that binge drinking behaviour is the most damaging and problematic for families because those who indulge in it take the least account for their children's routines. This differs from the nightly or routine drinkers who work to prevent their drinking from interfering with their availability to their children (Laybourn et al., 1996). Regardless of pattern of drinking style, families with parental alcohol misuse are distinguished as having poorer family functioning, a less cohesive perception of their environment, higher levels of unresolved conflict, lower levels of physical as well as verbal positive feeling expressions, and lower warmth and caring (Burke, Schmied, & Montrose, 2006).

According to the DSM-IV criteria for alcohol dependence, at least three out of the seven of the following criteria must be manifested during a 12-month period:

1. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - b. Markedly diminished effect with continued use of the same amount of the substance
2. Withdrawal, as manifested by either of the following:
 - a. The development of a substance-specific syndrome due to the cessation of (or reduction in) substance use that has been heavy and prolonged.

- b. Substance-Specific syndrome causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
 - c. The same (or closely related) substance is often taken to relieve or avoid withdrawal symptoms
3. The substance is often taken in larger amounts or over a longer period than was intended.
 4. There is a persistent desire or unsuccessful efforts to cut down or control substance use.
 5. A great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distance), use the substance (e.g., chain-smoking), or recover from its effect.
 6. Important social, occupation, or recreational activities are given up or reduced because of substance use.
 7. The substance use is continued despite knowledge of having persistent or recurrent physical or psychological problems.

According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), people drink mainly to socialize and relax (Maxwell, 2002). Alcohol's effects vary based on amount, length, and frequency of consumption. Effects of alcohol depend on age and family history of use as well. Consequences of drinking too much can include reduced inhibitions, memory problems, concentration difficulties, motor impairment, and slurred speech, to name a few. These impairments can lead to numerous complications throughout an individual's life, including risky or violent behaviour, suicide or homicide, vehicular accidents, and legal issues. Not only can alcohol use cause immediate impairments and concerns, but it can also result in higher blood pressure, strokes, cardiomyopathy, and impaired functioning of the liver and pancreas (Fuller, Jotangia, & Farrell, 2007). Misuse of alcohol can lead to cancers, especially of the mouth, throat and liver which can lead to an overall weaker immune system.

Worldwide consumption in 2010 was equal to 6.2 litres of pure alcohol consumed per person aged 15 years or older, which translates into 13.5 grams of pure alcohol per day. A quarter of this

consumption (24.8%) was unrecorded, i.e., homemade alcohol, illegally produced or sold outside normal government controls. Of total recorded alcohol consumed worldwide, 50.1% was consumed in the forms of spirits.

“Alcohol consumption is the world’s third largest risk factor for disease and disability; in middle-income countries, it is the greatest risk”. Alcoholism is a current major concern in developing and underdeveloped countries. This is now becomes a global issue in health and social problems (WHO, 2011). Alcoholism affects a person physically, emotionally, occupationally and social functioning is also often disturbed remarkably. Physically, it affects the liver, brain, and heart etc., it leads to the loss of work time, loss of a job and loss of economic & emotional stability and reduced social connectivity are often associated. Alcohol is associated cause of nearly 40 percent of all traffic fatalities in the United States (McGwin, 2005). Among the one million people killed on roads during 2000, nearly 75% occurred in developing countries of the world with nearly half of them occurring in Asia (Gururaj, 2004).

Alcoholism impacts the lives of many individuals and results in substantial societal costs - monetary as well as emotional. The emotional impact of alcoholism can be especially costly for children growing up in an alcoholic home. The very nature of many alcoholic homes increases the vulnerability of children to develop problems later as adults (Hall & Webster, 2007).

Alcohol-related harm is determined by the quantity of alcohol consumed, the pattern of drinking, and, in some cases, the quality of alcohol consumed. The excessive and harmful use of alcohol is a component cause of more than 200 disease and injury conditions in individuals, most notably alcohol dependence, liver cirrhosis, cancers and injuries.

India is the dominant producer of alcohol in the South-East Asia region (65%) and contributes to about 7% of the total alcohol beverage imports into the region (A K Mathur, 2014). WHO 2004, reports that in India, household expenditure on alcohol varies between 3% – 45 % of income. However, its real impact is on the social and family dynamics that underlie its communities. Domestic violence and exacerbation of poverty have made alcohol abuse the single most important problem for women in India. With one in three people in India falling below the poverty line, the economic consequences of expenditures on alcohol attain special significance. Besides the money spent on alcohol, a heavy drinker also suffers other adverse economic effects.

These include reduced wages (because of missed work and lowered efficiency on the job), increased medical expenses for illness and accidents, legal cost of drink-related offences, and decreased eligibility of loans (WHO, 2004).

Alcoholism in India is one of the major problems in the country. It is truly a family disease and It only affects the person but also his whole family physically, psychologically, emotionally and even spiritually. The children of the alcoholics (COAs) are negatively affected for life and often their cry goes unheard. Among them, the adolescents and young adults are the worst hit, due to the criticality of this stage of human development.

Psychosocial Factors in Alcohol Use and Alcoholism

In order to tackle the deteriorating effects of alcohol on the individual, his family, and the society at large; Alcohol use and alcoholism is studied within the context of psychosocial development throughout the life span, and research interest in applying a developmental perspective to alcohol problems is increasing.

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. 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 biopsychosocial influences (Cloninger et al. 1996; Sher et al. 1997; Zucker et al. 1994). The psychosocial approach looks at individuals at the context of the combined influence that psychological factors and the surrounding social environments have on their physical and mental wellness and their ability to function (Woodward, Kath, 2015).

Ninth Special Report to the U.S. Congress on Alcohol and Health (NIAAA, 1997) in four areas: family history of alcoholism, developmental issues, motivations, and alcohol-related cognitions (beliefs about alcohol). Studies established early developmental antecedents to alcoholism even in the preschool years in the form of deficits in self-regulation, emotional reactivity, and conduct problems (Tarter & Vanyukov, 1994; Zucker 1994).

An alcoholic family's home environment and the manner in which family members interact may contribute to the risk of the problems observed among children of alcoholics. Although alcoholic families are a heterogeneous group, some common characteristics have been identified. Families of alcoholics have lower levels of family cohesion, expressiveness, independence, and intellectual orientation and higher levels of conflict compared with non-alcoholic families (Filstead *et al.*, 1981; Moos & Billings, 1982; Moos & Moos, 1984; Clair & Genest, 1986).

By gender, evidence suggests that adult male COAs are at greater risk for developing alcohol disorders, manifesting sociopathic tendencies, and having legal issues which end them up in jail or prison (Kearns- Bodkin & Leonard, 2008; McKenna & Pickens, 1981). Additionally, research has shown that female adult COAs report overall higher levels of self-deprecation, which leads to increased risks of depression and lower self-esteem. Therefore, males tend to exhibit externalizing behaviours such as antisocial tendencies and alcohol misuse in their own lives and women tend to exhibit internalizing behaviours (McKenna & Pickens, 1981; Serec *et al.*, 2012).

Alcoholism of the parent and its negative influence on functioning of the Family

Alcoholism causes severe disturbance to the functioning of an addict, members of his family as well as society as a whole. It is a significant cause of negative problems, especially in a family environment, such as domestic violence, aggression, conduct disorder, family breakdown, conflict, emotional indifference, weakness and even breaking the social and emotional bonds between family members. The perpetrators of acts of aggression, violence, family conflicts are usually people who are under the influence of alcohol, which abuse inevitably leads to alcohol addiction. Hence, an alcohol problem does not only affect the addict, or someone who excessively uses alcohol but also members of the family functioning with this person. A person addicted to alcohol makes his closest suffering financial, social and emotional difficulties.

Living in a family with alcohol problems is very difficult, because it does not function properly. In such a family constant personal development of its members is not possible, it is closed for contacts with the environment, the relationship between the members is not based on the principles of honesty and reciprocity. For this reason, these families are called dysfunctional and even pathological, and addiction is treated as a disease of the whole family, not just the drinker.

Parents in an alcoholic family do not give sufficient support to the children, ignore them or behave towards them in an aggressive manner. The consequences of these aggressive actions are visible parental conflict, aggression, violence, these children expressed relative to peers from the local community or school.

The toxic atmosphere in families with alcohol problems is not conducive to the formation of the positive qualities of the child's personality. The child grows and is brought up in the atmosphere full of conflict, aggression, malice and internal indifference. Such a negative climate in an alcoholic family with emotional dysfunction causes the most damage and suffering of the child causing disorder, inhibition, emotional liability and disturbance of mental balance in his feelings. Often such a child cannot survive certain feelings, not to mention their expressions and keeping them in order. Emotional stiffness, indifference, withdrawal is accompanied by excessive and uncontrolled explosions of positive or negative feelings (Żyrakowska 2005).

Family in which the father or mother is engaged in continuous abuse of alcohol can be characterized by a lack of intimacy, the internal arrangements, lack of trust, limiting the dialogue, affection and love. These negative elements disrupt the functioning of the family social needs, psychological and material of its members. It also disturbed family environment internal communication system that expresses the conflict, anger and even depression. Children in such a family are often unwanted and rejected. There are situations in which parents dump the responsibility of bringing up children to the state by giving up parental rights (completely or partially). Though such a situation doesn't arise in the context of Manipur, children of alcoholic fathers' are not less affected.

It must be pointed out that excessive drinking in many cases leads to the breaking of the marriage bond. The course of family conflicts caused by alcohol abuse is often dramatic and involves the use of force not only physical but also mental. Perpetrators of domestic violence are usually people who are under the influence of alcohol, but not necessarily being alcoholics and the vast majority of the victims is also under the influence of alcohol at the time of the act of aggression. Many authors treat the connection between drinking alcohol and violence as a cause-

effect relation in which aggressive acting is a direct effect of using alcohol, and drinkers are increasing aggressiveness (Gaś 1992).

Families with an alcohol problem are exposed to breaking marriage bonds. Research shows that 38% of divorces and breakups are caused by the alcoholism of one of the parents, mostly the father (Cudak, 2010). Alcohol addiction in the family makes increasing of pathology and disorganization of family environment more likely, it is also a cause for improper care, education, socialization of children, it can deepen educational problems.

Children of alcoholic

Alcoholism of one or both parents is often the cause of social or emotional orphan-hood of children. This is due to the lack of security, care, respect and love of a parent abusing alcohol in relation to the child. Children of alcoholics may act aggressively or they may withdraw. Alcoholism affects not only the addict; it also has far-reaching effects on the entire family. Although children act and react as individuals, many children of alcoholics share some characteristics in their personalities, such as issues with stress, self-esteem, depression, anxiety and social issues. Such children, commonly manifested psychological problems like Learned Helplessness, becoming helpless and lose the hope of acting and changing what's happening to them; depression, unexpressed and unmet emotion can lead to the flat internal world – or an agitated/anxious defence against feeling internal pain. Or anger, rage and sadness that remain unmet or unexpected in a way that leads to no resolution and becomes turned inward within the self; anxiety, phobias, sleep disturbances, hyper-vigilance, hyper-reactive; emotional Constriction, numbness; distorted reasoning; loss of trust and faith due to deep ruptures in primary, dependency relationships and breakdown of an orderly world; traumatic bonding style; loss of ability to take in Caring and Support; problems with self regulation; high risk behaviors, speeding, sexual acting out, spending, fighting; disorganized inner world; survival guilt; development of rigid psychological defenses, dissociation, denial, splitting, repression, minimization, intellectualization, projection; relationship problems; desire to self medicate, attempts to quiet and control turbulent, troubled inner world through the use of drugs and alcohol or behavioral addictions (Dayton, 2000).

According to the National Association for Children of Alcoholics, out of the approximately 30 million children of alcoholics in the United States, 11 million are believed to be minors (younger than 18 years old) and the remainders (almost 20 million) are adult children. The term Adult Children of Alcoholics (ACoA) attempts to capture the shared characteristics typically found among those adults who grew up with either one or two alcoholic parents (Jones, Perera-Diltz, Sayers, Laux, & Cochrane, 2007).

Many other studies also focus into the causes of alcoholism emphasizes the links between biological and psychosocial variables rather than studying each in isolation. Researchers hypothesize, for example, that in childhood; biologically based vulnerabilities in emotional and behavioral regulation (temperament or personality) interact with poor parenting to create emotional distress and exposure to negative peer influences, both of which create risk for alcohol misuse. Finally, environment encompasses a wide range of influences, including not only family and peers, but also culture, social forces, advertising, and economics. Study found paternal alcoholism to be strongly associated with childhood stressors (for example, disrupted family rituals, embarrassment, neglect, or abuse). However, these stressors were only moderately and inconsistently related to the development of an alcohol use disorder in young adulthood (Sher et al. 1997). In both studies, the stressors only partly explained the effects of paternal alcoholism on the outcomes for children, again suggesting that other mediators must be considered. In one study, young men with a family history of alcoholism who had not yet developed drinking problems reacted less to alcohol than men from nonalcoholic families did (Schuckit & Smith 1996). The men with the lowest reactions—those in the bottom 15 percent—were more likely to be diagnosed 8 years later as having alcohol dependence. In another study, young men with a family history of alcoholism showed smaller responses as measured by an electroencephalogram (EEG) than others to a dose of alcohol (Volavka et al. 1996). Those men with smaller EEG responses were more likely to eventually develop alcohol dependence. Evidence suggests that children of alcoholics grow up in homes in which parenting and the family environment is poor (Jacob & Leonard 1994; Zucker et al. 1996). These conditions may improve when parents recover from alcoholism (Moos & Billings 1982). Moreover, the effects of parental alcoholism are not confined to parent-child interactions that involve the alcoholic parent. In families with

heavily drinking fathers, researchers have found disturbances in attachments between mothers and infant children (Eiden & Leonard 1996).

Personality:

‘Personality’ is the unique way in which each individual thinks, acts, and feels throughout life. Personality is often confused with character, which refers to value judgments made about a person’s morals or ethical behaviour; and also with temperament, the enduring characteristics with which each person is born, such as irritability or adaptability. However, both character and temperament are vital parts of the personality (Ciccarelli & Meyer, 2008).

The five-factor model of personality is a hierarchical organization of personality traits in terms of five basic dimensions: Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism. More popularly these traits are known as acronym OCEAN. The Big Five were developed in the 1970s by two research teams. These teams were led by Paul Costa and Robert R. McCrae of the National Institutes of Health and Warren Norman and Lewis Goldberg of the University of Michigan at Ann Arbor and the University of Oregon, according to Scientific American.

The Big Five are the ingredients that make up each individual's personality. A person might have a dash of openness, a lot of conscientiousness, an average amount of extraversion, plenty of agreeableness and almost no neuroticism at all. Or someone could be disagreeable, neurotic, introverted, conscientious and hardly open at all. Here's what each trait entails:

Openness

Openness is shorthand for "openness to experience." People who are high in openness enjoy the adventure. They're curious and appreciate art, imagination and new things. The motto of the open individual might be "Variety is the spice of life." Whereas, people low in openness is just the opposite: They prefer to stick to their habits, avoid new experiences and probably aren't the most

adventurous eaters. Changing personality is usually considered a tough process, but openness is a personality trait that's been shown to be subject to change in adulthood.

Conscientiousness

People who are conscientious are organized and have a strong sense of duty. They're dependable, disciplined and achievement-focused. You won't find conscientious types jetting off on round-the-world journeys with only a backpack; they're planners. Whereas, people low in conscientiousness are more spontaneous and freewheeling. They may tend toward carelessness. Conscientiousness is a helpful trait to have, as it has been linked to achievement in school and on the job.

Extraversion

Extraversion versus introversion is possibly the most recognizable personality trait of the Big Five. The more of an extravert someone is, the more of a social butterfly they are. Extraverts are chatty, sociable and draw energy from crowds. They tend to be assertive and cheerful in their social interactions. Introverts, on the other hand, need plenty of alone time, perhaps because their brains process social interaction differently. Introversion is often confused with shyness, but the two aren't the same. Shyness implies a fear of social interactions or an inability to function socially. Introverts can be perfectly charming at parties — they just prefer solo or small-group activities.

Agreeableness

Agreeableness measures the extent of a person's warmth and kindness. The more agreeable someone is, the more likely they are to be trusting, helpful and compassionate. Disagreeable people are cold and suspicious of others, and they're less likely to cooperate.

Neuroticism

People high in neuroticism worry frequently and easily slip into anxiety and depression. If all is going well, neurotic people tend to find things to worry about. In contrast, people who are low in neuroticism tend to be emotionally stable and even-keeled. Unsurprisingly, neuroticism is linked with plenty of bad health outcomes. Neurotic people die younger than the emotionally stable,

possibly because they turn to tobacco and alcohol to ease their nerves. Neuroticism individuals may amplify the direct effect of Neuroticism on the tendency to disengage, explaining why high Neuroticism individuals continue to use strategies that produce poor long-term results.

The personality characteristics of COAs have been a focus of the alcohol research community because influential theorists have speculated that much of the heritability for alcoholism is mediated by personality traits (Cloninger, 1987). Numerous cross-sectional studies (Pihl et al., 1995; Sher, 1991) indicate that antisocial, aggressive, and impulsive traits characterize the offspring of alcoholics. These same traits also appear to be those that are most associated with the development of alcoholism, suggesting that these personality characteristics might represent important mediators of the intergenerational transmission of alcoholism (Sher & Trull, 1994).

Tarter and colleagues (1993) research has shown that children of addicted parents demonstrate behavioural characteristics and a temperament style that predispose them to future maladjustment. Furthermore, Jones (1968) found that children of alcoholics have revealed some of the following traits: lack of empathy for other persons; decreased social adequacy and interpersonal adaptability; low self-esteem; and lack of control over the environment.

Personality may affect coping strategy selection directly, by constraining or facilitating the use of specific strategies, or indirectly, by influencing the nature and severity of stressors experienced or the effectiveness of coping strategies (Bolger & Zuckerman, 1995). Direct effects of personality on coping may begin in early childhood, with biologically based appetitive, defensive, and attention systems providing the framework in which coping develops (Derryberry, Reed, & Pilkenton-Taylor, 2003). By facilitating an approach to rewards, withdrawal from threats, and engagement or disengagement of attention, these biological tendencies may affect coping selection throughout the lifespan. The sociability and approach underlying Extraversion may encourage support seeking, and the threat sensitivity underlying Neuroticism may trigger disengagement.

Personality may also indirectly affect coping. Because coping is motivated by stress-exposure, stress-reactivity, and situational demands, the influence of personality on the frequency, intensity, and nature of stressors experienced may partially explain relations between personality and coping. Neuroticism is associated with high rates of stress exposure and intense emotional

and physiological reactivity to stress, Agreeableness with infrequent interpersonal conflict, Conscientiousness with limited stress-exposure due to preventive efforts, and Extraversion with low stress-reactivity and positive appraisals of available coping resources (Gunthert, Cohen, & Armeli, 1999; Penley & Tomaka, 2002; Vollrath, 2001; Suls & Martin, 2005). Individuals who experience numerous stressors or high stress reactivity may disengage to tame their own unpleasant arousal, whereas individuals who experience few stressors are low in stress reactivity and generate positive appraisals may be better positioned to use engagement coping.

Finally, personality traits may influence the effectiveness of coping strategies, with strategies that are beneficial for some individuals being less effective, or even harmful, for those with different personality traits (Bolger & Zuckerman, 1995; De Longis & Holtzman, 2005). In daily report studies, support seeking and self-controlling coping have predicted increased negative effect for high Neuroticism, but decreased negative effect for low Neuroticism, individuals, and avoidance has predicted an increased negative effect for low Neuroticism, but not high Neuroticism, individuals (Bolger & Zuckerman, 1995; Gunthert et al., 1999). Although avoidance is typically associated with negative, and engagement with positive, long-term results, the short term costs and benefits of each strategy may play a powerful role in shaping future coping strategy selection. For example, the short-term, personality-related benefits of disengagement for high

Jennifer and colleague (2007), personality may directly facilitate or constrain coping, but relations of personality to coping have been inconsistent across studies, suggesting a need for greater attention to methods and samples. Personality is weakly related to broad coping (e.g., Engagement or Disengagement), but all 5 traits predicted specific strategies. Extraversion and Conscientiousness predicted more problem-solving and cognitive restructuring, Neuroticism. Neuroticism predicted problematic strategies like wishful thinking, withdrawal, and emotion-focused coping but, like Extraversion, also predicted support seeking. Personality more strongly predicted coping in young samples, stressed samples, and samples reporting dispositional rather than situation-specific coping. Daily versus retrospective coping reports and self-selected versus researcher-selected stressors also moderated relations between personality and coping. Cross-cultural differences were present, and ethnically diverse samples showed more protective effects of personality. A richer understanding of the role of personality in the coping process requires an

assessment of personality facets and specific coping strategies, use of laboratory and daily report studies, and multivariate analyses.

Adolescents who had tried drugs in the family environment may have higher Family Conflict, but low on Cohesion. Differences were found between COAs and non-COAs in respect to family structure, parent education levels, and family environment COAs were found to be significantly more likely than peers to experiment with tobacco, but not alcohol or drugs. They also had a tendency to engage more frequently in delinquent behaviour (Havey et al, 1995)

Family environment and family relationships of COAs were significantly more negative than non-COAs with COAs reporting greater family Conflict less family cohesion, less parental care and heavy reliance on escape/avoidance coping across a variety of stressful situations. It is concluded that family conflict, family cohesion, paternal care, and escape/ avoidance coping mediated the relationship between COA status and offspring outcome and were better predictors of adjustment than COA status.

Berkowitz (1986) compared personality characteristics along youthful Children of Alcoholics (COAs) and other young adults and to examine the extent to which these characteristics are gender-specific or are related to the gender of the alcoholic parent. COAs were more likely than their peers to experience self-depreciation, with greater effect in female COAs than with male COAs. Female COAs and other female peers received similar scores on all of the remaining personality scales. Male COAs rated themselves as more directive, autonomous, and In need of social support than their non-COA peers. Women with an alcoholic father were significantly more likely than women with an alcoholic mother to report depression and low self- esteem. Other personality characteristics of COAs with an alcoholic parent of either sex appear similar.

Stress:

The term 'stress' was first employed in a biological context by the endocrinologist, Hans Selye in 1930s. He broadened and popularized the concept to include inappropriate physiological response to any demand. In this usage, stress refers to a condition and stressor to the stimulus causing it. It covers a wide range of phenomenon from mild irritation to drastic dysfunction that may cause severe health breakdown. Signs of stress may be cognitive, emotional, physical or

behavioural. Signs include poor judgement, a generally negative outlook, excessive, worrying, moodiness, irritability, agitation, inability to relax, feeling lonely, isolated or depressed, aches and pains', diarrhea or constipation, nausea, dizziness, chest pain rapid heartbeat, eating too much or not enough, sleeping too much or not enough, social withdrawal, increased alcohol, nicotine or drug consumption, procrastination or neglect of responsibilities and nervous habits such as pacing about nail-biting.

Selye's view:

Beginning in the 1930s and continuing until his death in 1982. Hans Selye (1956; 1976; 1982) researched and popularized the concept of stress, making a -strong case for its relationship to physical illness and bringing the importance of stress to the attention of the public. Although he did not originate the concept of stress, he researched the effects of stress on physiological responses and tried to connect these reactions to the development of illness.

Selye first considered stress to be a stimulus and focused his attention on the environmental conditions that produce stress. In the 1950s, he shifted his focus to stress as a response that the organism makes. To distinguish the two, Selye started using the term stressor to refer to the stimulus and stress to mean the response. Selye's contributions to stress research included a model for how the body defends itself in stressful situations. Selye conceptualized stress as a nonspecific response, repeatedly insisting that stress is a general physical response caused by any of a number of environmental stressors. He believed that a wide variety of different situations could prompt the stress response, but the response would always be the same.

The General Adaptation Syndrome:

The body's generalized attempt to defend itself against noxious agents became known as the general adaptation syndrome (GAS). This syndrome is divided into three stages, the first of which is the **alarm reaction**. During an alarm, the body's defences against a stressor are mobilized through activation of the sympathetic nervous system. This division activates body systems to maximize strength and prepares them for the fight-or-flight response. Adrenaline (epinephrine) is released, heart rate and blood pressure increases, respiration becomes faster, blood is diverted away from the internal organs toward the skeletal muscles, sweat glands are activated, and the gastrointestinal system decreases its activity. As a short-term response to an

emergency situation, these physical reactions are adaptive, but many modern stress situations involve prolonged exposure to stress and do not require physical activity.

Selye called the second phase of the GAS the **resistance stage**. In this stage, the organism adapts to the stressor. How long this stage lasts depends on the severity of the stressor and the adaptive capacity of the organism. If the organism can adapt, the resistance stage will continue for a long time. During this stage, the person gives the outward appearance of normality, but physiologically the body's internal functioning is not normal. Continuing stress will cause continued neurological and hormonal changes. Selye believed that these demands take a toll, setting the stage for what he described as diseases of adaptation—diseases related to continued, persistent stress.

The capacity to resist stress is finite, and the final stage of the GAS is the **exhaustion stage**. In the end, the organism's ability to resist is depleted, and a breakdown results. This stage is characterized by activation of the parasympathetic division of the autonomic nervous system. Under normal circumstances, parasympathetic activation keeps the body functioning in a balanced state. In the exhaustion stage, however, parasympathetic functioning is at an abnormally low level, causing a person to become exhausted. Selye believed that exhaustion frequently results in depression and sometimes even death.

Stress is an unavoidable feature of life and work. We all encounter stress in personal as well as work life. To keep a person motivated and focused a little stress is needed. However, too much stress is detrimental and it must be coped up. To handle stress one needs to identify the sources and recognize the reactions to stress and job demands. Coping is the general term used in reference to perpetual, cognitive or behavioural responses that are used in managing, avoiding or controlling situations that could be regarded as difficult (Folkman & Lazarus, 1984). It refers to the different methods used by a person to manage his/her stressful situation. An individual dealing with stressful events and circumstances utilizes numerous coping options available to them. How well people are able to cope, however, depends on the resources people have and the strategies that they use to cope.

Stress is an integral part of the natural fabric of life. Any situation in which a person's behaviour is evaluated by others as unusual can be stressful. Stress has been defined differently as: A condition or feeling experienced when a person perceives that demands exceed personal and social resources the individual is able to mobilize (Lazarus, 1993). Stress is a pressure which one perceives from the external situation and interacts with all forms of internal anxiety (Malhotra, 2009). Stress is the body's reaction to a change that requires physical, mental or emotional adjustment or response (Morrow, 2010). Thus, various terms have been used synonymously with stress, viz. anxiety, frustration, conflict, tension, pressure and strain. There is a wide variation in biological, medical and psychological literature in the definition and use of the term stress. A large body of literature has evolved concluding that high-trait and high-state anxious individuals demonstrate an antinational bias towards threat (Beck, 1976; Bower, 2004; Mathewes, 1989).

Coping:

‘Coping’ is a goal-directed process in which the individual orients thoughts and behaviours toward the goals of resolving the source of stress and managing emotional reactions to stress (Lazarus, 1993). Lazarus and Folkman (1984) defined coping as "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person".

Higgins and Endler (1995) grouped coping strategies into three main classes: task-oriented, emotion-oriented, and avoidance-oriented.

1. The task-oriented strategy is problem-focused. It involves taking direct action to alter the situation itself to reduce the amount of stress it evokes.
2. In the emotion-oriented strategy, efforts are directed at altering emotional responses to stressors. It also includes attempts to reframe the problem in such a way that it no longer evokes a negative emotional response and elicits less stress
3. Finally, avoidance-oriented coping includes strategies such as avoiding the situation, denying its existence, or losing hope. It also includes the use of indirect efforts to adjust

to stressors by distancing oneself, evading the problem, or engaging in unrelated activities for the purpose of reducing feelings of stress.

Coping is viewed as an ongoing dynamic process that changes in response to the changing demands of a stressful encounter or event. Furthermore, coping is conceptualized as purposeful responses that are directed toward resolving the stressful relationship between the self and the environment (problem-focused coping) or toward palliating negative emotions that arise as a result of stress (emotion-focused coping).

The first three main features of stress are process oriented in which the main focuses on what the person actually thinks and does in a specific stressful encounter, and how this change as the encounter unfolds. Secondly, coping is viewed as contextual that is, influenced by the person's appraisal of the actual demands in the encounter and resources for managing them. The emphasis on context means that particular person and situation variables together shape coping efforts. And lastly, make no prior assumptions about what constitutes good or bad coping; coping is defined simply as a person's efforts to manage demands, whether or not the efforts are successful.

An important ingredient in Lazarus's theory of stress is the ability or inability to cope with a stressful situation. Lazarus and Folkman (1984) defined coping as "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person". This definition spells out several *important features of coping*. First, coping is a process, constantly changing as one's efforts are evaluated as more or less successful. Second, coping is not automatic; it is a learned pattern of responding to stressful situations. Third, coping requires effort. People need not be completely aware of their coping response, and the outcome may or may not be successful, but the effort must have been expended. Fourth, coping is an effort to manage the situation; control and mastery are not necessary.

Coping has two widely recognized major functions: regulating stressful emotions (emotion-focused coping) and altering the troubled person-environment relation causing the distress (problem-focused coping).

Coping also refers to cognitive and behavioural efforts to prevent, manage, or alleviate stress (Lazarus & Folkman 1984). Although it includes many activities, most coping strategies reflect efforts to improve a troubled situation, such as making a plan or taking action (i.e. problem-focused coping), or efforts to regulate emotional distress, such as seeking out others for emotional support. Coping processes affect the psycho-physical health in a way that active and efficient coping strategy produces positive results and avoidance strategy causes increased distress, illness and mortality (Taylor & Stanton 2007). On the other hand, Emotional coping is associated with a higher level of psychological disturbances (Ireland et al. 2005). Pisarsi and colleagues (1998) suggested that there were both direct and mediated effects of coping on health outcomes. Finally, the study found that the relationship between coping and physical symptoms disappeared once controlling for personality factors such as Neuroticism (McCrae & Costa 1986).

Carver et al. (1989), differentiates five problem-focused copings viz.

- i. Active coping, referring to the process of taking steps towards the removal or alleviation of the stressor and its effects.
- ii. Planning involves thinking about how to cope with the stressor.
- iii. Suppression of competing activities puts another project on the background and tries to avoid becoming distracted by other events in order to deal with the stressor.
- iv. Restraint coping uses wait and see the idea and try not to act until the right opportunity to solve a problem and avoiding acting prematurely.
- v. Seeking social support for instrumental reasons looks for advice, help or information from outside sources.

Cohen & Lazarus (1979) proposed that information seeking, direct action, inhibition of action, intra psychological efforts, and turning to others as five optional strategies used while confronting with stress.

Schafer proposed coping model consists of three A's of coping methods:

- i. After the stressor occurred, stress is analyzed in terms of controllability or positively changeability or influenceability. It focuses on changing a situation, spacing the life changes in a better way, increasing the challenges to be met in life, better time management and asking someone to change the behaviour.
- ii. Adapting to the stressor controls physical stress, maintains health status by regular exercise and diet, uses the coping resources to the maximum and avoiding negative methods to lower stress.
- iii. Avoid the stressor, holds the belief that it is better to avoid stress by careful planning and execution of things rather than managing it.

All the coping style, most of the people used may be either

- a. Adaptive or Maladaptive coping: Coping is adaptive when it helps the individual to deal effectively with stressful events and minimize distress. Coping is maladaptive when it results in unnecessary distress for the self or others.
- b. Emotion or Problem-solving focused: In the case of emotion-focused coping, the focus is dealing with own fear, anger or guilt. In the case of problem-focused coping, the focus is attempting to deal with the stressor or circumstance itself.

Coping and personality

An individual may have a preference for certain types of coping when facing a stressful situation that is closely linked to their personal characteristics or personality traits. Neuroticism has positively predicted emotion-focused coping strategies such as escape-avoidance, hostile reactions, and emotional venting, and negatively predicted problem-focused coping such as planning (Hooker et al. 1994, McCrae & Costa 1986, O'Brien & DeLongis 1996, Watson & Hubbard 1996). Extraversion has positively predicted problem-focused strategies such as rational action (McCrae & Costa 1986, Watson & Hubbard 1996), and negatively predicted emotion-focused coping such as accepting responsibility (O'Brien & DeLongis 1996). Conscientiousness has negatively predicted emotion-focused coping, particularly avoidance and substance use, and has positively predicted problem-focused coping such as direct action and planning (O'Brien & DeLongis 1996, Watson & Hubbard 1996). However, Agreeableness has been positively linked

to both emotion-focused coping such as social support seeking and positive reappraisal, and problem-focused coping such as planning (O'Brien & DeLongis 1996, Watson & Hubbard 1996). Finally, Openness has positively predicted emotion-focused strategies such as hostile reaction, sedation, reappraisal and positive cognitive appraisal (McCrae & Costa 1986, O'Brien & DeLongis 1996, Penley & Tomaka 2002). Neuroticism is positively related to stressor exposure (Bolger & Zuckerman 1995) and is likely to exacerbate the stressor-strain relationship via negative cognitive appraisal and through maladaptive coping and coping difficulties (David & Suls 1999). The general appraisal tendencies mediated associations between Neuroticism and perceived stress, as well as associations between Extraversion and emotion-focused coping. Gallagher (1990) suggested that threat appraisals mediated the associations between Neuroticism and negative affective reactions (e.g. low confidence and hope, high worry and fear), whereas challenge appraisals mediated associations between extraversion and positive affective reactions (e.g. high confidence). Conscientiousness was likely to buffer the stressor-strain relationship via positive cognitive appraisal (Penley & Tomaka 2002) and/or adaptive coping (Watson & Hubbard 1996). Bolger & Zuckerman (1995) suggested multiple ways in which personality and coping could jointly influence adjustment. One possibility is mediation: personality influences coping-strategy selection, which in turn influences outcomes. Another possibility is moderation: personality influences how well a given strategy works for an individual. The coping style has also been identified as a mediator of the relationship between broad personality and psychological outcomes, and in this process, personality dimensions are considered as antecedent variables (McCrae & Costa 1986, Bolger 1990, Folkman & Lazarus 1998).

Li (2008), the trait of resilience was a significant predictor of active coping in stressful situations. Many studies on the relationship between personality dimensions and coping styles have found that extraversion was positively correlated to problem-focused coping style (Karimzade, A., & Besharat, M. A. 2011), active coping strategies (Vollrath, M., & Torgersen, S. 2000) and mature coping styles such as problem solving and help-seeking (Wang, W., & Miao, D. 2009). Conscientiousness was found to be positively correlated to problem-focused coping style (Karimzade & Besharat, 2011; Leandro, P. G., & Castillo, M. D. 2010). Neuroticism and psychoticism were found to be linked to immature coping styles such as self-blame, fantasizing and avoidance (Wang, W., & Miao, D. 2009).

Personality and Psychological Stress

Vollrath (2006) proposed that if personality plays a role in the stress experience, it somehow must “translate” into stressful experiences, and dispositions must, therefore, relate to dynamics of appraisal and coping. Dumitru and Cozman (2012) personality factors like social presence, empathy, independence, good impression, intellectual efficiency, psychological intuition, work orientation and vulnerability have an effect on stress. Kaur, Chodagiri and Reddi (2013) found the association between personality (neuroticism, psychoticism, and extraversion), psychological distress and coping strategies (negative distraction and denial/blame).

Coping and Psychological Stress

Folkman and Lazarus (1985) viewed coping as a dynamic process and differentiated various coping styles into two categories: problem-focused coping and emotion-focused coping. The ability of students to cope with challenges in life can help to reduce the level of psychological stress. On the contrary, the inability to cope within an excessive amount of stress can have a devastating effect on students mentally, physically and psychologically. The use of maladaptive coping strategies such as self-blaming, denial and giving up could predict higher levels of depression, anxiety and stress among students (Mahmoud et al. 2012). Brougham, Zail, Mendoza, & Miller (2009), the levels of daily hassles were significantly correlated with the use of avoidance and self-punishment for both men and women.

Eisenbarth (2012), the use of avoidance coping is related to increased psychological distress and may become problematic when it is combined with low usage of other coping strategies such as problem- and emotion-focused strategies.

Theory of psychological stress and coping—transactional model of coping

The theory identifies two processes, cognitive appraisal and coping, as critical mediators of stressful person-environment relations and their immediate and long-range outcomes. Cognitive appraisal is a process through which the person evaluates whether a particular encounter with the environment is relevant to his or her well-being, and if so, in what ways. In primary appraisal, the person evaluates whether he or she has anything at stake in this encounter. In secondary appraisal,

the person evaluates what if anything can be done to overcome or prevent harm or to improve the prospects for benefit. Coping is defined as the person's constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the person's resources

Paternal alcoholism is strongly associated with childhood stressors disrupted family rituals, embarrassment, neglect, or abuse. However, these stressors were only moderately and inconsistently related to the development of an alcohol use disorder in young adulthood (Sher et al. 1997).

Emotional Maturity:

Emotion is often defined as a complex state of feeling that results in physical and psychological changes that influence thought and behaviour. Emotionality is associated with a range of psychological phenomena including temperament, personality, mood and motivation. Emotions exert an incredibly powerful force on human behaviour. Strong emotions can lead to actions that might not normally perform or avoid situations.

Emotional maturity is defined as how well you are able to respond to situations, control your emotions and behave in an adult manner when dealing with others. In fact, emotional maturity is not only the effective determinant of personality pattern but it also helps to control the growth of adolescent's development. The concept "Mature" emotional behaviour at any level is that which reflects the fruits of normal emotional development. A person who is able to keep his emotions under control, which is able to break delay and to suffer without self-pity, might still be emotionally stunted and childish. In brief emotional maturity can be called as the process of impulse control through the agency of "self" or "ego"

According to Smitson (1974), emotional maturity is a process in which the personality is continuously striving for a greater sense of emotional health, both intra-psychically and intrapersonally (Singh & Bhargava, 1984).

Kaplan and Baron (1986) elaborated the characteristics of an emotionally mature person; say that he has the capacity to withstand delay in satisfaction of needs. He has the ability to tolerate a

reasonable amount of frustration. He has beliefs in long term planning and is capable of delaying or revising his expectations in terms of demands of situations. An emotionally mature child has the capacity to make an effective adjustment with himself, members of his family, and his peers in the school, society and culture.

According to Singh and Bhargava (1984), the emotional maturity of an individual is grouped into five broad factors:

- i. **Emotional instability** factor represents syndrome of lack of capacity to dispose of problems, irritability, needs, and constant help for one's day to day work, vulnerability, stubbornness and temper tantrums.
- ii. **Emotional regression** represents the syndrome as a feeling of inferiority, restlessness, hostility, aggressiveness and self-centeredness.
- iii. **Social maladjustment** shows lack of social adaptability, shows hatred, seclusive but boasting, liar and shirker.
- iv. **Personal disintegration** includes all those symptoms, which represent the disintegration of personality like reaction, phobias formation, rationalization, pessimism, immorality etc. Such a person suffers from inferiorities and hence reacts to the environment through aggressiveness, destruction and has a distorted sense of reality.
- v. **Lack of independence:** Such a person shows over-dependence on others, mostly egoistic and lacks objective interest. They are usually considered as an unreliable person.

Emotions play an influencing role in the dynamics of human behaviour and personality. But this aspect has often been overlooked in many spheres of life like within families, schools and society at large. In the present circumstances, the youth, as well as children, are facing difficulties in life. These difficulties are giving rise to many psycho-somatic problems such as anxiety, tensions, frustrations and emotional upsets in day to day life (Singh & Bhargava, 1984).

The most critical phase in life is during emotional maturity in adolescent years. We learn to love, hate, fear and feel anger. It is very important that adults influence a child's thinking and actions in a positive manner. Many life decisions happen during the short span of adolescent

emotional maturity Positive emotions include enthusiasm, joy and love. The emotionally mature adult grows from a childhood where one successfully struggles with failure, disappointment, and a high I.Q. (intelligence, quotient) does not necessarily lead one to develop emotional maturity; many who are born with few advantages can develop into mature well-adjusted adults. Adolescence can be a time of high risk, where newfound freedoms can result in decisions that drastically open up or close off life opportunities. So family, peer group, school and society play an important role in the emotional stability of adolescent and this comes by the emotional maturity of adolescent girls and boys.

In the present circumstances, youth, as well as children, are facing difficulties in life. These difficulties are giving rise to many psychosomatic problems such as anxiety, tensions, frustration and emotional upsets in day to day life. So the study of emotional life is now emerging as a descriptive science, emotional maturity is not only the effective determinant of personality pattern, but it also helps to control the growth of adolescent development. Emotional maturity is something that we must develop in our lives by knowing how to respond to situations in a mature and responsible manner. Emotional maturity implies controlling our emotions rather than letting our emotions. Emotional maturity depicts our capacity to manage and to check our emotions, to evaluate other's emotional state and to persuade their judgment and actions. A person's emotional maturity is very much influenced by his/her relationship history. Emotional intelligence makes an important part of life, together with intellectual intelligence and relationship intelligence. Such intelligence can help one to assess emotional maturity and emotional freedom. How well do we tackle any relationship, is a major dissemble factor to check our level of emotional maturity (Anand et al. 2014).

Among other things, emotional maturity means we will give a healthy self-concept not thinking too highly or too lowly of ourselves. We will also have a healthy sense of self-acceptance and self-worth, which are both vital for loving relationships and making the best use of our life. We were created for relationships and thus healthy relationships and thus healthy relationships are vital for both physical and emotional wellbeing, while impaired relationships are one of the main causes of unhappiness and a major cause of stress, anxiety and physical ills. We do not see things as they are. We see things as we are. The message is that everything we experience reflects our inner selves. This extent of reactivity determines our emotional maturity. Parents and other

significant members of the family have a major role in contributing to the healthy development of an adolescent. It is necessary for the parents to provide the best possible environment at home, so as to create a conducive, fostering and supportive experience for a smooth transition from adolescence into adulthood¹. Morler (2002) said while emotional intelligence can be learned, emotional maturity is a choice. Beyond adolescence, an individual has to choose maturity and to enable this choice, they need supportive adults. Emotional Maturity is a single effective determinant to shaping the personality, attitudes and behaviour of adolescents into accepting responsibility making decisions, teaming with groups, developing a healthy relationship and enhancing self-worth. Emotional stability is one of the seven important indicators of mental health.

Emotion and personality

Daniel Goleman in his book on Emotional Intelligence (1995) stated that family life is the first school of emotional learning. This schooling happens not only in what parents say and do but they are also models of how they handle their emotions. This schooling can be treated as intergenerational lessons on metacognition about emotion. Diamond and Aspinwall (2003) found that parents had ways of transmitting their emotionality to the children. Parents were also forced to become aware of their own temperamental emotionality and to make efforts to alter their behaviour and emotional expressions to enhance the socialization of their children.

Family

‘Family’ is the environment where children learn to use their faculties and understand and cope with the physical world. It is the place, where children learn how family relationships work, by observing their parents, grandparents, siblings and the rest of the family members deal with each other. The family is the primary unit of the society to take care of the material, physical and emotional needs of people. Drug addiction and alcoholism cause significant intimidation to the entire family system and the family environment tends to be become strained because of this problem (Singh et al., 2012).

The family is an important social, emotional, biological and cultural environment for the community and its members. In this social group, children learn and develop personal features, while adults can improve or change their features according to the conditions of functioning of

the internal elements of the family system. Moreover, the family environment naturally should foster their members, especially children, in meeting mental, social, material needs, fulfilling parental functions, achieving educational, social and life goals, supporting interests and motivation.

Family environment

Family environment refers to quality and quantity of the cognitive, emotional and social support that has been available to the child within the family and connotes the psychological environment as perceived by adolescents to be measured by Bhatia and Chadha (2004). It has eight components namely (i) cohesion, (ii) expressiveness, (iii) conflict, (iv) acceptance and caring, (v) independence, (vi) active recreational orientation, (vii) organization; and (viii) control.

i. Cohesion: It is the degree of commitment, help and support of family members provide for one another.

ii. Expressiveness: It is the extent to which family members are encouraged to act openly and express their feelings and thoughts directly.

iii. Conflict: It refers to the amount of openly expressed aggression and conflict among family members.

iv. Acceptance and Caring: It is the extent to which the members are unconditionally accepted and the degree to which caring is expressed in the family.

v. Independence: It is the extent to which family members are assertive and independently make their own decisions.

vi. Active Re-creational Orientation: It refers to the extent of participation in social and recreational activities.

vii. Organization: It connotes the degree of importance of clear organization structure in planning family activities and responsibilities.

viii. Control: It is the degree of limit set within a family.

Family plays a key role in the healthy development of an individual's personality. The presence of a positive family environment is a prerequisite for the healthy growth and development of the members from a given family unit. In addition, a positive family environment ensures appropriate fulfilment to the needs and demands of the family members.

'Family environment' is a setting where the child grows up and acquires some information relating to life and laid the foundations of emotional intelligence. Healthy and high-quality family environment affect the development of the child in many ways like the ego concept of the child and his/her emotional and social development. Grolnick and colleagues (1994) define the environment in which the family lives as a set of learning which has vital effects on the child.

In alcoholic families, parents show less monitoring of adolescent behaviour (Chassin et al. 1996), more family conflict (Barrera et al. 1995; Webb & Baer 1995), and poorer parent-child relationships (Blanton et al. 1997; Curran et al. 1997). Children of these families may not learn emotional and behavioural self-regulation and may lack social skills, which also increases the likelihood of rejection by mainstream peer groups and association with substance-using peers (Webb & Baer 1995).

The Family When Addiction Becomes a Part

Families with parental alcohol misuse are characterized by poorer family functioning, perceive their environment to be less cohesive, lack ritual and routines, have lower levels of physical and verbal expressions of positive feelings, warmth and caring, and higher levels of unresolved conflict. Families affected by alcoholism report higher levels of conflict than do families with no alcoholism. Drinking is the primary factor in family disruption. The environment of children of alcoholics has been characterized by lack of parenting, poor home management, and lack of family communication skills, thereby effectively robbing children of alcoholic parents of modelling or training on parenting skills or family effectiveness (Nancy & Sam, 2014).

Adolescents in alcoholic families were less likely to begin using substances if they perceived that they had control over their environment, if they had good cognitive coping skills, and if they reported that their families were highly organized (Hussong & Chassin 2004). In alcoholic

families that preserve family rituals, such as keeping to established daily routines and celebrating holidays, the young adult offspring are less likely to report problem drinking (Hawkins 1997).

A family history of alcoholism is a well-established risk factor for the development of alcoholism (Cotton 1979; McGue 1994). Nonetheless, the majority of children of alcoholics do not develop alcohol use disorders. In fact, there is great variation among children of alcoholics with regard to their use of alcohol, and recent research has been directed at explaining this variation.

According to W. Sztander (2000), the development of dysfunctionality of the family with an alcohol problem occurs in three steps. In the first stage, both the family and the alcoholic parent deny the existence of the problem. What is evident is the acceptance of alcoholic behaviour. Family members try to protect the person drinking excessively. The second stage is to try to get rid of the problem of alcoholism in drinkers. Family creates a defence system against criticism of the social environment; hence the limitation occurs in the neighbourhood and local contacts. The third phase of the functioning of a family with alcohol problems is the loss of hope for a positive solution to the problem, and therefore it is necessary to accept this situation.

The behavior of family members (father or mother) who abuse alcohol or alcoholic is difficult to predict, but most often exposes other family members to different risks. In a family with alcohol problems mostly children suffer because they act with a sense of constant danger, shame, aggression, intrafamilial violence, mental and even physical feeling of helplessness and loneliness of his closest family.

Families, where addiction is present, are oftentimes painful to live in, which is why those who live with addiction may become traumatized to varying degrees by the experience. Broad swings, from one end of the emotional, psychological and behavioural spectrum to the other, all too often characterize the addicted family system. Living with addiction can put family members under unusual stress. Normal routines are constantly being interrupted by unexpected or even frightening kinds of experiences that are part of living with drug use. What is being said often doesn't match up with what family members senses, feel beneath the surface or see right in front

of their eyes. The drug user, as well as family members, may bend, manipulate and deny reality in their attempt to maintain a family order that they experience as gradually slipping away. The entire system becomes absorbed by a problem that is slowly spinning out of control. Little things become big and big things get minimized as pain is denied and slips out sideways.

During early childhood years, living in this intense emotional environment can set up a fear of feeling or patterns of attachment that are filled with anxiety and ambivalence. In their youth, children of alcoholics or drug dependent parents (COAs) may feel overwhelmed with powerful emotions that they lack the developmental sophistication and family support to process and understand. As a result, they may resort to intense defences, such as shutting down their own feelings, denying there is a problem, rationalizing, intellectualizing, over-controlling, withdrawing, acting out or self-medicating, as a way to control their inner experience of chaos. The COA may be difficult to identify. They are just as likely to be the president of the class, the captain of the cheerleading squad, or the A student, as they are to act out in negative ways.

Barry and Fleming reported significantly poor cohesion and expressiveness, and more conflict in addicts' present families than did either non-alcoholic with a family history of alcoholism or non-alcoholics with no family history of alcoholism.

Filstead and colleagues (1981) found that alcoholic families perceive a higher level of conflict and less cohesive family environment. These authors also noted that in families with alcohol addicted individuals less emphasis was given to independence, cultural and recreational activities and organizational tasks.

Family environment and personality

Dasgupta and Sain (2015), the role of the family in developing life skills and psychological hardiness among adolescent boys is crucial. The total family environment as predictors of life skills and psychological hardiness among male adolescents. The co-relational analysis indicated that life skills are significantly correlated with all the family environment components of expressiveness, conflict, acceptance, cohesion, independence, active recreational orientation, and organization except control dimension. Also, a significant relationship of control, challenge and global psychological hardiness with a family environment and its dimensions were observed.

The results of stepwise multiple regression revealed that only cohesiveness, active recreational orientation and organization dimension of family environment emerged as significant predictors of life skills among male adolescents. Further, the analysis revealed that the total family environment emerged as a significant predictor of control, challenge and global psychological hardiness among adolescents.

Over the past 20 years, the psychological hardiness construct has emerged as a buffer in the relationship between stressors and illness and has been shown to enhance performance, conduct, and morale (Maddi, 1999). Thus, hardiness is a personality construct formed of three interrelated beliefs about oneself in interaction with the world, namely, commitment, control, and challenge. The commitment belief leads one to try to find, in whatever is being experienced, that which seems interesting and important, rather than lapsing to feelings of alienation. The control belief leads one to try to influence the directions and outcomes of whatever is going on, rather than lapsing into passivity and powerlessness and the challenging belief leads one to seek growth and wisdom through experience, whether positive or negative, rather than to feel entitled to easy comfort and security in a predictable world. It is a personality style that encourages human survival and the enrichment of life through development (Lambert and Lambert, 2003) and is a pervasive aspect of personality reflecting a general tendency towards psychological health (the opposite of neuroticism), extroversion, openness, and to a lesser extent agreeableness and conscientiousness. People who have courage (hardiness) to simultaneously favour involvement with others and events (commitment), keep trying to influence the outcomes going on around them learning from their influence the outcomes going on around them learning from their experiences, whether positive or negative (challenge), have more fulfilling, satisfying, resilient, and remarkable lives (Maddi et al., 2002).

Spouses reported poor levels of family environment in the domain of expressiveness as compared to parents and siblings. Tempier and friends found that higher levels of psychological distress in the area of 'expressiveness' is prevailing in female spouses of male lifetime at-risk drinkers (Wilson, 1995). Wives of alcohol addicted persons tended to score significantly lower in the 'expressiveness' domain of Family Environment Scale. Wives are usually on at the receiving end of psychological and physical stress; tend to be the worse off than the addicted individual.

The parents and spouses group have more negative experiences in the domain of ‘control’ as compared to siblings.

Mckay et al. problems in the family functioning domains like ‘control’ and ‘effective involvement’ were markedly pathological in families with alcohol addicted individuals. It is well documented that pathological or problematic family environment, because of alcoholism, may be a triggering factor in generating this habit in youths or younger generations. And, at the same time, such family cannot provide the care and assistance to the addicted personas it is already riddled by numerous other problems.

Childhood Family Environment

Unstable childhoods with broken homes and inconsistent upbringing seemed to predict future alcoholism (McCord & McCord1960; Robins 1966). However, the characteristics of men who did not become alcoholics were warm and cohesive and maintain close relationships. Further, these differences generally could be accounted for by the presence or absence of an alcoholic parent in the subject’s family. Men with few childhood environmental weaknesses but an alcoholic parent (who, in fact, they might not live with) were four times more likely to become alcoholic themselves than men with many childhood environmental weaknesses—and perhaps an alcoholic stepparent—but no alcoholic parent. Accordingly, if alcoholism in biological parents is controlled for, a troubled childhood environment per se does not appear to affect a person’s risk for alcoholism, a finding that was confirmed in the College sample.

The Etiology of and Risk Factors for Alcoholism

The Harvard University Health Services studies focused on four such potential influences: sociopathy (i.e., antisocial personality disorder), cultural factors (e.g., the subject’s ethnic background), genetic factors, and childhood environment. Data from the College sample indicated that subjects who later became alcoholic did not manifest, either as children or as adolescents, the personality or childhood characteristics that would have predisposed them to depression (Vaillant1980).

Family Atmosphere of alcohol and Emotional Disconnection

Families have a remarkable ability to maintain what family therapists call *homeostasis*. But when alcohol or drugs are introduced into a family system, the family's ability to regulate its emotional and behavioural functioning is severely challenged. The family will generally reach as a unit to balance itself. In alcoholic homes, this may become a dysfunctional sort of balance. Family members can become subsumed by the disease to such an extent they lose their sense of normal. Their life becomes about hiding the truth from themselves, their children and their relational world. Trust and faith in an orderly and predictable world can be challenged as their family life becomes chaotic, promises are broken and those they depend upon for support and stability behave in untrustworthy ways. Both children and adults in this family may lose their sense of who and what they can depend upon. Because the disease is progressive, family members seamlessly slip into patterns of relating that become increasingly more dysfunctional. The children are often left to fend for themselves and anyone bold enough to confront the obvious disease may be branded as a family traitor. Family members may withdraw into their own private worlds or compete for the little love and attention that is available. In the absence of reliable adults, siblings may become "parentified" and try to provide the care and comfort that is missing for each other.

Alcoholic families may become characterized by a kind of emotional and psychological constriction, where family members do not feel free to express their authentic selves for fear of triggering disaster; their genuine feelings are often hidden under strategies for keeping safe, like pleasing or withdrawing. The family becomes organized around trying to manage the unmanageable disease of addiction. They may yell, withdraw, cajole, harangue, criticize, understand, get fed up; you name it. They become remarkably inventive in trying everything they can come up with to contain the problem and keep the family from blowing up. The alarm bells in this system are constantly on a low hum, causing everyone to feel hyper-vigilant, ready to run for emotional (or physical) shelter or to erect their defences at the first sign of trouble.

Because family members avoid sharing subjects that might lead to more pain they often wind up avoiding genuine connection with each other. Then when painful feelings build up they may rise to the surface in emotional eruptions or get acted out through impulsive behaviours. Thus, these families become systems for manufacturing and perpetuating trauma. Trauma affects the internal

world of each person, their relationships and their ability to communicate and be together in a balanced, relaxed and trusting manner. As the “elephant in the living room” increases in size and force, the family has to become ever more vigilant in keeping its strength and power from overwhelming their ever-weakening internal structure. But they are engaged in a losing battle. The guilt and shame that family members feel at the erratic behaviour within their walls, along with the psychological defences against seeing the truth, all too often keep this family from getting help. The development of the individuals within the family, as well as the development of the family as a resilient unit that can adjust to the many natural shifts and changes that any family moves through, becomes impaired.

It is no wonder that families such as these produce a range of symptoms in their members that can lead to problems both in the present and later in life. Children from these families may find themselves moving into adult roles carrying huge burdens that they don't know exactly what to do with and that get them into trouble in their relationships and/or work lives.

The functioning of the family of a person addicted to alcohol brings many unwanted situations at home. Such a family environment is endangered in many spheres of emotional and social life. Emotional ties grow weak; the dialogue between members of the family and the person addicted distinguishes. Many families and especially children in them suffer mentally because of the lack of meeting emotional and social needs and disturbed relationships in the family. However, many families don't fulfill properly their parental functions. There's a disorganization of family environment there. These families are in various degrees dysfunctional. It touches crucial spheres of life: emotional, social, economic, caring and educational.

Dysfunctionality in various spheres of home life takes place also in families with alcohol problems. Alcoholism of parents, mostly fathers, brings many negative situations to the rest of the members of the family, who have to function with the person addicted. There are interpersonal conflicts, elimination of basic functions, reducing the material, social and emotional needs in such families.

The alcoholic problem touches contemporary a lot of families. Closest relations (father, mother, children) are systematically harmed by an alcoholic parent. In everyday life, there are many difficult or even critical situations that touch people addicted as well as other members of the family. Everyday struggling of the family with alcoholic problems of father or mother, the lack of ability to deal with domestic difficulties, helplessness parent – an alcoholic and his family members to the conflict and difficult situations, abnormal emotional ties and structure of the family system becomes an important problem in the functioning of the family addicted to alcohol.

Researchers have examined parenting and family environment in an attempt to understand both the transmission of alcoholism from generation to generation and the causes of alcohol use and misuse in the wider population (Barnes et al. 1994; Wills & Cleary, 1996). In general, the same parenting factors that are linked to adolescent alcohol abuse—low levels of parental emotional support and a lack of control and monitoring of child behavior—are linked to other adolescent problem behaviors, such as smoking and early sexual activity (Jacob & Leonard 1994; Jessor & Jessor 1977; Stice & Barrera 1995).

Young adults

Young adults are persons in their late teens, twenties, and thirties who represent diverse cultural, racial, ethnic, educational, vocational, social, political, and spiritual backgrounds. They are college students, workers, and professionals; they are persons in military service; they are single, married, divorced, or widowed; they are with or without children; they are newcomers in search of a better life. In modern societies, young adults in their late teens and early 20's encounter a number of issues as they finish school and begin to hold full-time jobs and take on other responsibilities of adulthood; and 'the young adult is usually preoccupied with self-growth in the context of society and relationships with others.

Early adulthood or young adults (aged 20-40) by the time we reach early adulthood, our physical maturation is complete, although our height and weight may increase slightly. In early adulthood, our physical abilities are at their peak, including muscle strength, reaction time, sensory abilities, and cardiac functioning. Young adulthood is most often described in terms of the new roles and

status adopted in the stage of life. Leaving the paternal home to establish one's own residence, establishing financial independence, completing school, moving into full time employment, getting married, and becoming a parent are often considered key markers of adulthood (Booth, Crouter, & Shanahan, 1999; Cohen, Kasen, Chen, Hartmark, & Gordon, 2003; George, 1993; Macmillan & Eliason, 2003; Oesterle, 2013; Oesterle, Hawkins, Hills, & Bailey, 2010; Oesterle, Hawkins, & Hill, 2011; Osgood, Ruth, Eccles, Jacobs, & Barber, 2005; Sanderfur, Eggerling-Boeck, & Park, 2005; Schulenberg, O'Malley, Bachman, & Johnston, 2005).

According to Erikson, in the wake of the adolescent emphasis upon identity formation, 'the young adult, emerging from the search for and insistence on identity, is eager and willing to fuse his identity with that of others. He [or she] is ready for intimacy, that is, the capacity to commit to concrete affiliations and partnerships.' To do so mean the ability 'to face the fear of ego loss in situations which call for self-abandon: in the solidarity of close affiliations, in orgasms and sexual unions, in close friendships and in physical combat'. Avoidance of such experiences 'because of a fear of ego-loss may lead to a deep sense of isolation and consequent self-absorption'.

Where isolation is avoided, the young adult may find instead that 'satisfactory sex relations in some way take the edge off the hostilities and potential rages caused by the oppositeness of male and female, of fact and fancy, of love and hate' and may grow into the ability to exchange intimacy, love and compassion.

In modern societies, young adults in their late teens and early 20's encounter a number of issues as they finish school and begin to hold full-time jobs and take on other responsibilities of adulthood; and 'the young adult is usually preoccupied with self-growth in the context of society and relationships with others. 'The danger is that we must make crucially important choices regarding marriage, family, work, and lifestyle before we have the maturity or life experience to choose wisely.

While 'young adulthood is filled with avid quests for intimate relationships and other major commitments involving career and life goals', there is also "parallel pursuit for the formulation

of a set of moral values”. Erikson has argued that it is only now that what he calls the 'ideological mind' of adolescence gives way to 'that *ethical sense* which is the mark of the adult.'

Promoting the healthy development of children and adolescents requires a clear vision of successful young adult development, that is, articulation of the dimensions and indicators of what constitutes well being in the next stage of development for which children and adolescents are preparing. There is a growing concern about what is happening in the lives of young adults. Certainly, there is no lack of problems in young adulthood to address, from the continuing problem of underage drinking on college campuses to the stubborn challenge of only half of college entrants actually completing college (Arnett, 2000), a trend that threatens the nation's ability to compete globally, or the historically high unemployment rate among young adults (Taylor et al.2012).

But, as for the first two decades of life, preventing problems is only part of the picture of successful young adulthood, the other part of being their positive functioning. Recognizing that definitions of developmental “success” will vary by cultural context, there is a core set of questions about young people's preparedness for young adults that, if not universally salient, are likely still to have considerable validity across significant diversity of national and cultural context throughout the world.

Based on search institute's work in pilot testing a new survey measuring developmental assets in college students (Pashak & Handal, Pashak, Handal & Scales,), and a re-examination and revision of the article by the original authors, including integrations of more recent pertinent literature. The criteria for identifying the dimensions of successful young adult development were articulated as follows. The dimensions should: Be solidly reflected in the theoretical and research literature; reflect a public consensus about what is important; be useful for multiple purposes, including public communications and mobilization, program development and evaluation, individual planning, and national tracking; Be measurable and Be amenable to change over time.

Consensus Dimensions of Successful Young Adulthood: Physical health, Psychological and emotional well-being, Life skills, Ethical behaviour, Healthy family and social relationships,

Educational attainment, Constructive educational and occupational engagement, Civic Engagement.

About Manipur (operational area)

Manipur is one of the North Eastern states of the country, having an area of 22, 327 sq. km. As per the Census of 2011, the total population of Manipur is 27.2 lakhs of which around 16.5 lakhs are males and 13.5 lakhs are females. Between 2001 and 2011, the population of the state has grown at a rate of 18.65 percent. According to the 2001 census, adolescents form about 22 percent of the total population of Manipur (Wikipedia).

In Manipur, the local term of alcohol is known as 'Yu'. Traditionally it is used as a medicine, and traditional medical practitioner and head of the village, only they prescribe this medicine to patients. But at the contemporary period, the traditional medicine is diverted into abusive substances. The sale of alcohol is prohibited in Manipur since Manipur Liquor Prohibition Act (MLPA 1991), but this prohibition is exempted in some village like Andro, Sekmai, Phayeng and tribal populated in Imphal on customary reasons.

Traditionally *Yu* is used as a medicine, which may or may not associate with a variety of plant/mineral products. Good quality of local alcohol is used to cure poor women health due to irregular menstrual flow and infertility factors. The local traditional healer and village head prescribe these *Yu* to the treatment of obesity, loss of appetite and low nourishment of food (P K Singh & K I Singh, 2006). One of village senior respondent said that pure local alcohol called *Machines* used as massage oil to treat the joint pain, finger and foot pain and muscle crimps etc. (Beishamayum Deben Singh et al, 2018)

Moreover, in many places where Scheduled Caste and Scheduled Tribes of Manipur are inhabited, alcohol is customarily included in all the social functions, such as ceremonies related to birth, marriage, death, etc. Some of the Scheduled Caste villages' viz. Sekmai, Andro,

Phayeng are very popular for their local brews. In fact, it is so embedded in their custom that the owner of the house where the ceremony is being held has to stock alcohol for any function, which will be served to the male visitors during the ceremony. As it is customary, taking alcohol is not considered as bad or harmful by many communities. In fact, taking a small peg is considered not only healthy but also manly. As the consumption of alcohol became so widespread, women in Manipur mobilized themselves into what is popularly known as the *nishabandh movement* or night patrollers in 1975. It was a movement against the sale and consumption of intoxicants especially liquor. Under this movement, groups of thirty to fifty women patrolled the streets after dusk and were on alert for inebriated youth and men returning home after an evening at the wine shop (Jain 1980). The main objective of night patrolling by women is to prohibit manufacturing, selling and drinking of alcohol. Each household in the locality was supposed to be part of this movement by contributing a female member to this movement. Subtle strictures are passed against a family, which does not contribute a female member to the organisation. However, the movement lost its relevance after the declaration of Manipur as a dry state by the state government in 1991 and later transformed into a more popular movement called *meirapaibi movement* (women torch bearers). Despite these changes, there is hardly any visible decline in the consumption of liquor in the state (Indira Kh, 2014).

In one of the studies (Somorjit, et al., 2011), the prevalence of substance use in Imphal (>50 %) was higher than that reported by most of the studies conducted among school children between 10 years and 18 years of age in different Indian cities including Gorakhpur by (18 %–25 %) [Kushwaha, 1992] and Delhi (40 % and 13 %). (Kapil, 2005)

Available evidence reveals that about 19.8 percent of the total population of Manipur consumes alcohol (Saxena, et al. 2003), which is one of the most commonly used substances in Manipur. Alcohol addiction is widespread in both urban and rural areas of Manipur even though manufacturing and sale of liquor are banned in the state since 1991. Interestingly, the prohibition of alcohol is found to be less successful in reducing the consumption of alcohol in the state, and all forms of alcohol viz, the country made liquors (*atingba, asaba*) and foreign made liquors are available in the state. It is observed that the consumption of liquor generally begins around the age of 15. This is the age when students appeared matriculation examination and once they failed

many of them dropped out of the school. Especially the boys start loitering around here and there and begin alcohol consumption, at first just for fun and pleasure. There seem to be ample reasons behind taking alcohol like a rejection of his proposal by a girl or inability of parents to satisfy his demand or failure of parents to send him to a school of his choice and many others. Initially, they tend to hide from the parents about their drinking habits even though their breath smells. It is observed that those who belong to younger age group especially adolescents mainly consume the locally made liquor known as *you*, which is cheaper and available in most of the localities. As mentioned before, there exists limited income earning opportunities for these dropouts, which possibly explain the rising alcoholism among adolescents in the state (Indira Kh, 2014).

According to sources used for the WHO, 2004 'National Survey on the Extent, Pattern and Trends of Drug Abuse in India', in the northeastern states, alcohol is the most commonly used substance in all states except Mizoram. Although the sale of alcohol is prohibited in Manipur, Mizoram and Nagaland, alcohol users are the second largest group seeking treatment in these states, after opiate users.

Gruenert and colleagues (2004) did a small Australian mixed methods action research study of parents in treatment for drug or alcohol dependencies and their children showed that intoxication and withdrawal could impair parents' ability to prepare meals, maintain household cleaning, keep school routines, respond to children's emotional needs, and supervise and manage risk of injury, including neglect or harm of their children by others. Parents in this study reported that during times of active alcohol or other drug use they themselves were more irritable, intolerant or impatient toward their children, used harsher discipline, were less responsive to their children's needs, yelled more and let go of routines, including getting their children to school. They also reported that they let their children take on adult roles, including caring for younger siblings.

Oliver and Patrick (1992) studied how growing up in a household with alcoholic or mentally ill parents is more likely to produce lower self-esteem, greater dysphoria, and more anxiety in adulthood. To test this hypothesis, 139 undergraduate and graduate students completed measures of anxiety, depression, social avoidance, self-esteem, and social support. Results showed that adult children of alcoholics, adult children of mentally ill, and adult children of substance abusing mentally ill had lower self-esteem and were more socially anxious than normal controls.

Adult children of mentally ill parents were more depressed and showed greater trait anxiety than adult children of alcoholics and controls. The impact of parental pathology is diminished if the adult child has a large and/or satisfactory social support network.

Kushner and friends (1999), Cross-sectional studies show a robust association between anxiety disorders and alcohol use disorders (comorbidity); however, this methodology does not allow for the testing of causal models. The authors attempted to overcome this limitation by examining comorbid relationships prospectively. For the study, male and female college students were assessed as freshmen (year 1), and then again at years 4 and 7, for selected 12-month anxiety disorders (generalized anxiety disorder, agoraphobia, and social phobia or panic) diagnosed according to the National Institute of Mental Health Diagnostic Interview Schedule (DIS) and DSM-III and for 12-month DIS/DSM-III alcohol use disorders (alcohol dependence alone and alcohol abuse or dependence). They found that cross-sectional, the odds of having either an anxiety disorder or an alcohol use disorder were two to fivefold greater when the other condition was present. Prospectively, the odds of developing a new alcohol dependence diagnosis at year 7 increased from 3.5 to five times for those diagnosed with an anxiety disorder at years 1 or 4. Conversely, the odds of developing a new anxiety disorder at year 7 increased by about four times for those diagnosed with alcohol dependence at years 1 or 4. When alcohol abuse and dependence were combined, the pattern of findings was similar, albeit weaker. Multivariate path models provide similar results and highlight the reciprocal influence of alcohol use disorders and anxiety disorders.

Lieb and colleagues (2002) examined the association between parental alcohol use disorders and patterns of alcohol consumption and DSM-IV alcohol use disorders in their offspring in a community-based sample of young adults. Data are based on baseline and 4-year follow-up data of 2427 respondents aged 14±24 at baseline. Alcohol use and disorders in respondents were assessed using the Munich-Composite- International-Diagnostic-Interview with DSM-IV algorithms. Diagnostic information about parents was collected by family history information from the respondents, and by direct interview with one parent (cohort aged 14 to 17 years only). Although the association between maternal and paternal alcohol use disorders and non-problematic drinking in offspring was minimal, there was a strong effect for the transition to hazardous use and for alcohol abuse and dependence; the effect of parental concordance for the

transition into hazardous use was particularly striking. Maternal history was associated with a higher probability of progression from occasional to regular use, whereas paternal history was associated with progression from regular to hazardous use. Parental alcoholism increased the risk for the onset of hazardous use and alcohol dependence between the ages of 14±17, and for an earlier onset of the alcohol outcomes in offspring. The impact of parental alcohol use disorders was comparable for male and female offspring. Parental alcoholism predicts escalation of alcohol use, development of alcohol use disorders and the onset of alcohol outcomes in offspring.

Dawe and colleagues (2007) have also summarised the international literature on the impact of a family member's drug use (including alcohol) on children between the ages of two and 12 years. They discuss neglect, harm or abuse (which in severe cases are the potential triggers for intervention by child protection agencies), exposure to hostility and conflict, the impact of alcohol on family functioning, and the associated child behavioural problems.

Tomison (1996), In an Australian survey of children who called the telephone help service 'Childline', parental alcohol misuse was identified by children as connected to a broad range of problems, including the child running away, violence in the home, physical abuse, sexual abuse, neglect and poor family relationships.

Laslett AM (2013) The 2008 Harm to Others (HTO) Survey reported in the Range and Magnitude of Alcohol's Harm to Others showed that the majority of Australians had been affected by others' drinking in the last year and many had been seriously affected. Amongst those more seriously affected were family members, including children. The centre for Alcohol Policy Research (CAPR) conducted a follow-up HTO Survey in 2011, which showed that many Australians were affected in an ongoing way by others' drinking.

Hussong, Zucker, Wong, Fitzgerald, and Puttler (2005) looked at how gender affects overall social competence, indicating that deficits in this area are mainly only seen in girls. Gender socialization theory suggests that society places a greater expectation on girls to develop their social skills, causing society to judge deficits in girls more critically and harshly. For male COAs, both the normal physical style of peer interaction and different societal expectations for

friendship interactions can result in fewer problems in developing the expected social competence level. For female COAs, these societal expectations can lead to greater internalization by girls of their incompetence and cause increases in depression and lower self-esteem.

McKenna and Pickens (1981) studied was the impact of having two alcoholic parents rather than just one. They found that children of two alcoholics were more likely to have behavioural problems, proceed quicker from first intoxication episode to full alcoholism treatment, and to start alcohol use at a younger age. Factors that did not vary based on a number of alcohol misusing parents were measures of pretreatment drinking, the severity of drinking at the time of measurement, and alcohol treatment outcome.

Andrea M et al (2008) examined differences between children of alcoholics (COAs) and nonalcoholic parents in their experience of negative life events across 3 longitudinal studies together spanning the first 3 decades of life. The authors posited that COAs would differ from their peers in the life domains in which they are vulnerable to stressors, in the recurrence of stressors, and in the severity of stressors. Scale- and item-level analyses of adjusted odds ratios based on stressors across 7 life domains showed that COAs consistently reported greater risk for stressors in the family domain. COAs were also more likely to experience stressors repetitively and to rate their stressors as more severe (in adulthood). Implications for prevention and intervention programs targeting this risk group are discussed.

Singh and Dawar (2013) conducted a study to predict the Mental Health of Adolescents on the basis of Emotional Maturity and Parent Child Relationship. He conducted his study on 200 9th class adolescents (100 boys and 100 girls) from Government Secondary Schools of Ludhiana City. The result showed that the emotional maturity and parent-child relationship conjointly predict mental health significantly higher as compared to their separate prediction for adolescents. They concluded that this may be due to the positive and significant relationship between mental health and emotional maturity.

Cathy and Raymond (2007) studied the Risk Factors among Adult Children of Alcoholics. A child growing up in this environment may not be able to deal effectively with his/her own feelings of anger or hostility. Being exposed to instances where the alcoholic adult's anger is

raging with uncontrolled intensity is highly frightening. Anger soon becomes the monster that you have to keep under control. The ACOA has a limited set of psychological and emotional tools that are necessary and available to recognize and deal with his/her own negative emotions. By avoiding the emotions he/she has been conditioned to fear in him/her and in others, there are no opportunities to learn appropriate strategies to deal with anger. They also often fail to learn to deal effectively with the negative emotions of others.

Jan Nuzhat (2013) made an attempt to assess and compare the emotional maturity of Male and Female University Distance Learners. A sample of 120 students (60 Male & 60 Female University Distance Learners) was drawn from distance education university of Kashmir (J&K) India. The data was collected by administering Yashvir Singh and Mahesh Bhargava Emotional maturity Scale (EMS) (1984). The results revealed that the Female University distance learners and Male University distance learners do not differ significantly on emotional maturity so far as the composite score is concerned. However, on factor wise of emotional maturity scale Female University distance learners have emotional instability than Male University distance learners. They have a lack of capacity to dispose of problems, irritability and needs constant help for one's day to day work, vulnerability, stubbornness and temper tantrum. Male University distance learners have more emotional regression than female university distance learners. Male University Distance Learners have inferiority complex, restlessness, hostility, aggressiveness and self-centeredness of being pursuing education through distance mode. They experience a sense of discomfort and lack of peace of mind. And on other factors, their emotional maturity is almost the same.

Krishna Duhan and his associates (2017) did a comparison of Male and Female Adolescents on Emotional Maturity. It was revealed that there were no significant differences in the emotional maturity of adolescents as per their gender. However, on the basis of mean scores results depict that male adolescent were on the lower side on emotional instability, social maladjustment and lack of independence as compared to their counterparts. This shows that male adolescents were having better emotional stability, social adjustment and independence in behaviour as compared to female adolescents. Emotional regression and personality disintegration were higher in males (25.60 & 20.83) as compared to female adolescents respectively (25.57&20.70) as they obtained higher mean scores than their counterparts.

Pastey and Aminbhavi, (2006) made an attempt is made in the present study to find out the impact of emotional maturity of adolescents on their stress and self-confidence. Sample of the study consists of 105 adolescents in Dharwad city Karnataka State, India. The scales such as emotional maturity (Singh and Bhargav, 1994), Self Confidence Inventory (Rekha Agnihotri, 1987) and Students' Stress Scale (Deo, 1997) were administered on the selected sample. The findings revealed that adolescents with high emotional maturity have significantly high stress ($t=10.44$; $p < 0.001$) and self-confidence ($t=-2.92$; $p < 0.01$) when compared to those with low emotional maturity. Adolescents with a greater number of siblings have shown a significantly higher level of self-confidence ($t = 2.96$; $p < 0.01$) than their counterparts. It is also found that the educational level of the father has significantly influenced the stress of their adolescent children ($F= 5.303$; $p < 0.01$). Adolescent boys tend to have significantly higher stress than girls ($t=1.72$) and girls tend to have significantly high self-confidence ($t=1.83$).

Hussong and Chassin (2004) studied that the transition to young adulthood is both a time when risky health behaviours such as substance misuse peak and a time of opportunity for growth and development through the acquisition of adult roles. In this transition, coping styles include responses to the stressors and opportunities associated with the emergence of adulthood. The extent to which such coping styles are skilfully employed in part determines adjustment into adulthood. The study used a high-risk, longitudinal design to examine the development of coping styles over adolescence, continuity in these coping styles from adolescence to adulthood, the impact of coping on adult stress and substance misuse, the ability of coping to buffer effects of stress on substance use, and differences in coping between at-risk youth (i.e., children of alcoholics [COAs]) and their peers. A sample of 340 adolescents completed four assessments over ages 11–23. They used latent trajectory models to examine the inter-individual and intra-individual change in coping over time. Evidence for both change and continuity in the development of coping from adolescence to adulthood was found, although adolescent coping had limited impact on stress and substance use in adulthood. Support was also found for complex stress-buffering and stress-exacerbating effects of coping on the relations between major life events and adult drug use and between stress associated with the new roles of adulthood and

heavy alcohol use. Implications of these findings for development and adjustment in the transition to adulthood are discussed.

Singh and his colleagues (2012) carried out a study to know how the parents, siblings and spouses of individuals with alcohol addiction perceive the quality of the family environment. In this study, 90 participants (30 parents, 30 spouses and 30 siblings) of the patients diagnosed with alcohol dependence syndrome were selected purposively. Tools like socio-demographic data sheet, Family Environment Scale (FES), and General Health Questionnaire- 12 were used for data collection. Spouses revealed a lower level of family environment in the domain of expressiveness as compared to parents and siblings of alcohol dependence. Finding also indicated that parents and spouses group reported having more negative experiences in the domain of control as compared to siblings of alcohol dependence.

Calder & Kostyniuk (1989) analyzed personality profiles of Children of Alcoholics. The study sample included 62 children of parents who were in treatment for alcoholism and who responded to a questionnaire. Of the parental group, 33 were Fathers and 29 were mothers of the children who were aged 6 to 16 years. Study results revealed that the children had mean scores on the Family Relations, Delinquency, Depression, and Withdrawal scales that were more than 1 standard deviation above the norm, although there was a great deal of variation in individual profiles. However, the majority of the children did not show signs of adjustment problems. It is concluded there is no standard profile for children of alcoholics and that the stereotypic negative profile that is painted for Children of Alcoholics may not be accurate for most of these children.

Nancy and Sam (2014) carried out a study on Family Environment among Children of Alcoholics at Chettikulam, Perambalur District. They found that children raised in alcoholic parent homes are at risk for a number of less desirable outcomes. Such outcomes include both lower academic performance and a higher incidence of behavioural problems. Children are also adversely affected by circumstances that co-occur with single-parent family configurations (such as economic disadvantage, residential instability, and inter-parental conflict) or are the consequence of such configurations (such as disrupted parenting).

John and Singh (2014) conducted a study among the college students in North Arcot District, Tamil Nadu. In all 200 boys and girls were chosen for this study. Of them, 61 boys and 47 girls

affirmed the presence of an alcoholic person in their families. The paper identifies the prominent areas of concerns in their family and personal life. The findings of the study revealed that these COAs suffered from family disruption, co-dependency, emotional problems and disruptive behaviour patterns. However, their tendency to take recourse to alcohol or drugs remained minimal. Awareness regarding alcoholism, the need to make healthy choices and an assurance of hope are urgent. The absence of a control group in this study is a major limitation. However, the respondents had not reported any other major psychological or psychiatric problems in their parents.

Velleman and Templeton (2007) summarized years of work and describe a range of ways in which children living in families with a heavy-drinking parent are reported to have been affected, including by disruptions to family rituals such as birthdays, by changes in and reversal of parent-child roles, by disturbed school attendance, eating and bedtime routines, by limited or more aggressive communication, by diminished social connectedness, and by lack of finances and worsening relationships.

Larkins and Sher (2006) examined the magnitude and durability of personality differences related to a family history of alcoholism (FH) and the development of alcohol use disorders (AUDs) in late adolescence and early adulthood. Data were taken from a longitudinal sample ($N = 487$; approximately half FH-positive) that completed the Eysenck Personality Questionnaire at 3 points spanning 11 years (participants were 18 years old at baseline). Hierarchical linear analyses showed that FH participants had higher levels of neuroticism and psychoticism over the study period, independent of AUD. Despite relatively large mean decreases in neuroticism (as well as extraversion), the magnitude of the between-group differences found at age 18 was maintained over the next decade. These changes thus reflect stable underlying differences in personality and not artifacts of higher rates of AUDs in FH_ individuals, recently living in an alcoholic home, vulnerability to the developmental challenge of leaving home, and/or a developmental lag.

Hinrichs and colleagues (2011, July) conducted two studies to identify and validate potential personality subtypes in adolescent and adult children of alcoholics. As part of a broader NIMH-funded study, randomly selected psychologists and psychiatrists provided personality data on

adolescent (n = 229) or adult (n = 359) children of alcoholics using a Q-sort procedure (SWAP-II-A for adolescents and SWAPII for adults), which were subjected to a cluster-analytic procedure, Q-factor analysis. Q-factor analysis yielded five personality subtypes in both groups. Despite the different samples and age groups, four of the personality subtypes were highly similar, including externalizing, inhibited, emotionally dysregulated, and high-functioning. Providing initial data on their validity, the subtypes differed on Axis I and II pathology, adaptive functioning, and developmental and family history variables. These findings show heterogeneity among children of alcoholics and suggest the importance of addressing personality subtypes for research and practice in treating adolescent and adult children of alcoholics.

Jonathan et al., (2011) conducted two studies to identify and validate potential personality subtypes in adolescent and adult children of alcoholics. As part of a broader NIMH-funded study, randomly selected psychologists and psychiatrists provided personality data on adolescent (n = 229) or adult (n = 359) children of alcoholics using a Q-sort procedure (SWAP-II-A for adolescents and SWAPII for adults), which were subjected to a cluster-analytic procedure, Q-factor analysis. Q-factor analysis yielded five personality subtypes in both groups. Despite the different samples and age groups, four of the personality subtypes were highly similar, including externalizing, inhibited, emotionally dysregulated, and high-functioning. Providing initial data on their validity, the subtypes differed on Axis I and II pathology, adaptive functioning, and developmental and family history variables. These findings show heterogeneity among children of alcoholics and suggest the importance of addressing personality subtypes for research and practice in treating adolescent and adult children of alcoholics.

In the UK and Finland, focus groups with children and reviews of the literature revealed that children of substance-using parents felt ashamed, that they had missed out on their childhood, had normalized negative situations that a child should not have to deal with, and had felt anxious about their own safety. In addition, children reported being concerned for their parents in relation to the effects of their drinking. They were upset by their parents' quarrelling and violence when they drank and felt that their families did not function as they should (Adamson & Templeton 2012; Raitasalo 2011). They felt they were not prioritised in their parents' lives and that they were neglected and physically hurt. Importantly, however, Raitasalo (2011) noted that in Finland many of these children had developed methods for coping with some of these problems and had suggestions about what might help other children in the same situations.

Colbert (1991) examined coping patterns of Children of Alcoholics (COAs) and has been compared to those of children of non-alcoholics (CNAs) in an effort to further investigate COA coping behaviours and to more fully understand the problematic needs of this population. Subjects included 34 COAs and 39 CNAs, all adolescents 15 through 18 years of age who were recently enrolled in a high school program for students experiencing stress. Participants completed a battery of paper and pencil instruments which assessed various aspects of coping. Hypothesized global differences between the coping patterns of COAs and CNAs were not found. Instead, overall differences were minimal. More significant differences were found to depend on gender. Female COAs showed greater dysfunction than same-sex peers on family-related coping and perception of peer support variables, whereas male COAs differed from a male peer on quality of coping response variables. Results also show that gender is a significant variable to address when developing COA programs.

Jennifer and colleagues (2007) Personality may directly facilitate or constrain coping, but relations of personality to coping have been inconsistent across studies. This meta-analysis tested moderators of relations between Big Five personality traits and coping using 2,653 effect sizes drawn from 165 samples and 33,094 participants. Personality was weakly related to broad coping viz. Engagement or Disengagement, but all 5 traits predicted specific strategies. Extraversion and Conscientiousness predicted more problem-solving and cognitive restructuring, Neuroticism less. Neuroticism predicted problematic strategies like wishful thinking, withdrawal, and emotion-focused coping but, like Extraversion, also predicted support seeking. Personality more strongly predicted coping in young samples, stressed samples, and samples reporting dispositional rather than situation-specific coping. Daily versus retrospective coping reports and self-selected versus researcher-selected stressors also moderated relations between personalities and coping. Cross-cultural differences were present, and ethnically diverse samples showed more protective effects of personality. A richer understanding of the role of personality in the coping process requires an assessment of personality facets and specific coping strategies, use of laboratory and daily report studies, and multivariate analyses.

Calder and friends (1989) Personality profiles of Children of Alcoholics were analyzed. The study sample included 62 children of parents who were in treatment for alcoholism and who

responded to a questionnaire. Of the parental group, 33 were Fathers and 29 were mothers of the children who were aged 6 to 16 years. Study results revealed that the children had mean scores on the Family Relations, Delinquency, Depression, and Withdrawal scales that were more than 1 standard deviation above the norm, although there was a great deal of variation in individual profiles.

Havey and colleagues (1995) conducted a study to identify the familial and behavioural factors related to early experimentation with drugs among both Children of Alcoholics (COAs) and non-COAs: and to assess the degree to which COAs differ from their peers, in respect to their family environment, behaviour, and experimentation with the drug. Data was gathered by self-report questionnaires from 246 sixth graders enrolled in a mandatory, school-based drug prevention program. A behavioural checklist, completed by 119 participating parents, consisted of measures of demographic background, experiences with drugs and an alcohol, drinking problem perceptions, and home environment impressions. Students completed the Children of Alcoholics Screening Test (CAST) in order to identify children with a family history of alcohol abuse. Home environment perceptions were measured using the Children of Alcoholics Life Events Schedule (COALES) and the Relationship Dimensions of the Family Environment Scale (FES). Their results indicated that the variable that most strongly distinguished those adolescents who had tried drugs from those who had not was Bad Events in the family environment Family Conflict, Cohesion, Good Events. And even COA Status contributed little to the discriminant function. Differences were found between COAs and non-COAs in respect to family structure, parent education levels, and family environment. COAs were found to be significantly more likely than peers to experiment with tobacco, but not alcohol or drugs. They also had a tendency to engage more frequently in delinquent behaviour.

Berkowitz (1986) study was conducted by to compare personality characteristics along youthful Children of Alcoholics (COAs) and other young adults and to examine the extent to which these characteristics are gender-specific or are related to the gender of the alcoholic parent. The data were derived from a comprehensive survey administered to the entire first and second-year classes of an undergraduate liberal arts institution. The survey examined thinking-related behaviours, problems, personality characteristics, and familial alcoholism. Inventories of impulsiveness, self-depreciation, lack of tension, independence/autonomy, need for social

support, directiveness, sociability, and other-directedness were utilized to assess personality characteristics. Results of the study indicate that parental alcoholism is associated with differences in some personality characteristics of COAs in comparison with other students. COAs were more likely than their peers to experience self-depreciation, with greater effect in female COAs than with male COAs. Female COAs and other female peers received similar scores on all of the remaining personality scales. Male COAs rated themselves as more directive, autonomous, and In need of social support than their non-COA peers. Women with an alcoholic father were significantly more likely than women with an alcoholic mother to report depression and low self- esteem. Other personality characteristics of COAs with an alcoholic parent of either sex appear similar. These gender differences in personality characteristics of COAs need to be considered when providing services and developing treatment approaches for helping COAs.

STATEMENT OF THE PROBLEM

Though alcoholism affects all members of a family, it affects the children the most as it can lead to child neglect; with subsequent lasting damage to emotional development. A child being raised by an alcoholic parent or caregiver may have a variety of conflicting emotions that need to be addressed in order to avoid future problems. Children are often in a difficult position because they cannot go to their own parents for support. They can become afraid of their parents, because of their unstable mood behaviors. They can also develop considerable amount of shame over their inadequacy to liberate their parents from alcoholism.

From time immemorial the people of Manipur use alcohol (Yu) for medicine, relaxant and offerings. It is a distilled product of the fermented local rice. The technology of the preparation of Yu is a traditional one and the product is a source of income generation to the poorer sections of people (Singh & Singh, 2006). Though no study on prevalence and other factors are available, alcohol related problem in Manipur is by no means low. One of the contributing factors of alcohol dependence has been cited as free availability of alcohol.

Alcoholic Prohibition was enforced in Manipur with effect from 1st April, 1991 but local brews called *ashaba* and *atingba* are easily available in most areas, and authorities usually ignore their sale and consumption. In 2002, the government lifted prohibition in the five hill districts of Manipur. After prohibition was lifted, alcoholism became a major problem for many people and with associated psychological problems. No record of alcoholic prevalence was done so far though the impact of alcoholism is almost witnessed by many families that invite the present study to take up this problem of study.

In the light of the existing literature and comprehensive studies made on the psycho-social variables linked to alcoholism among children of alcoholics, this study will assess the family environment, emotional maturity level, coping styles and personality dimensions of young adult children of alcoholics as underpinnings of the more broader aspect of alcoholism-related psychosocial problems. It is expected that the findings of this study may add to the existing literature on the psychosocial parameters related to alcoholism. Moreover, the study endeavors to throw light on the existing problems faced by children of alcoholics and thus may provide substantial evidence in the creation of awareness among the common masses and also provide

important facts in the development of appropriate plans and policies for such a population to minimize the ill effects of having to live with an alcoholic parent(s).

Operational Definitions Of The Terms

Alcoholic: Alcoholism is a chronic, progressive treatable disease in which a person has lost control over her or his drinking so that it is interfering with some vital area of her or his life such as family and friends or job and school or health.

Offspring of an alcoholic: Children from families where one or both the parents are alcoholics.

Family environment refers to quality and quantity of the cognitive, emotional and social support that has been available to the child within the family and connotes the psychological environment as perceived by adolescents.

Components of family environment

- i. **Cohesion:** It is the degree of commitment, help and support of family members provide for one another.
- ii. **Expressiveness:** It is the extent to which family members are encouraged to act openly and express their feelings and thoughts directly.
- iii. **Conflict:** It refers to the amount of openly expressed aggression and conflict among family members.
- iv. **Acceptance and Caring:** It is the extent to which the members are unconditionally accepted and the degree to which caring is expressed in the family.
- v. **Independence:** It is the extent to which family members are assertive and independently make their own decisions.
- vi. **Active Re-creational Orientation:** It refers to the extent of participation in social and recreational activities.
- vii. **Organization:** It connotes the degree of importance of clear organization structure in planning family activities and responsibilities.

viii. Control: It is the degree of limit setting within a family.

Emotional Maturity

Emotion may be defined as the stirred up condition of organism involving internal and external changes in body.

Maturity Is achieved when individual growth is completed and the organism is ripe for propagation. it designates that phase of personality development which corresponds to biological and psychological maturation.

Emotional Maturity is defined as how well you are able to respond to situations, control your emotions and behave in an adult manner when dealing with others.

Emotionally Matured individual is continually involved in a struggle to gain healthy integration of feeling, thinking and action.

Stress

Stress is an integral part of the natural fabric of life. Any situation in which a person's behaviour is evaluated by others as unusual can be stressful.

Coping is a goal-directed process in which the individual orients thoughts and behaviors toward the goals of resolving the source of stress and managing emotional reactions to stress.

Young adults

A young adult is generally a person ranging in age from their late teens or early twenties to their thirties.

Objectives:

Based on the theoretical and methodological foundation the following objectives have been set forth for the present study:

- 1) To establish the psychometric adequacy of the psychological tests used, in order to find applicability in the selected population.
- 2) To compare the young adult offspring of alcoholic and non-alcoholic fathers in Manipur on emotional maturity, personality, coping and family environment.
- 3) To explore any significant independent effect of ‘alcohol’ and ‘gender’ on Emotional maturity, personality, coping and family environment among the target population.
- 4) To examine any significant interaction effects of ‘alcohol and gender’ on Emotional maturity, personality, coping and family environment among the target population.

Hypotheses:

To meet the objectives, the following hypotheses have been set forth for the present study.

- 1) It is expected that the selected behavioural measures would find applicability in the projected population.
- 2) There will be a significant difference between the mean of young adult offspring of alcoholic fathers and non-alcoholic fathers on emotional maturity, personality, coping and family environment.
- 3) There will be the significant independent effect of ‘alcohol’ and ‘gender’ on emotional maturity, personality, coping and family environment in the target population.
- 4) There will be significant interaction effect of ‘alcohol and gender’ on emotional maturity, personality, coping and family environment in the target population.

METHODS AND PROCEDURE

To meet the objectives and hypotheses, the methodology used for the present as under:

Sample

Two hundred young adults of Manipur were selected through a multistage sampling procedure. Firstly, 100 young adults (50 males & 50 females) offspring of the alcoholic father was selected from different hospitals, private clinics and rehabilitation centres located in Manipur taking due consideration to select equal samples from the different districts of Manipur state. To minimize the effects of the extraneous variables, offspring of single/separated/ divorced parents were not included in the study.

Data was also obtained from another group comprising of 100 young adults (50 males & 50 females) offspring of non-alcoholic father matched to the study sample (the young adult offspring of the alcoholic father) on extraneous variables such as age, sex, occupation, educational qualification, income, family structure (joint/nuclear) was selected based on the objectives of the study. Keeping the theoretical considerations pertaining to Erik Erikson's (1975) stages of human development in view; the sample was selected from the young adult population in the age range of 20 to 40 through random sampling procedure.

Inclusion Criteria:

- Offspring of Alcoholic Father who has attained a diagnosis of Alcohol use disorder based on DSM-IV TR and taking treatment under registered Hospital/Centre/ Clinic in Manipur state taken.
- Unmarried young adults in the age range of 20 to 40 were taken.
- Offspring of both parents were included.

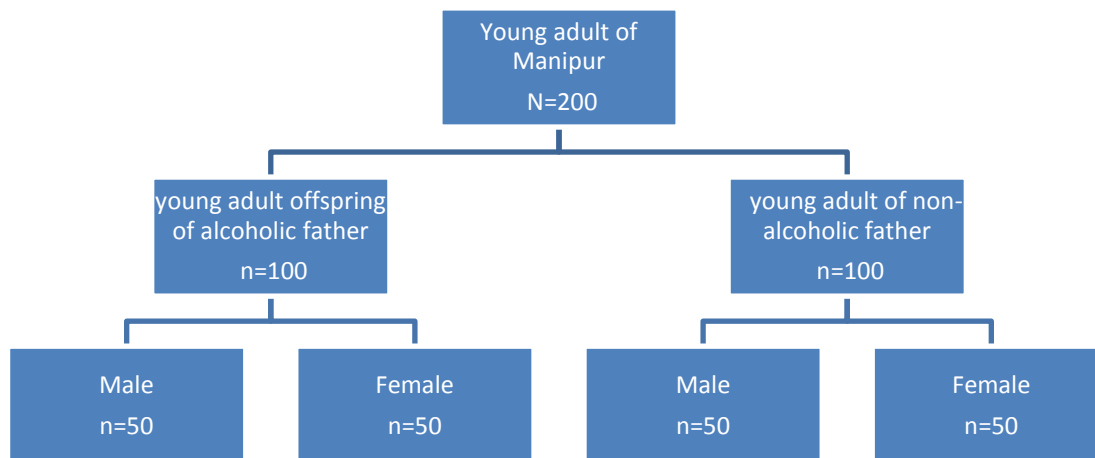
Exclusive Criteria:

- Offspring of fathers who fulfill the criteria for Polysubstance use disorder were not considered.
- Offspring of alcoholic father not in the age range of 20 to 40 were excluded.
- Married offspring of the alcoholic father was excluded.
- Offspring of Single/ divorced/ separated parents were not included.

Design of the Study:

The design 2 x 2 factorial design {2 groups of young adults (offspring of alcoholic and non-alcoholic father)} and 2 gender (male and female young adult), four cells of comparison groups was employed as it aims to elucidate the differences between the comparison groups - the Young adult offspring of alcoholic and non-alcoholic father on (i) Family environment – Relationship (cohesion, expressiveness, conflict, acceptance and caring), Personal Growth (independence, active-recreational orientation) and System maintenance (organization and control); (ii) Emotional Maturity (instability, emotional regression, social maladjustment, personality disintegration and lack of independence); (iii) Personality [Neuroticism (N), Extraversion (E), Openness (O), Agreeableness (A) and Conscientiousness (C)]; and (iv) Coping for Stressful Situation.

Figure-1: Illustrate the design of the study (2 x 2 factorial design).



Psychological Tools:

1. **Family environment scale (FES; Bhatia H& Chadha N.K, 1993):** The scale is based on the family environment scale by Moos (1974) and it consists of 69 items. The scale measures mainly three dimensions of family environment viz. Relationship (cohesion, expressiveness, conflict, acceptance and caring), Personal Growth (independence, active-recreational orientation) and System maintenance (organization and control). Internal consistencies of the subscales range from .48 to .92.
2. **Emotional maturity scale (EMS; Singh. Y., & Bhargava M, 1984):** It consists of 48 items and measures five broad factors of emotional maturity: Emotional instability, Emotional regression, Social maladjustment, Personality Disintegration and Lack of independence. The scale consists of a total of 48 items, 10 items in each component except for the component i.e. lack of independence which has 8 items. This EMS test has a test-retest reliability of .75.
3. **The revised NEO Five-Factor Inventory (NEO-FFI; Costa & McCrae. 1992):** It is a 60-item version of Form S of the NEO PI-R that provides a brief, comprehensive measure of five major dimensions or domains of personality. It consists of five 12-item that measures each domain. Domains are Neuroticism (N), Extraversion (E),

Openness (O), Agreeableness (A) and Conscientiousness (C). It consists of 60 items answered on a 5-point scale. It may be administered individually or in groups and is appropriate for individuals who are 17 years of age or older. Two-week test-retest reliability ranges from 0.86 to 0.90 for the 5 scales and Internal Consistency ranges from 0.68 to 0.86.

4. **Coping Inventory for Stressful Situations (CISS); (CISS; Endler & Parker, 1999):** The CISS is a self-report paper and pencil measure of coping, consisting of 48 items. There is both an adult form and an adolescent form. Sixteen items assess Task-oriented coping, 16 items assess Emotion-oriented coping, and 16 items assess Avoidance-oriented coping. There are two subscales for the avoidance-oriented scale: distraction (eight items), and Social Diversion (five items). The three remaining items for the avoidance scales are not scored for this sub-scale. To control for order effects, the items for the three major scales are randomly distributed within the form. Respondents for both the adult and adolescent versions are asked to rate each item on a 5-point frequency scale ranging from (1) Not at all to (5) very much. The CISS can usually be completed in about 10 minutes. In general, test-retest reliabilities were moderate to high for male and female undergraduates. The task and emotion scales had the highest reliabilities, above or equal to .68 for males and females. The avoidance scale and the two subscales of distraction and social diversion had moderate reliabilities ranging from .51 to .60.

Procedure:

Sample identification and the selection were done based on inclusion and exclusion criteria as cited above. After selecting the place, necessary permission was obtained from the concerned authorities and they were thoroughly explained and any doubt or queries were clarified about the purpose, expectation, time requirement etc. Moreover, all the participants were thoroughly explained about the nature and purpose of the study, and then informed consent was taken from them.

The sample of the study was collected from hospitals and rehabilitation centres located in different districts of the Manipur. Offspring of both inpatients and outpatients from the Jawaharlal Nehru Institute of Medical Sciences (JNIMS); Porompat, Imphal East and Regional

Institute of Medical Sciences (RIMS), Imphal West were contacted for the study. Apart from these two hospitals, permission was also sought from all the 19 rehabilitation centres in Manipur registered under Integrated Rehabilitation Centers for Addicts (IRCAs), Ministry of Social Justice and Empowerment, Govt. of India. However, only the following centres gave permission to carry on the study viz. Kha Manipur Yoga and Nature Cure Association, Rural Development Society De-Addiction Centre located in Thoubal districts; New Light De-addiction Centre (Rural Health Organization)& Rural Development Foundation Association in Senapati District; Manipur Rural Institute Society (Awakening Home),New Life De-Addiction Centre (Centre for Mental Hygiene), Galaxy club-Divine Light De-Addiction Centre located in Imphal west district;Kripa Foundation, Korengei, CMC Road, Imphal East, and Centre for Mental Hygiene & Lamka Rehabilitation and Research Centre, Churachandpur.

Prior to administration of the original psychological scales in the English version were translated into Manipuri language as the target population is not well versed with English. For methodological concern, the translated Manipuri was backed translated into English by employing ABBA technique to check the psychometric adequacy for the population under study and showed that the selected psychological scales were reliable for the further purpose.

Then, the translated version of the scales was administered to 100 young adult offspring of alcoholic (50 male & 50 female) age range falls between 20 years to 40 years. Using the same Manipuri version of the scales, data was obtained from another group of 100 young adult offspring of non-alcoholic father matched on extraneous variables like age, location, gender, education, religion, and also cross-checked with the help of socio-demographic profiles.

The Semi-Structured Performa consists of Demographic details like gender, age, religion, educational qualification, marital status, previous history of any psychological and psychiatric problem was also administered to cross-check the true representation of comparison groups as per design. The analysis of the data is given in the next chapter.

RESULTS AND DISCUSSION

The present study entitled, “Impact of paternal alcoholism on psycho-social functions of young adults in Manipur”, was conducted by following the scientific methodology which could be replicated in future to cross checking or to get more information in the selected population for framing prevention and developing intervention strategies for psychological problems.

For the study, 2 groups of young adults (100 offspring of Alcoholic father and 100 offspring of non-alcoholic father) and 2 Genders (female and male) was selected through random sampling method. To meet the objectives and the hypotheses set forth for the present study, the psychological tests: 1) Family environment scale (FES: Bhatia H& Chadha N.K, 1993); 2) Emotional Maturity Scale (EMS; Yasvir Singh & Mahesh Bharagava, 1984); 3) The revised NEO Five-Factor Inventory (NEO-FFI; Costa a & McCrae. 1992); 4) Coping Inventory for Stressful Situations (CISS); (CISS; Endler & Parker, 1999) were employed..

Results of the study was calculated in a step manner and presented as follow:

The data collected from 2 groups of young adults(100 Offspring of alcoholic and 100 Offspring of non alcoholics) and 2 Genders (100 female and 100males) were analyzed in stepwise. The raw data was entered in the Microsoft Excel sheet.

Psychometric Adequacy:

The psychological tests used for the present study were originally made for other culture, and therefore to rule out the difference on cultural norms, the psychometric adequacy of the psychological test was checked before going further analysis by employing Robust Tests of Equality of Means (Brown-Forsythe) and Reliability measures (Cronbach Alpha).

The preliminary analyses of the psychometric properties of the behavioural measures computed were felt necessary that scale constructed and validated for measurement of the theoretical construct in a given population when taken to another cultural milieu may not be treated as reliable and valid unless specific checks are made (Witkin & Berry, 1975). The reliability and predictive validity of the scales and sub-scales were ascertained to ensure the psychometric

adequacy of the scales used for the study. Internal consistency reliability was estimated for each of the scales used in the study using Cronbach's coefficient alpha (Cronbach, 1951).

Firstly, the Psychometric adequacy of the Psychological test was done to confirm the trustworthiness of the selected scales for the target population by employing Brown-Forsythe test and the reliability of the psychological tests were calculated. Secondly, the descriptive statistics were computed including the mean, standard deviation, Standard Error of Mean, Kurtosis and Skewness on the behavioural measures of 1) Family environment scale (FES: Bhatia H& Chadha N.K, 1993); 2) Emotional Maturity Scale (EMS; Yasvir Singh and Mahesh Bharagava, 1984); 3) The revised NEO Five-Factor Inventory (NEO-FFI; Costa and McCrae. 1992); 4) Coping Inventory for Stressful Situations (CISS); (CISS; Endler & Parker, 1999). Thirdly, mean difference was computed for the whole sample. Lastly, 2 X 2 ANOVA with Post-hoc multiple mean comparisons were employed to illustrate the independent and interaction effect of the independent variables on selected dependent variables for the whole samples.

The results in Table- 1A reveal that the reliability of Emotional Maturity Subscales i.e. Emotional Instability ($\alpha=.72$), Emotional Regression ($\alpha=.81$), Social Maladjustment ($\alpha=.78$), Personality Disintegration ($\alpha=.73$), Lack of Independence ($\alpha=.65$) and the total coefficient of correlation of the subjects emerged to be satisfactory over the levels of analysis for the whole sample, which indicates the trustworthiness of the Emotional Maturity Scale. The Reliability test of Cronbach Alpha show reliability scores almost all falling above .65 showing the reliability of the selected psychological scale for the present population under study.

The results also highlight the Mean and SD of the Emotional Maturity Subscales i.e. Emotional Instability (M=23.16, SD=6.59), Emotional Regression (M=25.26, SD=7.78), Social Maladjustment (M=21.12, SD=6.79), Personality Disintegration (M=19.09, SD=5.50), Lack of Independence (M=17.03, SD=4.50). The results revealed the mean and standard deviation as well as Skewness and Kurtosis as indices for normality of the scores on the measured variables. All the skewness statistics falls between ± 1.0 which showing none of the skew and kurtosis are greater than twice the standard error within an acceptable range, and that reveal the applicability of parametric statistics for further analysis (Miles & Shevlin, 2001).

Table-1 A: Showing Mean, SD, Skewness, Kurtosis, Reliability and Homogeneity of the subscales of Emotional Maturity scales for the whole samples.

Statistics	Emotional Maturity				
	Emotional Instability	Regression	Social maladjustment	Dis integration	Lack of independence
Mean	23.16	25.26	21.12	19.09	17.03
SD	6.59	7.78	6.79	5.50	4.50
Skewness	0.27	0.50	0.47	0.62	0.17
Kurtosis	-0.21	-0.12	-0.34	0.13	-0.21
Reliability	.72	.81	.78	.73	.65
Homogeneity (Brown Forsythe)	.00	-.00	.00	.00	.00

The results in Table- 1B reveal that the reliability of NEO FFI subscales i.e. Neuroticism ($\alpha=.70$), Extraversion ($\alpha=.69$), Openness ($\alpha=.62$), Agreeableness ($\alpha=.73$), Conscientiousness ($\alpha=.70$) the total coefficient of correlation of the subjects emerged to be satisfactory over the levels of analysis for the whole sample, which indicating the trustworthiness of the scale NEO FFI. The Reliability test of Cronbach Alpha show reliability scores almost all falling above .60 showing the reliability of the selected psychological scale for the present population under study.

The results (Table-1B) also highlight the Mean and SD of the NEO FFI subscales i.e. Neuroticism (M=36.86, SD=5.06), Extraversion (M=39.28, SD=4.90), Openness (M=36.90, SD=4.03), Agreeableness (M=35.68, SD=4.11), Conscientiousness (M=36.84, SD=5.04). The results reveal the mean and standard deviation as well as Skewness and Kurtosis as indices for normality of the scores on the measured variables. All the skewness statistics falls between ± 1.0 which showing none of the skew and kurtosis are greater than twice the standard error within an acceptable range, and that revealed the applicability of parametric statistics for further analysis (Miles & Shevlin, 2001).

Table-1B: Showing Mean, SD, Skewness, Kurtosis, Reliability and Homogeneity of the subscales of Personality (NEO-FFI) for the whole samples.

Statistics	Personality				
	Neuroticism	Extra-version	Openness	Agree-ability	Conscientiousness
Mean	36.86	39.28	36.90	35.68	36.84
SD	5.06	4.90	4.03	4.11	5.04
Skewness	0.01	-0.06	0.02	-0.02	0.02
Kurtosis	-0.81	-0.43	-0.76	-0.63	-0.78
Reliability	.70	.69	.62	.73	.70
Homogeneity (Brown Forsythe)	.00	.00	.00	.00	.00

The results in Table- 1C reveal that the reliability of Family environment Subscales i.e. Cohension ($\alpha=.54$), Expressiveness ($\alpha=.56$), Conflict ($\alpha=.57$), Acceptance and Caring ($\alpha=.59$), Independence ($\alpha=.71$), Recreational ($\alpha=.63$), System Maintenance ($\alpha=.62$), the total coefficient of correlation of the subjects emerged to be satisfactory over the levels of analysis for the whole sample, which indicating the trustworthiness of the Family environment scale. The Reliability test of Cronbach Alpha shows reliability scores almost all falling above .50 showing the reliability of the selected psychological scale for the present population under study.

The results also highlight the Mean and SD of the Family environment Subscales i.e. Cohension (M=47.25, SD=4.56), Expressiveness (M=29.82, SD=3.53), Conflict (M=34.31, SD=3.37), Acceptance and Caring (M=34.36, SD=3.52), Independence (M=25.56, SD=3.37), Recreational (M=22.84, SD=3.31), System Maintenance (M=55.02, SD=7.91). The results reveal the mean and standard deviation as well as Skewness and Kurtosis as indices for normality of the scores on the measured variables. All the skewness statistics falls between ± 1.0 which showing none of the skew and kurtosis are greater than twice the standard error within an acceptable range, and that revealed the applicability of parametric statistics for further analysis (Miles & Shevlin, 2001).

Table-1 C: Showing Mean, SD, Skewness, Kurtosis, Reliability and Homogeneity of the subscales of Family environment for the whole samples.

Statistics	Family environment						
	Cohesion	Expres- siveness	Conflict	Acceptance and caring	Indepen- dence	Recrea- tional	System maintenance
Mean	47.25	29.82	34.31	34.36	25.56	22.84	55.02
SD	4.56	3.53	3.37	3.52	3.37	3.31	7.91
Skewness	0.10	0.20	-0.10	0.20	-0.30	-0.30	-0.20
Kurtosis	-0.76	-0.76	-0.82	-0.90	-0.83	-0.75	-0.77
Reliability	.54	.56	.57	.59	.71	.63	.62
Homogeneity (Brown Forsythe)	.00	.00	.00	.00	.00	.00	.00

The results in Table- 1D reveal that the reliability of Coping style subscales i.e. Task Oriented ($\alpha=.77$), Emotional Oriented ($\alpha=.71$), Avoidance Oriented ($\alpha=.53$), the total coefficient of correlation of the subjects emerged to be satisfactory over the levels of analysis for the whole sample, which indicating the trustworthiness of the Coping style scale. The Reliability test of Cronbach Alpha shows reliability scores almost all falling above .50 showing the reliability of the selected psychological scale for the present population under study.

The result also highlight the Mean and SD of the Coping style subscales i.e. Task Oriented (M=49.71, SD=7.76), Emotional Oriented (M=49.21, SD=9.35), Avoidance Oriented (M=47.25, SD=4.56). The results reveal the mean and standard deviation as well as Skewness and Kurtosis as indices for normality of the scores on the measured variables. All the skewness statistics falls between ± 1.0 which showing none of the skew and kurtosis are greater than twice the standard error within an acceptable range, and that revealed the applicability of parametric statistics for further analysis (Miles & Shevlin, 2001).

Table-1D: Showing Mean, SD, Skewness, Kurtosis, Reliability and Homogeneity of the subscales of Coping style for the whole samples.

Statistics	Coping style		
	Task oriented	Emotional oriented	Avoidance Oriented
Mean	49.71	49.21	47.25
SD	7.76	9.35	4.56
Skewness	0.40	0.27	0.10
Kurtosis	-0.59	-0.48	-0.76
Reliability	.77	.71	.53
Homogeneity (Brown Forsythe)	.00	.00	.00

Results presented in **Table-2A** show mean comparisons among the groups on the subscales of Emotional Maturity scales for the whole samples. On Emotional Maturity subscales, both the female offspring of alcoholic and non alcoholic father scored highest on Emotional Regression (M=32.44 & 22.06 respectively). Both the groups scored lowest on Lack of independence (M=19.70 & 17.14 respectively). Unlike female groups, male offspring of alcoholic and non alcoholic father groups' highest score differs; the first group scored highest on Emotional Regression (M=26.40) and latter group scored highest on Emotional Instability (M=22.66). However, both the groups scored lowest on Lack of Independence (M=17.30 & 13.98 respectively). Aleem and Sheema (2005) also observed significant difference between the mean scores of male and female students on emotional stability. Reviews of a different line of research also indicated that male university distance learners have more emotional regression than female university distance learners (Jan Nuzhat,2013). Similar results were observed by Krishna Duhan and colleagues (2017) where Emotional regression and personality disintegration was higher in males as compared to female adolescents as they obtained higher mean scores than their counterparts.

Offspring of Alcoholic scored higher mean value than Offspring of Non-Alcoholics on all the subscales of Emotional Maturity scales, from which it can be ascertained that Emotional Maturity was higher in Offspring of Non-Alcoholics than the Offspring of Alcoholics, since higher score in emotional maturity scale means lower level of Emotional Maturity. The results of the current study is conformed to the study done by Christensen and Bilenberg (2000) that, there is greater risk of Children of Alcoholics (COAs) to have severe emotional problems. Fine, Yudin, Holmes and Heinemann (1976), also found that children of alcohol dependent had more emotional detachment, dependency and social aggression.

On comparison on sub scales of the total of offspring of alcoholic and non alcoholic father, first one scored highest on Emotional Regression (M=29.42) and latter group scored highest on Emotional Instability. The finding is supported by Knop and colleagues (1985), children from families with parental alcoholism were found to be less able to maintain attention, were more fearful and preoccupied with inner thoughts and liable to have emotional upsets. Impulsivity, restlessness, more pronounced inconsistency in school work and less verbal proficiency was also reported. However, in the present study both the groups scored lowest on Lack of Independence (M=18.50 & 15.56 respectively). Further, when the total female and male groups were compared, no differences on their highest (Emotional Regression, M= 27.25 & 23.26) and lowest (Lack of Independence, M=18.42 & 15.64) scores were found. This finding is well supported by the study done by Krishna Duhan and his associates (2017) where it was revealed that there were no significant differences in emotional maturity of adolescents as per their gender. However, on the basis of mean scores results depict that male adolescents were on lower side on emotional instability, social maladjustment and lack of independence as compared to their counterparts.

Table-2A: Showing mean comparison of the groups on the subscales of Emotional Maturity scales for the whole samples.

Case	Groups	Emotional Maturity scales				
		Emotional Instability	Regression	Social maladjustment	Disintegration	Lack of independence
Offspring of Alcoholic father	Female	24.54	32.44	25.72	22.04	19.70
	Male	23.42	26.40	23.00	19.42	17.30
Offspring of Non-Alcoholic father	Female	22.02	22.06	19.74	19.36	17.14
	Male	22.66	20.12	16.02	15.52	13.98
Total	Offspring of Alcoholic father	23.98	29.42	24.36	20.73	18.50
Total	Offspring of Non-Alcoholic father	22.34	21.09	17.88	17.44	15.56
Total	Female	23.28	27.25	22.73	20.70	18.42
Total	Male	23.04	23.26	19.51	17.47	15.64
Total	Samples	23.16	25.26	21.12	19.09	17.03

Figure-2: Showing the mean comparison between Offspring of Alcoholic and Non-Alcoholic father on subscales of Emotional Maturity

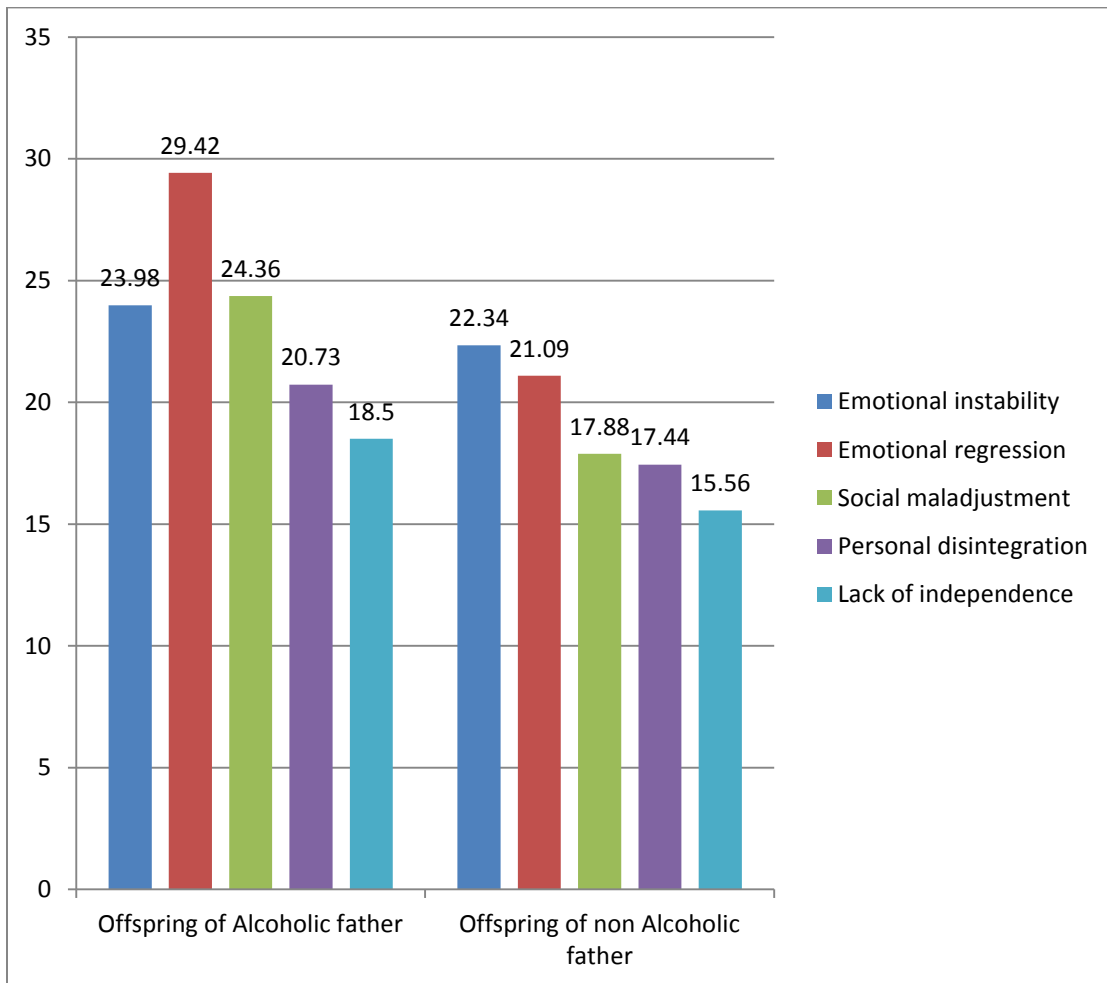
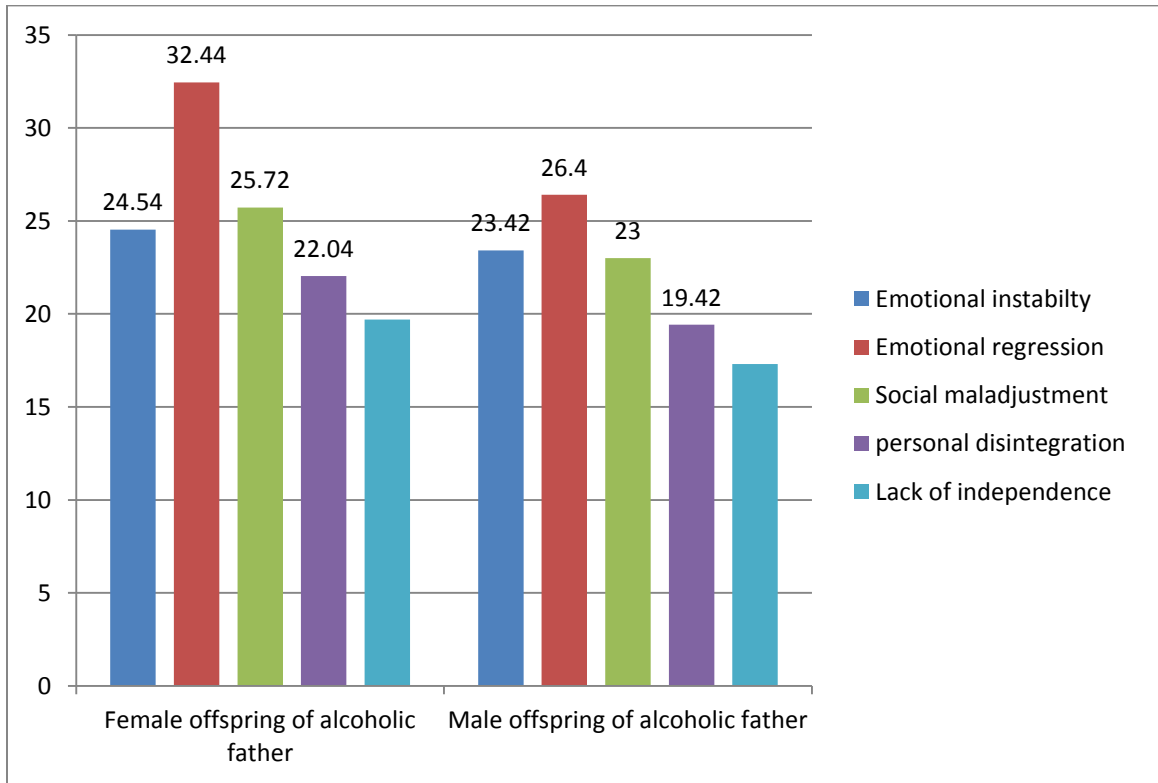


Figure-3: Showing the mean comparison between Female & Male offspring of Alcoholic father on subscales of Emotional Maturity



Results presented in **Table-2 B** showed Mean comparisons among the groups on the Personality (NEO-FFI) for the whole samples. On Personality (NEO-FFI) subscales, the female offspring of alcoholic father scored highest on Neuroticism (M=41.02) & the female offspring non alcoholic father scored highest on Extraversion (M=40.16). And the female offspring alcoholic father scored lowest Agreeableness (M=33.20) & the female offspring non alcoholic father scored lowest on Neuroticism (M=35.46). Unlike female offspring groups, male offspring of alcoholic and non alcoholic father scored highest on Extraversion (M=38.16 & 42.86 respectively). However, the groups' lowest scores differs, male offspring of alcoholic father scored lowest on Agreeableness (M= 34.68) and male offspring of non alcoholic father scored lowest on Neuroticism (M=33.38).

On comparison of the total of offspring of alcoholic and non alcoholic father, first one scored highest on Neuroticism (M=39.29) and latter group scored highest on Extraversion (M=41.51). Larkins and Sher (2006) also found late adolescence and early adulthood with family history of alcoholism had higher levels of neuroticism and psychoticism. And total of offspring of alcoholic father scored lowest on Agreeableness (M=33.94) & total of offspring of non alcoholic father scored lowest on Neuroticism (M=34.42). Likewise, total of female scored highest on Neuroticism (M=38.24) and total male scored highest on Extraversion (M=40.51). And total female scored lowest on Agreeableness (M=34.61) & total male scored lowest on Neuroticism (M=35.47). This finding is supported by Bird and Canino (1991), where children of alcohol dependent parents when compared to those of non-alcohol dependent parents manifested higher levels of behavioral under control, more neuroticism and greater psychiatric distress.

Table-2B: Showing mean of the groups on the Personality (NEO-FFI) for the whole samples.

Case	Groups	Personality (NEO-FFI)				
		Neuroticism	Extra version	Openness	Agreeableness	Conscientiousness
Offspring of Alcoholic father	Female	41.02	35.92	33.86	33.20	33.38
	Male	37.56	38.16	35.96	34.68	35.46
Offspring of Non-Alcoholic father	Female	35.46	40.16	36.84	36.02	37.44
	Male	33.38	42.86	40.92	38.80	41.06
Total of Offspring of Alcoholic father		39.29	37.04	34.91	33.94	34.42
Total of Offspring of Non-Alcoholic father		34.42	41.51	38.88	37.41	39.25
Total female		38.24	38.04	35.35	34.61	35.41
Total male		35.47	40.51	38.44	36.74	38.26
Total Samples		36.86	39.28	36.90	35.68	36.84

Figure-4: Showing the mean comparison between Offspring of Alcoholic and Non-Alcoholic father on subscales of NEO-FFI

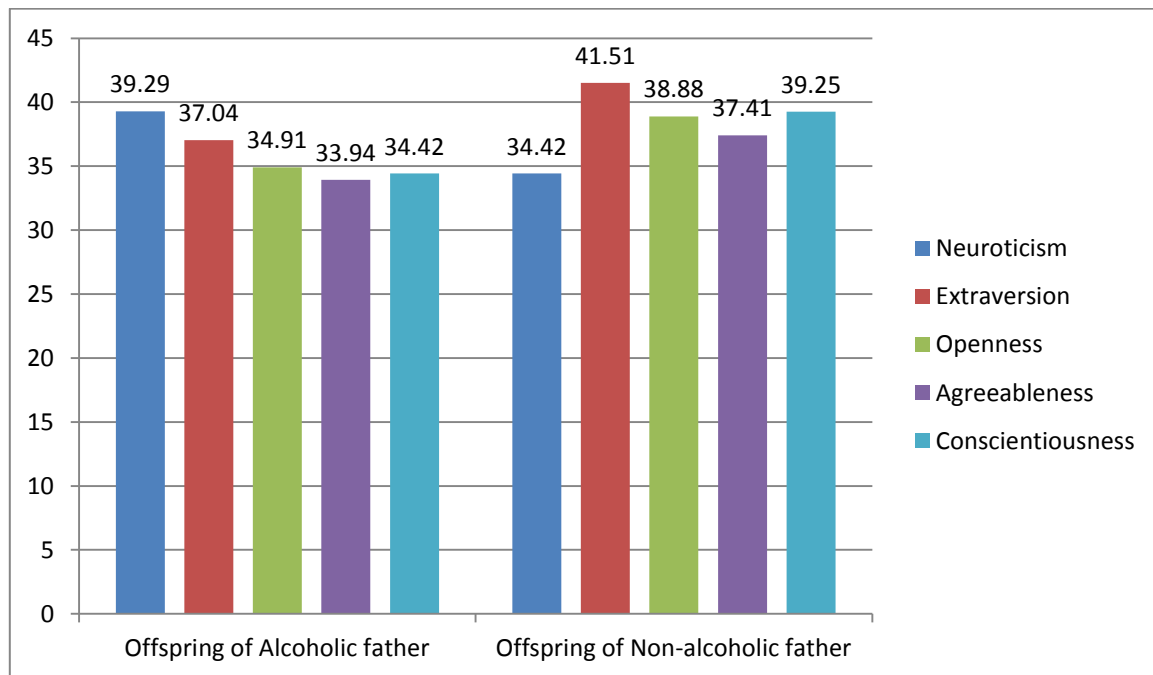
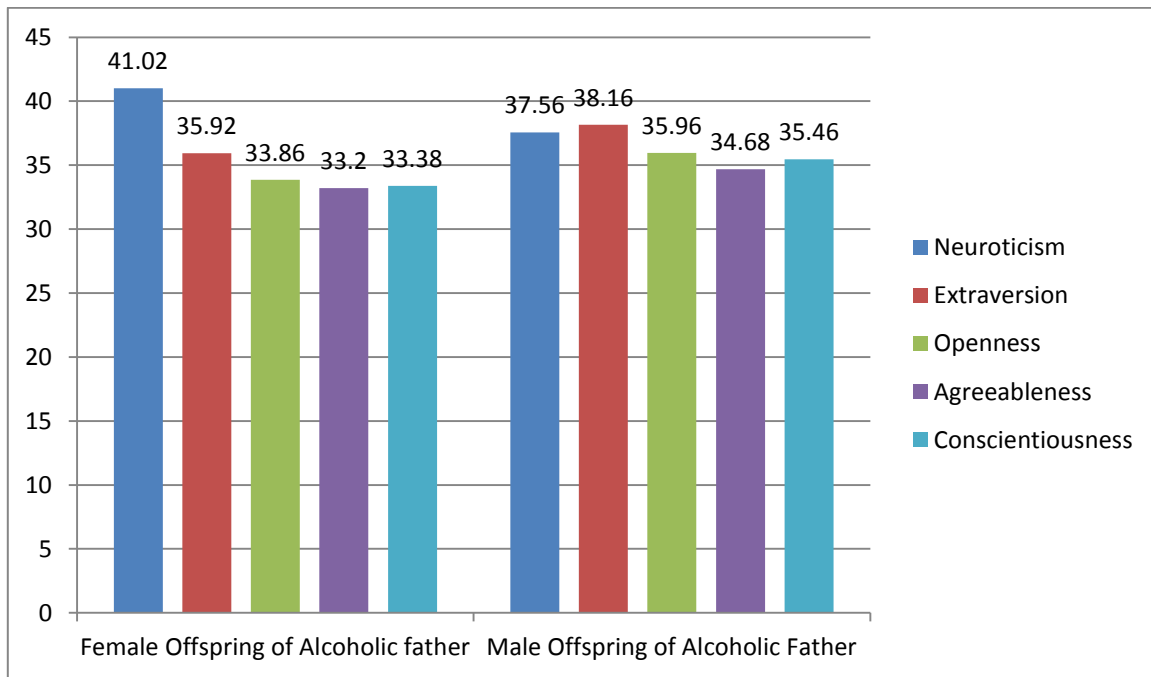


Figure-5: Showing the mean comparison between Female & Male offspring of Alcoholic father on subscales of NEO-FFI



Results presented in **Table-2C** showed Mean comparisons among the groups on the subscales of Family Environment scales for the whole samples. On Family Environment subscales, all the groups i.e. the female offspring of alcoholic father (M= 50.86), female offspring of non-alcoholic father (M=56.58); male offspring of alcoholic father (M=54.04), female offspring of non-alcoholic father (M=58.62); total of Offspring of Alcoholic father (M=52.45), total of Offspring of non Alcoholic father (M=57.60); total female (M=53.72), total male (M=56.33) scored highest on System maintainance subscale.

Moreover, all the groups i.e. the female Offspring of Alcoholic father (M= 17.20), female Offspring of non Alcoholic father (M=19.36); male Offspring of Alcoholic father (M=17.64), male Offspring of non-Alcoholic father (M=21.48); Total of Offspring of Alcoholic father (M=17.42), Total of Offspring of non-Alcoholic father (M=20.42); total female (M=18.28), total male (M=19.56) scored lowest on active recreational orientation subscale.

Offspring of Alcoholic father scored higher mean value on conflict (M=35.87) and acceptance and caring (35.26) than Offspring of Non-Alcoholic father on conflict (32.33) and acceptance and caring (33.26) on Family environment scales. On the other hand, Offspring of Alcoholic father scored lower mean value on cohesion (M=45.35), expressiveness (28.39), lack of independence (24.21), recreational (17.42) and system maintenance (52.45) than Offspring of Non-Alcoholic father on cohesion (M=49.15), expressiveness (31.24), lack of independence (26.66), recreational (20.42) and system maintenance (57.60) on Family environment scales. The results of the study are in line with the study by Burke, Schmied, & Montrose (2006) in which they indicated that regardless of pattern of drinking style, families with parental alcohol misuse are distinguished as having poorer family functioning, a less cohesive perception of their environment, higher levels of unresolved conflict, lower levels of physical as well as verbal positive feeling expressions, and lower warmth and caring. Shankaran, L. and colleagues (2008), also found that family of alcohol dependent parents suffers from deep emotional issues, marital disruption, poor cohesion, expressiveness and lack hierarchical boundaries. Vijaya, R., Suveera, P., & Appaya, M.P. (2010) also revealed that family environment of COAs is characterized by lack of independence for its members, greater perceived control.

Table- 2C: Mean groups on the subscales of family environment for the samples

Case	Groups	Family environment						
		Cohesion	Expressiveness	Conflict	Acceptance and caring	Lack of Independence	Recreational	System maintenance
Offspring of Alcoholic father	Female	44.56	27.88	36.60	36.36	23.16	17.20	50.86
	Male	46.14	28.90	35.14	34.16	25.26	17.64	54.04
Offspring of Non-Alcoholic father	Female	47.58	30.50	33.12	33.96	26.62	19.36	56.58
	Male	50.72	31.98	31.54	32.96	26.70	21.48	58.62
Total of Offspring of Alcoholic father		45.35	28.39	35.87	35.26	24.21	17.42	52.45
Total of Offspring of Non-Alcoholic father		49.15	31.24	32.33	33.46	26.66	20.42	57.60
Total female		46.07	29.19	34.86	35.16	24.89	18.28	53.72
Total male		48.43	30.44	33.35	33.56	25.98	19.56	56.33
Total		47.25	29.82	34.10	34.36	25.44	18.92	55.03

Figure-6: Showing the mean comparison of Offspring of Alcoholic and Non-alcoholic father on subscales of Family Environment Scale

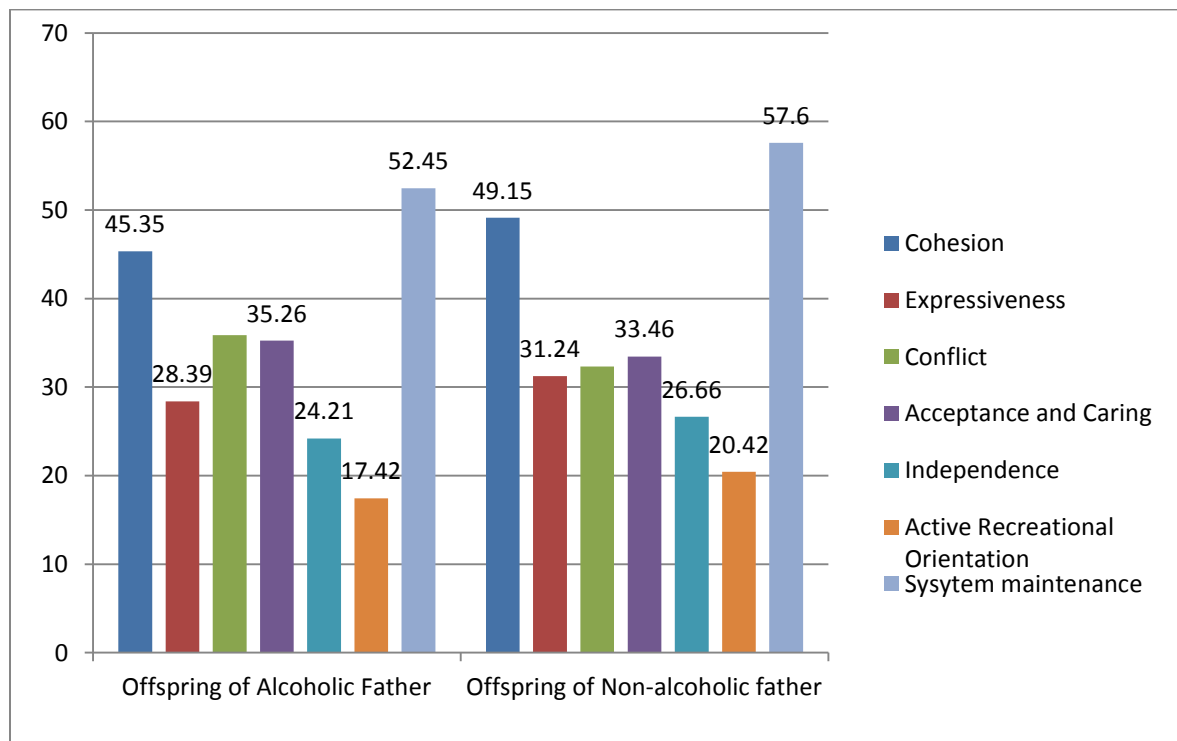
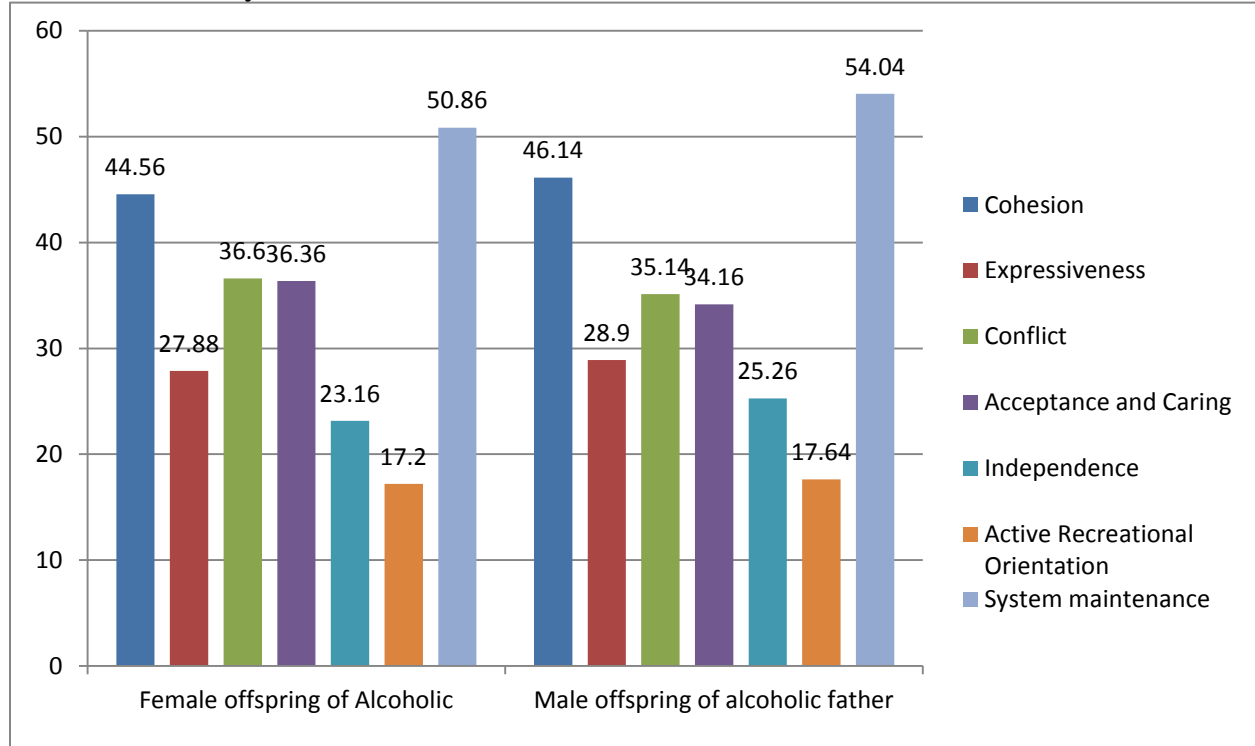


Figure-7: Showing the mean comparison of Female and Male offspring of Alcoholic father on subscales of Family Environment Scale



Results presented in **Table-2D** show Mean comparisons among the groups on the Coping style subscales, the female offspring of alcoholic father group scored highest on emotional oriented ($M=55.84$) & the female offspring of non alcoholic father group scored highest on Task oriented ($M=49.78$). And the female offspring of alcoholic group scored lowest Avoidance oriented ($M=44.56$) & the female offspring of non alcoholic father group scored lowest on emotional oriented ($M=46.26$). Male offspring of alcoholic groups scored highest on Task oriented ($M=51.94$) and the male offspring of non alcoholic father group scored highest on Avoidance oriented ($M=50.72$). And the male offspring of alcoholic father group scored lowest Avoidance oriented ($M=46.14$) & the male offspring of non alcoholic father group scored lowest on emotional oriented ($M=43.54$). The finding is in line with Colbert (1991), female COAs showed greater dysfunction than same sex peers on family-related coping and perception of peer support variables, whereas male COAs differed from male peer on quality of coping response variables.

On comparison of the total of offspring of alcoholic and total non alcoholic father groups, first one scored highest on emotional oriented ($M=53.24$) and latter group scored highest on

avoidance oriented (M=49.15). The groups scored lowest on avoidance oriented (M=45.35) and emotional oriented (M=44.90) respectively. Total female scored highest on emotional oriented (M=51.05) and total male scored highest on Task oriented (M=48.54). And total female scored lowest on Avoidance oriented (M=46.07) & total male scored lowest on emotional oriented (M=47.25). There are a number of behavioral characteristics that distinguished those Children of Alcoholic (COAs) who did develop serious coping issues and those that did not develop serious coping issues. One noticeable difference given by Kelley and colleagues (2011) and Werner (1986) is in characteristics like positive attention from primary caretakers.

Table- 2D: Mean comparison of groups on the subscales of coping Inventory of Stressful Situation(CISS) for the samples

Case group	Coping styles			
	Groups	Task oriented	Emotional oriented	Avoidance Oriented
Offspring of Alcoholic Father	Female	52.28	55.84	44.56
	Male	51.94	50.64	46.14
Offspring of Non-Alcoholic Father	Female	49.78	46.26	47.58
	Male	45.14	43.54	50.72
Total of Offspring of Alcoholic Father		52.11	53.24	45.35
Total of Offspring of Non-Alcoholic Father		47.46	44.90	49.15
Total Female		51.03	51.05	46.07
Total male		48.54	47.09	48.43
Total Samples		49.79	49.07	47.25

Figure-8: Showing the mean comparison of Offspring of Alcoholic and Non-alcoholic father on subscales of CISS

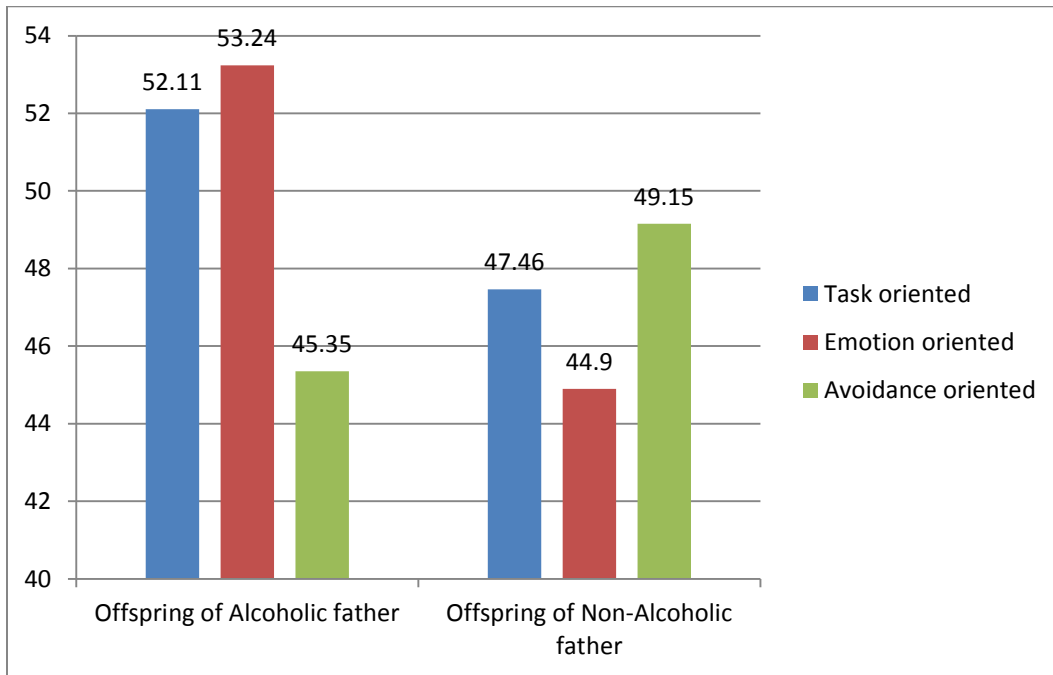
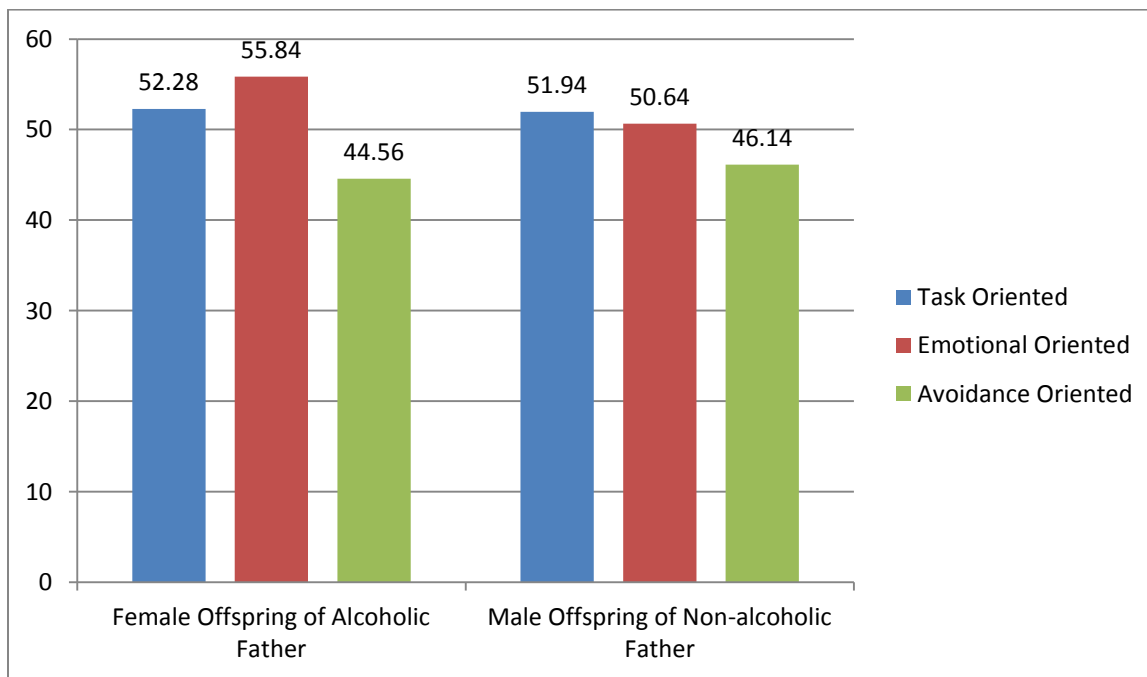


Figure-9: Showing the mean comparison of Female and Male offspring of Alcoholic father on subscales of CISS



Prediction of the effect of independent variables:

Analysis of Variance (ANOVA) was calculated to illustrate the independent effect of two independent variables (offspring of alcohol father and gender) on dependent variables (Family Environment scale and CISS) and also two independent interaction effects on dependent variables under study. Two-way ANOVA was computed and the finding was presented under **Table-3 & 4.**

In Table-3, the ANOVA results showed that significant independent effect of offspring of alcoholic father on cohesion with 18% effect ($F=41.95$; $p < .01$, $\eta^2=.18$), expressiveness with 16% effect ($F=38.81$; $p < .01$, $\eta^2=.16$), conflict with 27% ($F=74.67$; $p < .01$, $\eta^2=.27$), acceptance with 6% ($F=13.91$; $p < .01$, $\eta^2=.06$), independence with 13% ($F=23.08$; $p < .01$, $\eta^2=.13$), active recreational orientation with 10% ($F=23.08$; $p < .01$, $\eta^2=.10$), system maintenance with 25% ($F=64.44$; $p < .01$, $\eta^2=.25$). These finding is supported by the study finding of Velleman, R. and Templeton, L. (2007) viz. disruptions to family rituals, limited or more aggressive communication, by diminished social connectedness, and by lack of finances and worsening relationships. Gruenert, S. et al (2004) findings of parents' act in active alcohol or other drug use like irritable, intolerant or impatient toward their children, used harsher discipline, were less responsive to their children's needs further supports it. Dawe, S. et al. (2007) also found neglect, harm or abuse, exposure to hostility and conflict is indicative of disturbed family environment. Point, T. (2006) finds that alcoholic parents did not show any warmth towards them, and that this had led to feelings of rejection from an early age. Pecukonis (2004) revealed that COAs that alcohol use by parents/caretakers could promote negative family relationships. Several other studies have shown the families of alcoholics to be less organized, more conflict-ridden and less cohesive with increased rate of poverty, divorce, unemployment and chaos (Windle & Searles, 1990; Von Knorring, 1991; Zeitlin, 1994). Families of alcoholics have lower levels of family cohesion, expressiveness, independence, and intellectual orientation and higher levels of conflict compared with non-alcoholic families (Filstead *et al.*, 1981; Moos & Billings, 1982; Moos & Moos, 1984; Clair & Genest, 1986). John and Singh (2014) findings of the study revealed that these COAs suffered from family disruption, co-dependency, emotional problems and disruptive behavior patterns. The single most potential risk factor is their parent's substance abusing

behavior and this can place the child of substance abuser at biological, psychological and environmental risk (Johnson and Leff, 1999). Menees and Segrin (2000) observe that COA's are characterized as an at risk population because of the dysfunctional family environment that disrupts their psychosocial development. They often lack guidance and positive role modeling and live in an atmosphere of stress and family conflict.

Further, significant independent effect of offspring of alcoholic father on task oriented with 11% ($F=23.91$; $p<.01$, $\eta^2=.11$), emotion oriented with 9% ($F=20.00$; $p<.01$, $\eta^2=.09$), avoidance with 19% ($F=48.35$; $p<.01$, $\eta^2=.19$) were revealed. This finding is supported by Knop, et al (1985); Fine, Yudin, Holmes and Heinemann (1976), children from such families were less able to maintain attention, fearful and preoccupied with inner thoughts and liable to have emotional upsets. Singh and his colleagues (2012), impulsivity, restlessness, more pronounced inconsistency in school work and less verbal proficiency was also reported. Barry and Fleming, 1990 reported low emotional bonding and lesser recreational activities within the family weakens ties and lowers trust amongst them. Poor problem solving abilities among both parent and within the family including lack of compromise between parent and children is reported by O'Farell and Fals- Steward, 1999; Jacob and Leonard, 1995. Some families are either completely helpless or there are others who make conscious attempts to distance themselves from the alcohol problems (Orford & Vellaman, 1995). Children of alcoholic parents are at higher risk of developing psychological problems. Young children of alcoholics compared with control groups experienced more depression, anxiety, nightmares as well as phobias and feelings of insecurity (Moos & Billings, 1982 & Florez, Mendez & Marin, 1985; Narang et al, 1996). There is a strong evidence to suggest that family dysfunction during childhood can negatively influence later life experiences and adjustments (Werner & Broida, 1991). Marital conflict and a lack of coping mechanism were more frequent in these families and children of alcoholic (Furtado & colleagues, 2002). Parental alcohol misuse are distinguished as having poorer family functioning, a less cohesive perception of their environment, higher levels of unresolved conflict, lower levels of physical as well as verbal positive feeling expressions, and lower warmth and caring (Burke, Schmied, & Montrose, 2006).

The results showed that significant independent effect of gender on cohesion with 6% effect ($F=13.48$; $p < .01$, $\eta^2=.06$), expressiveness with 5% effect ($F=11.29$; $p < .01$, $\eta^2=.05$), conflict with 5% ($F=12.2874.67$; $p < .01$, $\eta^2=.05$), acceptance with 6% ($F=14.69$; $p < .01$, $\eta^2=.06$), independence with 5% ($F=10.618$; $p < .01$, $\eta^2=.05$), system maintenance with 3% ($F=6.4$; $p = .01$, $\eta^2=.03$), task oriented with 1% ($F=3.94$; $p < .05$, $\eta^2=.01$), avoidance with 4% ($F=9.05$; $p < .01$, $\eta^2=.04$). However, there are insignificant independent effect of gender on active recreational orientation with 10% ($F=23.08$; $p < .01$, $\eta^2=.10$) & emotion oriented with 9% ($F=20.00$; $p < .01$, $\eta^2=.09$). By gender, evidence suggests that adult male COAs are at greater risk for developing alcohol disorders, manifesting sociopathic tendencies, and having legal issues which end them up in jail or prison (Kearns- Bodkin & Leonard, 2008; McKenna & Pickens, 1981). Additionally, research has shown that female adult COAs report overall higher levels of self-deprecation, which leads to increased risks of depression and lower self-esteem. Therefore, males tend to exhibit externalizing behaviors such as antisocial tendencies and alcohol misuse in their own lives and women tend to exhibit internalizing behaviors (McKenna & Pickens, 1981; Serec et al., 2012). As described by McKenna and Pickens (1981) and Serec et al. (2012), boys with alcoholic parent/parents are at an increased risk for externalizing problems and ‘acting-out’ behavior, while girls of alcoholic parent/parents are at an increased risk for internalizing problems (McKenna & Pickens, 1981; Serec et al., 2012). Hussong, Zucker, Wong, Fitzgerald, and Puttler (2005) looked at how gender affects overall social competence, indicating that deficits in this area are mainly only seen in girls.

The significant independent effect of offspring of alcoholic father and gender on cohesion with 25% effect ($F=21.74$; $p < .01$, $\eta^2=.25$), expressiveness with 19% effect ($F=15.98$; $p < .01$, $\eta^2=.19$), conflict with 32% ($F=31.37$; $p < .01$, $\eta^2=.32$), acceptance with 12% ($F=9.32$; $p < .01$, $\eta^2=.12$), independence with 17% ($F=13.51$; $p < .01$, $\eta^2=.17$), active recreational orientation with 12% ($F=9.26$; $p < .01$, $\eta^2=.12$), system maintenance with 31% ($F=29.28$; $p < .01$, $\eta^2=.31$), task oriented with 13% ($F=10.35$; $p < .01$, $\eta^2=.13$), emotion oriented with 13% ($F=10.43$; $p < .01$, $\eta^2=.13$), avoidance with 24% ($F=21.18$; $p < .01$, $\eta^2=.24$).

Table -3: Showing the independent and interaction effect of Offspring of Alcoholic Father and gender on the subscales Family environment scale and CISS for the whole samples for the whole samples.

Dependent Variable	Independent Variable	F	Sig.	Eta sq.
Cohesion	Offspring of Alcoholic father	41.95	0.00	.18
	Gender	13.48	0.00	.06
	Offspring of Alcoholic father x gender	21.74	0.00	.25
Expressiveness	Offspring of Alcoholic father	38.81	0.00	.16
	Gender	11.29	0.00	.05
	Offspring of Alcoholic father x gender	15.98	0.00	.19
Conflict	Offspring of Alcoholic father	74.67	0.00	.27
	Gender	12.28	0.00	.05
	Offspring of Alcoholic father x gender	31.37	0.00	.32
Acceptance & Caring	Offspring of Alcoholic father	13.91	0.00	.06
	Gender	14.69	0.00	.06
	Offspring of Alcoholic father x gender	9.32	0.00	.12
Independence	Offspring of Alcoholic father	23.08	0.00	.13
	Gender	10.61	0.00	.05
	Offspring of Alcoholic father x gender	13.51	0.00	.17
Active Recreational Oriented	Offspring of Alcoholic father	23.08	0.00	.10
	Gender	3.35	0.07	.01
	Offspring of Alcoholic father x gender	9.26	0.00	.12
System Maintenance	Offspring of Alcoholic father	64.44	0.00	.25
	Gender	6.40	0.01	.03
	Offspring of Alcoholic father x gender	29.28	0.00	.31
Task oriented	Offspring of Alcoholic father	23.91	0.00	.11
	Gender	3.94	0.05	.01
	Offspring of Alcoholic father x gender	10.35	0.00	.13
Emotional oriented	Offspring of Alcoholic father	20.00	0.00	.09
	Gender	2.66	0.10	.01
	Offspring of Alcoholic father x gender	10.43	0.00	.13
Avoidance oriented	Offspring of Alcoholic father	48.35	0.00	.19
	Gender	9.05	0.00	.04
	Offspring of Alcoholic father x gender	21.18	0.00	.24

Analysis of Variance (ANOVA) to illustrate the independent effect of two independent variables (offspring of alcoholic father and gender) on dependent variables (Emotional maturity scale and NEO -FFI and also two independent interaction effects on dependent variables under study. Two-way ANOVA was computed and the finding was presented under **Table-4**.

The ANOVA results showed that significant independent effect of offspring of alcoholic father on regression with 28% effect ($F=79.98$; $p < .01$, $\eta^2=.28$), social maladjustment with 23% effect ($F=58.72$; $p < .01$, $\eta^2=.23$), disintegrity with 9% ($F=19.55$; $p < .01$, $\eta^2=.09$), lack of independence with 10% ($F=23.79$; $p < .01$, $\eta^2=.10$). However, there is insignificant independent effect of offspring of alcoholic father on Emotional Instability. Williams and Corrigan (1992) also found that growing up in a household with alcoholic parents is more likely to produce emotional disorders, increases the child's risk of health problems, physical abuse and neglect. John and Singh (2014) findings of the study revealed that COAs suffered from co-dependency, emotional problems and disruptive behavior patterns. Cathy and Raymond (2007), avoiding the emotions he/she has been conditioned to fear in him/her and in others, there are no opportunities to learn appropriate strategies to deal with anger. Emotional stiffness, indifference, withdrawal is accompanied by excessive and uncontrolled explosions of positive or negative feelings (Żyrakowska 2005).

The ANOVA results showed that significant independent effect of offspring of alcoholic father on Neuroticism with 23% ($F=60.04$; $p < .01$, $\eta^2=.23$), Extraversion with 20% ($F=52.40$; $p < .01$, $\eta^2=.20$), Openness with 24% ($F=64.03$; $p < .01$, $\eta^2=.24$), Agreeableness with 19% ($F=43.16$; $p < .01$, $\eta^2=.19$), Conscientiousness with 23% ($F=59.29$; $p < .01$, $\eta^2=.23$). Jennifer K., et al. (2007) Extraversion and Conscientiousness predicted more problem-solving and cognitive restructuring, support seeking. Neuroticism predicted problematic strategies like wishful thinking, withdrawal, and emotion-focused coping. Tarter et al., (1993) research has shown that children of addicted parents demonstrate behavioral characteristics and a temperament style that predispose them to future maladjustment. Furthermore, Jones' (1968) research on behavioral problems demonstrated by children of alcoholics has revealed lack of empathy for other persons; decreased social adequacy and interpersonal adaptability; low self-esteem; and lack of control over the environment.

The ANOVA results showed that significant independent effect of gender on regression with 32% effect ($F=23.2$; $p < .01$, $\eta^2=.32$), social maladjustment with 26% effect ($F=14.87$; $p < .01$, $\eta^2=.26$), disintegrity with 31% ($F=20.84$; $p < .01$, $\eta^2=.31$), lack of independence with 33% ($F=25.06$; $p < .01$, $\eta^2=.33$). However, there is insignificant independent effect of gender on Emotional Instability. Jan Nuzhat (2013), male has more emotional regression, inferiority complex, restlessness, hostility, aggressiveness and self-centeredness than female university distance learners. However, Krishna Duhan and his associates (2017) that male adolescents were having better emotional stability, social adjustment and independence in behavior as compared to female adolescents. Emotional regression and personality disintegration were higher in males as compared to female adolescents.

Further, results showed that significant independent effect of gender on Neuroticism with 29% ($F=18.87$; $p < .01$, $\eta^2=.29$), Extraversion with 30% ($F=20.04$; $p < .01$, $\eta^2=.30$), Openness with 45% ($F=52.23$; $p < .01$, $\eta^2=.45$), Agreeableness with 31% ($F=21.62$; $p < .01$, $\eta^2=.31$), Conscientiousness with 30% ($F=19.82$; $p < .01$, $\eta^2=.30$). Berkowitz (1986), parental alcoholism is associated with differences in some personality characteristics of COAs in comparison with other students. COAs were more likely than their peers to experience self depreciation, with greater effect in female COAs than with male COAs. Male COAs rated themselves as more directive, autonomous, and in need of social support than their non-COA peers.

Table -4: Showing the independent and interaction effect of Offspring of Alcoholic Father and gender on the subscales of emotional maturity scale and NEO- FFI (ANOVA) for the whole samples for the whole samples.

Dependent Variable	Independent Variable	F	Sig.	Eta sq
Emotional Instability	Offspring of Alcoholic father	3.13	0.08	.02
	Gender	0.70	0.40	.01
	Offspring of Alcoholic father x gender	1.36	0.26	.02
Regression	Offspring of Alcoholic father	79.98	0.00	.28
	Gender	23.20	0.00	.32
	Offspring of Alcoholic father x gender	38.56	0.00	.37
Social maladjustment	Offspring of Alcoholic father	58.72	0.00	.23
	Gender	14.87	0.00	.26
	Offspring of Alcoholic father x gender	26.24	0.00	.28
Disisntegrity	Offspring of Alcoholic father	19.55	0.00	.09
	Gender	20.84	0.00	.31
	Offspring of Alcoholic father x gender	14.30	0.00	.18
Lack of indepedence	Offspring of Alcoholic father	23.79	0.00	.10
	Gender	25.06	0.00	.33
	Offspring of Alcoholic father x gender	16.84	0.00	.20
Neuroticism	Offspring of Alcoholic father	60.04	0.00	.23
	Gender	18.87	0.00	.29
	Offspring of Alcoholic father x gender	29.71	0.00	.31
Extraversion	Offspring of Alcoholic father	52.40	0.00	.20
	Gender	20.04	0.00	.30
	Offspring of Alcoholic father x gender	24.62	0.00	.27
Openness	Offspring of Alcoholic father	64.03	0.00	.24
	Gender	52.23	0.00	.45
	Offspring of Alcoholic father x gender	44.95	0.00	.40
Agreeableness	Offspring of Alcoholic father	43.16	0.00	.19
	Gender	21.62	0.00	.31
	Offspring of Alcoholic father x gender	30.26	0.00	.25
Conscientiousness	Offspring of Alcoholic father	59.29	0.00	.23
	Gender	19.82	0.00	.30
	Offspring of Alcoholic father x gender	30.26	0.00	.31

The ANOVA results showed that significant interaction effect of offspring of alcoholic father and gender on regression with 37% effect ($F=38.56$; $p < .01$, $\eta^2=.37$), social maladjustment with 28% effect ($F=26.24$; $p < .01$, $\eta^2=.28$), disintegrity with 18% ($F=14.30$; $p < .01$, $\eta^2=.18$), lack of independence with 20% ($F=16.84$; $p < .01$, $\eta^2=.20$), Neuroticism with 31% ($F=29.71$; $p < .01$, $\eta^2=.31$), Extraversion with 27% ($F=24.62$; $p < .01$, $\eta^2=.27$), Openness with 40% ($F=44.95$; $p < .01$, $\eta^2=.40$), Agreeableness with 25% ($F=30.26$; $p < .01$, $\eta^2=.25$), Conscientiousness with 31% ($F=30.26$; $p < .01$, $\eta^2=.31$). However, there is insignificant interaction effect of offspring of alcoholic father and gender on Emotional Instability.

Results of **table-5** highlight significant mean difference between the comparison groups on the subscale of Family Environment scale and coping style scales. On the family environment subscale cohesion, there are negative significant relationships among female offspring of alcoholic father & female offspring of non-alcoholic father (-3.02 , $p < .05$); female offspring of alcoholic father & male offspring of non-alcoholic father (-6.16 , $p < .05$); male offspring of alcoholic father & male offspring of non alcoholic father (-4.58 , $p < .05$); female offspring of non alcoholic father & male offspring of non alcoholic father (-3.14 , $p < .05$). However, there are non significant differences among female offspring of alcoholic & non alcoholic father and male offspring of alcoholic father. It is estimated that each problematic user of alcohol will, on average, negatively affect the lives of two other close family members (Zohadi, Templeton & Velleman, 2004). Colbert, C. S. (1941) also found that female COAs showed greater dysfunction than same sex peers on family-related coping and perception of peer support variables, whereas male COAs differed from male peer on quality of coping response variables.

On the expression subscale, there are negative significant relationships among female offspring of alcoholic & non alcoholic father (-1.02 , $p < .05$); female offspring of alcoholic father & male offspring of non alcoholic father (-4.10 , $p < .05$); male offspring of alcoholic & non alcoholic father (-3.08 , $p < .05$). However, there are non significant differences among female and male offspring of alcoholic father; male offspring of alcoholic father & female offspring of non alcoholic father; and female and male offspring of non alcoholic father groups.

On the conflict subscale, there are significant relationships among female offspring of alcoholic & non alcoholic father (3.48, $p < .05$); female offspring of alcoholic father & male offspring of non alcoholic father (5.06, $p < .05$); male offspring of alcoholic father & female offspring of non alcoholic father (2.02, $p < .05$); male offspring of alcoholic & non alcoholic father (3.60, $p < .05$). However, there are non significant differences among female and male offspring of alcoholic father; and female and male offspring of non alcoholic father. Pecukonis revealed that COAs claimed that alcohol use by parents/caretakers could promote negative family relationships, which in turn psychologically affect COAs. Family of alcohol dependent parents suffers from deep emotional issues, marital disruption, poor cohesion, expressiveness and lack hierarchical boundaries. Families experiencing problems with alcohol dependence are fragile. It not only affects the individual physically, but also the spouse and children both physically and psychologically (Shankaran, L. et al, 2008).

On the acceptance subscale, there are significant relationships among female and male offspring of alcoholic father (2.2, $p < .05$); female offspring of alcoholic & non alcoholic father (2.4, $p < .05$); female offspring of alcoholic father & male offspring of non alcoholic father (3.4, $p < .05$). However, there are non significant differences among male offspring of alcoholic father & female offspring of non alcoholic father; male offspring of alcoholic & non alcoholic father groups; female and male offspring of non alcoholic and non alcoholic father groups.

On the lack of independence subscale, there are negative significant relationships among female and male offspring of alcoholic father groups (-2.1, $p < .05$); female offspring of alcoholic & non alcoholic father groups (-3.46, $p < .05$); female offspring of alcoholic father group & male offspring of non alcoholic father groups (-3.54, $p < .05$). However, there are non significant differences among male offspring of alcoholic father & female offspring of non alcoholic father group; male offspring of alcoholic & non alcoholic father groups; female and male offspring of non alcoholic father groups.

On the recreational subscale, there are significant relationships among female offspring of alcoholic & non alcoholic father groups (2.58, $p < .05$); female offspring of alcoholic father group & male offspring of non alcoholic father group (2.92, $p < .05$). However, there are non significant

differences among female and male offspring of alcoholic father groups; male offspring of alcoholic father group & female offspring of non alcoholic father groups; male offspring of alcoholic & non alcoholic father groups; female and male non alcoholic father groups.

On the system maintenance there are non significant relationships among all the comparison groups. On the task oriented subscales, there are negative significant relationships among female offspring of alcoholic & non alcohol father groups (-5.72, $p < .05$), female offspring of alcoholic father group & male offspring of non alcoholic father (-7.76, $p < .05$), male offspring of alcoholic father group & female offspring of non alcoholic father group (-2.54, $p < .05$); male offspring of alcoholic & non alcoholic father groups; and female and male offspring of non alcoholic & non alcoholic father groups (-2.04, $p < .05$). However, there is non significant difference among female and male offspring of alcoholic father groups.

On the lack of emotional oriented subscale, there are significant relationships among female offspring of alcoholic father & male offspring of non alcoholic father groups (7.14, $p < .05$); male offspring of alcoholic & non alcoholic father groups (6.80, $p < .05$); female and male offsprings of non alcoholic & non alcoholic father groups (4.64, $p < .05$). However, there are non significant differences among female and male alcoholic father groups; female offsprings of alcoholic & non alcoholic father groups; and male offspring of alcoholic father and female offspring of non alcoholic father groups. Bain (2011) found that externalising the problem of alcohol facilitated the development of empathy and acceptance towards alcoholic parents. Her participants felt externalising the alcohol problem was a valuable part of their coping process as it freed them from being caught up in feeling angry and blaming towards their parents.

On the avoidance oriented subscale, there are significant relationships among female and male offspring of alcoholic father groups (5.20, $p < .05$); female offspring of alcoholic & non alcoholic father groups (9.58, $p < .05$), female offspring of alcoholic father group & male offspring of non alcoholic father group (12.30, $p < .05$), male offspring of alcoholic & non alcoholic father groups (7.10, $p < .05$). However, there are non significant differences among male offspring of alcoholic father group & female offspring of non alcoholic father; female and male offspring of non alcoholic father groups. Black, (1981) & Scharff et al, (2003) found despite a preference for avoidant coping, participants showed awareness of the strengths and weakness of their coping

skills and were able to adapt them when necessary. It has also been proposed that children of alcoholics adopt ‘survival’ roles- patterns of coping that persist into adulthood.

Table- 5: Significant Mean difference between comparison groups on the subscale of Family environment and coping styles for the samples for the whole samples (post hoc mean comparison: Scheffe).

Family environment scale	Female Offspring of Alcoholic Father	Male Offspring of Alcoholic Father	Female Offspring of Non-Alcoholic Father	Male Offspring of Non-Alcoholic Father
Cohesion				
Female Offspring of Alcoholic Father	1	-1.580	-3.020*	-6.160*
Male Offspring of Alcoholic Father		1	-1.440	-4.580*
Female Offspring of Non-Alcoholic Father			1	-3.140*
Male Offspring of Non-Alcoholic Father				1
Expression				
Female Offspring of Alcoholic Father	1	-1.020	-2.620*	-4.100*
Male Offspring of Alcoholic Father		1	-1.600	-3.080*
Female Offspring of Non-Alcoholic Father			1	-1.480
Male Offspring of Non-Alcoholic Father				1
Conflict				
Female Offspring of Alcoholic Father	1	1.460	3.480*	5.060*
Male Offspring of Alcoholic Father		1	2.020*	3.600*
Female Offspring of Non-Alcoholic Father			1	1.580
Male Offspring of Non-Alcoholic Father				1
Acceptance				
Female Offspring of Alcoholic Father	1	2.200*	2.400*	3.400*
Male Offspring of Alcoholic Father		1	.200	1.200
Female Offspring of Non-Alcoholic Father			1	1.000
Male Offspring of Non-Alcoholic Father				1
Lack of independence				
Female Offspring of Alcoholic Father	1	-2.100*	-3.460*	-3.540*
Male Offspring of Alcoholic Father		1	-1.360	-1.440
Female Offspring of Non-Alcoholic Father			1	-.080
Male Offspring of Non-Alcoholic Father				1
Recreational				
Female Offspring of Alcoholic Father	1	1.260	2.580*	2.920*
Male Offspring of Alcoholic Father		1	1.320	1.660
Female Offspring of Non-Alcoholic Father			1	.340
Male Offspring of Non-Alcoholic Father				1
System				
Female Offspring of Alcoholic Father	1	1.74	-0.04	0.13
Male Offspring of Alcoholic Father		1	-0.91	-0.64

Female Offspring of Non-Alcoholic Father	1	-0.70
Male Offspring of Non-Alcoholic Father		1

Coping inventory for stressful situations

Task Oriented				
Female Offspring of Alcoholic Father	1	3.180	-5.720*	-7.760*
Male Offspring of Alcoholic Father		1	-2.540	-4.580*
Female Offspring of Non-Alcoholic Father			1	-2.040
Male Offspring of Non-Alcoholic Father				1
Emotional Oriented				
Female Offspring of Alcoholic Father	1	.340	2.500	7.140*
Male Offspring of Alcoholic Father		1	2.160	6.800*
Female Offspring of Non-Alcoholic Father			1	4.640*
Male Offspring of Non-Alcoholic Father				1
Avoidance Oriented				
Female Offspring of Alcoholic Father	1	5.200*	9.580*	12.300*
Male Offspring of Alcoholic Father		1	4.380	7.100*
Female Offspring of Non-Alcoholic Father			1	2.720
Male Offspring of Non-Alcoholic Father				1

*. The mean difference is significant at the 0.05 level.

Results of table-6 highlight significant mean difference between the comparison groups on the subscale of emotional maturity scales and personality NEO FFI scales. On the emotional maturity subscale emotional instability, there are non significant differences among all the comparison groups viz. female offspring of Alcoholic father, male offspring of alcoholic father, female offspring on Non alcoholic father and male offspring of non alcoholic father groups.

On the subscale of Emotional regression subscale, there are significant differences among female offspring of alcoholic father and other groups viz. male offspring of alcoholic father (6.04, $p < .05$); female offspring of non alcoholic father (10.38, $p < .05$); male offspring of non alcoholic father (12.32, $p < .05$). Likewise, there are significant differences among male offspring of

alcoholic father group with other remaining two groups i.e. female offspring of non alcoholic father (4.34, $p < .05$) and male offspring of non alcoholic father (6.28, $p < .05$). However, female offspring of non alcoholic father did not have any significant difference from male offspring of non alcoholic father groups.

Female offspring of alcoholic father on social maladjustment had a significant differences with two other groups viz. female offspring of non alcoholic father (5.98, $p < .05$); male offspring of non alcoholic father (9.70, $p < .05$). Male offspring of alcoholic father had a significant difference with male offspring of non alcoholic father (6.98, $p < .05$). Female offspring of non alcoholic father had a significant difference with male offspring of non alcoholic father groups (3.72, $p < .05$). Female offspring of alcoholic father did not have any significant difference with male offspring of alcoholic father. Male offspring of alcoholic father group didn't have significant difference with female offspring of non alcoholic father. Research done on gender difference of Children of Alcoholic suggests that adult male Children Of Alcoholics are at greater risk for developing alcohol disorders, manifesting sociopathic tendencies, and having legal issues which end them up in jail or prison (Kearns- Bodkin & Leonard, 2008; McKenna & Pickens, 1981). Additionally, research has shown that female adult Children Of Alcoholics report overall higher levels of self-deprecation, which leads to increased risks of depression and lower self-esteem. Therefore, males tend to exhibit externalizing behaviors such as antisocial tendencies and alcohol misuse in their own lives and women tend to exhibit internalizing behaviors (McKenna & Pickens, 1981; Serec et al., 2012).

On personality disintegration subscale, female offspring of alcoholic father had a significant differences with male offspring of non alcoholic father (6.52, $p < .05$). Male offspring of alcoholic father had a significant difference with male offspring of non alcoholic father (3.90, $p < .05$). Further, female offspring of non alcoholic father had a significant difference with male offspring of non alcoholic father groups (3.84, $p < .05$). Female offspring of alcoholic father didn't have significant difference with male offspring of alcoholic father and female offspring of non alcoholic father as well. Male offspring of alcoholic father group didn't have significant difference with female offspring of non alcoholic father.

On lack of independence subscale, female offspring of alcoholic father had a significant

differences with male offspring of alcoholic father (2.40, $p < .05$), female offspring of non alcoholic father at (2.56, $p < .05$) and male offspring of non alcoholic father at (5.72, $p < .05$). And male offspring of alcoholic father had a significant differences with male offspring of non alcoholic father (3.32, $p < .05$). Female offspring of non alcoholic father had a significant difference with male offspring of non alcoholic father (3.16, $p < .05$). Male offspring of alcoholic father didn't have significant difference with female offspring of non alcoholic father. Aleem and Sheema (2005) have found that there is a significant difference between the mean scores of male and female students on emotional stability. Female students are less emotionally stable as compared to male students. Sivakumar (2010) and Subbarayan & Visvanathan (2011) also found that sex, community and the family type they belong did not play any role in the emotional maturity of the college students. Rajakumar and. Soundararajan (2012) found significant differences between male and female's emotional maturity score. Kaur (2006) revealed insignificant difference on emotional maturity between boys and girls. Whereas, Krishna Duhan and his associates (2017) revealed that there were no significant differences in emotional maturity among Male and Female Adolescents on Emotional Maturity.

On the neuroticism subscales of Personality NEO FFI, female offspring of alcoholic father had a significant differences with male offspring of alcoholic father (3.46, $p < .05$), female offspring of non alcoholic father (5.56, $p < .05$) and male offspring of non alcoholic father (7.64, $p < .05$). Moreover, male offspring of alcoholic father had a significant difference with male offspring of non alcoholic father (4.18, $p < .05$). However, female offspring of non alcoholic father didn't have significant differences with male offspring of alcoholic father & male offspring of non alcoholic father as well.

On extraversion subscale, female offspring of alcoholic father had a significant difference with female non alcoholic father (-4.24, $p < .05$) and male offspring of non alcoholic father at (-6.94, $p < .05$). Male offspring of alcoholic father had a significant difference with male offspring of non alcoholic father (-4.74 $p < .05$). Female offspring of non alcoholic father had a significant difference with male offspring of non alcoholic father (-2.70, $p < .05$). However, female offspring of alcoholic father didn't have any significant difference with male offspring of alcoholic father. Male offspring of non alcoholic father didn't have any significant difference with female

offspring of non alcoholic father.

On openness subscale, female offspring of alcoholic father had a significant difference with male offspring of alcoholic father (-2.10, $p < .05$), female offspring of non alcoholic father (-2.98, $p < .05$) and male offspring of non alcoholic father at (-7.07, $p < .05$). Male offspring of alcoholic father had a significant difference with male offspring of non alcoholic father (-4.96, $p < .05$). Female offspring of non alcoholic father had a significant difference with male offspring of non alcoholic father (-8.08, $p < .05$). However, male offspring of alcoholic father didn't have any significant difference with female offspring of non alcoholic father.

On agreeableness subscale, female offspring of alcoholic father had a significant difference with non alcoholic father (-2.82, $p < .05$) and male offspring of non alcoholic father (-5.60, $p < .05$). Male offspring of alcoholic father had a significant difference with male offspring of non alcoholic father (-4.12 $p < .05$). Female offspring of non alcoholic father had a significant difference with male offspring of non alcoholic father (-2.78, $p < .05$).

However, there is non significant difference between the groups of female offspring of alcoholic father and male offspring of alcoholic father (-1.48, $p < .05$) and male offspring of non alcoholic father & female offspring of non alcoholic father (-1.34, $p < .05$).

On conscientiousness subscale, female offspring of alcoholic father had a significant difference with non alcoholic father (-4.06, $p < .05$); male offspring of non alcoholic father (-7.68, $p < .05$). Male offspring of alcoholic father had a significant difference with male offspring of non alcoholic father (-5.60, $p < .05$). Female offspring of non alcoholic father had a significant difference with male offspring of non alcoholic father (-3.62, $p < .05$).

However, there is non significant difference between the groups of female offspring of alcoholic father and male offspring of alcoholic father (-2.08, $p < .05$) and male offspring of non alcoholic father & female offspring of non alcoholic father (-1.98, $p < .05$). Personality profiles of Children of Alcoholics were analyzed by Calder et al (1989) revealed that the children had mean scores on the Family Relations, Delinquency, Depression, and Withdrawal scales that were more than 1

standard deviation above the norm, although there was a great deal of variation in individual profiles.

Table-6: Significant Mean difference between comparison groups on the subscale of Emotional Maturity scales and Personality (NEO-FFI) for the whole samples (post hoc mean comparison: Scheffe)

Emotional Maturity scales	Female Offspring of Alcoholic Father	Male Offspring of Alcoholic Father	Female Offspring of Non-Alcoholic Father	Male Offspring of Non-Alcoholic Father
Emotional Instability				
Female offspring of Alcoholic father	1	1.120	2.520	1.880
Male offspring of Alcoholic father		1	1.400	.760
Female offspring of Non Alcoholic father			1	-.640
Male offspring of Non Alcoholic father				1
Emotional Regression				
Female offspring of Alcoholic father	1	6.040*	10.380*	12.320*
Male offspring of Alcoholic father		1	4.340*	6.280*
Female offspring of Non Alcoholic father			1	1.940
Male offspring of Non Alcoholic father				1
Social Maladjustment				
Female offspring of Alcoholic father	1	2.720	5.980*	9.700*
Male offspring of Alcoholic father		1	3.260	6.980*
Female offspring of Non Alcoholic father			1	3.720*
Male offspring of Non Alcoholic father				1
Disintegrity				
Female offspring of Alcoholic father	1	2.620	2.680	6.520*
Male offspring of Alcoholic father		1	.060	3.900*
Female offspring of Non Alcoholic father			1	3.840*
Male offspring of Non Alcoholic father				1
Lack of independence				
Female offspring of Alcoholic father	1	2.400*	2.560*	5.720*
Male offspring of Alcoholic father		1	.160	3.320*
Female offspring of Non Alcoholic father			1	3.160*
Male offspring of Non Alcoholic father				1
Personality (NEO-FFI)				
Neuroticism				
Female offspring of Alcoholic father	1	3.460*	5.560*	7.640*
Male offspring of Alcoholic father		1	2.100	4.180*
Female offspring of Non Alcoholic father			1	2.080
Male offspring of Non Alcoholic father				1

Extraversion				
Female offspring of Alcoholic father	1	-2.240	-4.240*	-6.940*
Male offspring of Alcoholic father		1	-2.000	-4.700*
Female offspring of Non Alcoholic father			1	-2.700*
Male offspring of Non Alcoholic father				1
Openness				
Female offspring of Alcoholic father	1	-2.100*	-2.980*	-7.0760*
Male offspring of Alcoholic father		1	-.880	-4.960*
Female offspring of Non Alcoholic father			1	-4.080*
Male offspring of Non Alcoholic father				1
Agreeableness				
Female offspring of Alcoholic father	1	-1.480	-2.820*	-5.600*
Male offspring of Alcoholic father		1	-1.340	-4.120*
Female offspring of Non Alcoholic father			1	-2.780*
Male offspring of Non Alcoholic father				1
Conscientiousness				
Female offspring of Alcoholic father	1	-2.080	-4.060*	-7.680*
Male offspring of Alcoholic father		1	-1.980	-5.600*
Female offspring of Non Alcoholic father			1	-3.620*
Male offspring of Non Alcoholic father				1

*. The mean difference is significant at the 0.05 level.

Results of the study can be summarized based on the hypothesis set forth as follow:

Hypothesis -1: Psychological measures would find applicability in the selected population as it is going to be the first endeavor in the selected population.

The psychological test used in this study were standardized but constructed for other culture. The preliminary analyses of the psychometric properties of the behavioral measures were computed as it was felt necessary that scale constructed and validated for measurement of the theoretical construct in a given population when taken to another cultural milieu may not be treated as reliable and valid unless specific checks are made (Witkin & Berry, 1975). The reliability and predictive validity of the scales and sub-scales were ascertained to ensure the psychometric adequacy of the scales used for the study. Internal consistency reliability was estimated for each of the scales used in the study using Cronbach's coefficient alpha (Cronbach, 1951) was employed to cross check the Cronbach's coefficient alpha for methodological confinement of the internal consistency — how well the test components contribute to the construct that's being measured. The results in Table- 1A & B revealed that the reliability of Emotional Maturity Subscales i.e. Emotional Instability ($\alpha=.72$), Emotional Regression ($\alpha=.81$), Social Maladjustment ($\alpha=.78$), Personality Disintegration ($\alpha=.73$), Lack of Independence ($\alpha=.65$) and NEO FFI subscales i.e. Neuroticism ($\alpha=.70$), Extraversion ($\alpha=.69$), Openness ($\alpha=.62$), Agreeableness ($\alpha=.73$), Conscientiousness ($\alpha=.70$) the total coefficient of correlation of the subjects emerged to be satisfactory over the levels of analysis for the whole sample, which indicating the trustworthiness of the scales such as Emotional Maturity and and NEO FFI. The Reliability test of Cronbach Alpha Reliability shows reliability scores all falling above .65 showing the reliability and the validly proved the trustworthiness of the selected psychological tests applicability and replicability in the selected population under study.

The results in Table- 1 C & D revealed that the reliability of Family environment Subscales i.e. Cohension ($\alpha=.54$), Expressiveness ($\alpha=.56$), Conflict ($\alpha=.57$), Acceptance and Caring ($\alpha=.59$), Independence ($\alpha=.71$), Recreational ($\alpha=.63$), System Maintenance ($\alpha=.62$), and Coping style subscales i.e. Task Oriented ($\alpha=.77$), Emotional Oriented ($\alpha=.71$), Avoidance Oriented ($\alpha=.53$), the total coefficient of correlation of the subjects emerged to be satisfactory over the levels of analysis for the whole sample, which indicating the trustworthiness of the scales such as Family

environment and Coping style. The Reliability test of Cronbach Alpha shows reliability scores almost all falling above .50 showing the reliability of the selected psychological scale for the present population under study.

Hypothesis -2: The significant difference would be observed in dependent measures in gender and offspring of alcoholic father.

Descriptive statistics, Post hoc means comparisons, χ^2 and bivariate correlation were computed to excavate any significant difference present in dependent variables in relation to gender and age groups. Results confirmed the hypothesis-2 by showing the significant mean difference between gender and alcohol, almost on all dependent variables as provided by the mean table, post hoc comparison table, correlation efficient matrix of the study.

Hypothesis -3: Significant independent effects of the main variable on dependent measures.

Two-way ANOVA results showed the significant independent effect on all dependent variables. Results confirmed the Hypothesis -3 that that significant independent effect of alcohol on cohesion with 18% effect ($F=41.95$; $p < .01$, $\eta^2=.18$), expressiveness with 16% effect ($F=38.81$; $p < .01$, $\eta^2=.16$), conflict with 27% ($F=74.67$; $p < .01$, $\eta^2=.27$), acceptance with 6% ($F=13.91$; $p < .01$, $\eta^2=.06$), independence with 13% ($F=23.08$; $p < .01$, $\eta^2=.13$), active recreational orientation with 10% ($F=23.08$; $p < .01$, $\eta^2=.10$), system maintenance with 25% ($F=64.44$; $p < .01$, $\eta^2=.25$), task oriented with 11% ($F=23.91$; $p < .01$, $\eta^2=.11$), emotion oriented with 9% ($F=20.00$; $p < .01$, $\eta^2=.09$), avoidance with 19% ($F=48.35$; $p < .01$, $\eta^2=.19$).

The significant independent effect of gender on cohesion with 6% effect ($F=13.48$; $p < .01$, $\eta^2=.06$), expressiveness with 5% effect ($F=11.29$; $p < .01$, $\eta^2=.05$), conflict with 5% ($F=12.2874.67$; $p < .01$, $\eta^2=.05$), acceptance with 6% ($F=14.69$; $p < .01$, $\eta^2=.06$), independence with 5% ($F=10.618$; $p < .01$, $\eta^2=.05$), system maintenance with 3% ($F=6.4$; $p = .01$, $\eta^2=.03$), task oriented with 1% ($F=3.94$; $p < .05$, $\eta^2=.01$), avoidance with 4% ($F=9.05$; $p < .01$, $\eta^2=.04$).

Significant independent effect of offspring of alcoholic father on regression with 28% effect ($F=79.98$; $p < .01$, $\eta^2=.28$), social maladjustment with 23% effect ($F=58.72$; $p < .01$, $\eta^2=.23$), disintegrity with 9% ($F=19.55$; $p < .01$, $\eta^2=.09$), lack of independence with 10% ($F=23.79$; $p < .01$, $\eta^2=.01$), Neuroticism with 23% ($F=60.04$; $p < .01$, $\eta^2=.23$), Extraversion with

20% ($F=52.40$; $p<.01$, $\eta^2=.20$), Openness with 24% ($F=64.03$; $p<.01$, $\eta^2=.24$), Agreeableness with 19% ($F=43.16$; $p<.01$, $\eta^2=.19$), Conscientiousness with 23% ($F=59.29$; $p<.01$, $\eta^2=.23$). However, there is insignificant independent effect of offspring of alcoholic father on Emotional Instability.

The significant independent effect of gender on regression with 32% effect ($F=23.2$; $p<.01$, $\eta^2=.32$), social maladjustment with 26% effect ($F=14.87$; $p<.01$, $\eta^2=.26$), disintegrity with 31% ($F=20.84$; $p<.01$, $\eta^2=.31$), lack of independence with 33% ($F=25.06$; $p<.01$, $\eta^2=.33$), Neuroticism with 29% ($F=18.87$; $p<.01$, $\eta^2=.29$), Extraversion with 30% ($F=20.04$; $p<.01$, $\eta^2=.30$), Openness with 45% ($F=52.23$; $p<.01$, $\eta^2=.45$), Agreeableness with 31% ($F=21.62$; $p<.01$, $\eta^2=.31$), *Conscientiousness* with 30% ($F=19.82$; $p<.01$, $\eta^2=.30$). However, there is insignificant independent effect of gender on Emotional Instability.

Hypothesis -4: *Significant interaction effects of independent variables would be observed on dependent variables, but only exploratory in nature.*

Two-way ANOVA was employed to determine the significant interaction effect of the two independent variables on selected dependent variables. Results portrayed that the significant Interaction effect of offspring of alcoholic father and gender on cohesion with 25% effect ($F=21.74$; $p<.01$, $\eta^2=.25$), expressiveness with 19% effect ($F=15.98$; $p<.01$, $\eta^2=.19$), conflict with 32% ($F=31.37$; $p<.01$, $\eta^2=.32$), acceptance with 12% ($F=9.32$; $p<.01$, $\eta^2=.12$), independence with 17% ($F=13.51$; $p<.01$, $\eta^2=.17$), active recreational orientation with 12% ($F=9.26$; $p<.01$, $\eta^2=.12$), system maintenance with 31% ($F=29.28$; $p<.01$, $\eta^2=.31$), task oriented with 13% ($F=10.35$; $p<.01$, $\eta^2=.13$), emotion oriented with 13% ($F=10.43$; $p<.01$, $\eta^2=.13$), avoidance with 24% ($F=21.18$; $p<.01$, $\eta^2=.24$).

The significant Interaction effect of offspring of alcoholic father and gender on regression with 37% effect ($F=38.56$; $p<.01$, $\eta^2=.37$), social maladjustment with 28% effect ($F=26.24$; $p<.01$, $\eta^2=.28$), disintegrity with 18% ($F=14.30$; $p<.01$, $\eta^2=.18$), lack of independence with 20% ($F=16.84$; $p<.01$, $\eta^2=.20$), Neuroticism with 31% ($F=29.71$; $p<.01$, $\eta^2=.31$), Extraversion with 27% ($F=24.62$; $p<.01$, $\eta^2=.27$), Openness with 40% ($F=44.95$; $p<.01$, $\eta^2=.40$), Agreeableness with 25% ($F=30.26$; $p<.01$, $\eta^2=.25$), Conscientiousness with 31% ($F=30.26$;

$p < .01$, $\eta^2 = .31$. The result confirmed the hypothesis -4 as the offspring of alcoholic father and gender had shown significant interaction effect as mentioned.

SUMMARY AND CONCLUSION

The present study entitled, “Impact of paternal alcoholism on psycho-social functions of young adults in Manipur”. The available literature was reviewed, and based on the theoretical and methodological foundation the following objectives have been set forth for the present study:

- 1) To establish the psychometric adequacy of the psychological tests used, in order to find applicability in the selected population.
- 2) To compare the young adult offspring of alcoholic and non-alcoholic fathers in Manipur on emotional maturity, personality, coping and home environment.
- 3) To explore any significant independent effect of ‘alcohol’ and ‘gender’ on Emotional maturity, personality, coping and home environment among the target population.
- 4) To examine any significant interaction effects of ‘alcohol and gender’ on Emotional maturity, personality, coping and home environment among the target population.

Hypotheses:

To meet the objectives, the following hypotheses have been set forth for the present study.

- 1) It is expected that the selected behavioural measures would find applicability in the projected population.
- 2) There will be significant difference between the mean of young adult offspring of alcoholic fathers and non-alcoholic fathers on emotional maturity, personality, coping and home environment.
- 3) There will be significant independent effect of ‘alcohol’ and ‘gender’ on emotional maturity, personality, coping and home environment in the target population.
- 4) There will be significant interaction effect of ‘alcohol and gender’ on emotional maturity, personality, coping and home environment in the target population.

For the final inclusion, two hundred young adults of Manipur were selected through multistage sampling procedure. Firstly, 100 young adult (50 males & 50 females) offspring of alcoholic father was selected from different hospitals, private clinics and rehabilitation centers located in Manipur.

Data was also obtained from another group comprising of 100 young adult (50 males & 50 females) offspring of non-alcoholic father matched to the study sample (the young adult offspring of the alcoholic father) on extraneous variables such as age, sex, occupation, educational qualification, income, family structure (joint/nuclear) was selected.

Design of the Study:

The design 2 x 2 factorial design {2 groups of young adults (offspring of alcoholic and non-alcoholic father) and 2 gender (male and female young adult offspring of alcoholic and non-alcoholic father)}, four cells of comparison groups was employed as it aims to elucidate the differences between the comparison groups - the Young adult offspring of alcoholic and non-alcoholic father on (i) Family environment – Relationship (cohesion, expressiveness, conflict, acceptance and caring), Personal Growth (independence, active-recreational orientation) and System maintenance (organization and control); (ii) Emotional Maturity (instability, emotional regression, social maladjustment, personality disintegration and lack of independence); (iii) Personality [Neuroticism (N), Extraversion (E), Openness (O), Agreeableness (A) and Conscientiousness (C)]; and (iv) Coping for Stressful Situation.

To meet the objectives and the hypotheses set forth for the present study, the psychological tests: 1. Family environment scale (Bhatia H. & Chadha N.K. 1993); 2. Emotional maturity scale (EMS), (Singh. Y. & Bhargava M., 1984); 3. The revised NEO Five-Factor inventory (NEO-FFI), (Costa & McCrae, 1992); and 4. Coping Inventory for Stressful Situations (CISS) (Endler & Parker, 1999) were employed to tap the selected dependent variables.

The data collected were analyzed in stepwise as follow:

Firstly, the Psychometric adequacy of the Psychological test was done to confirm the trustworthiness of the selected scales for the target population by employing Brown-Forsythe test and the reliability of the psychological tests were calculated.

Secondly, the descriptive statistics were computed including the mean, standard deviation, Standard Error of Mean, Kurtosis and Skewness on the behavioural measures of i. Family environment scale, ii. Emotional maturity scale, iii. The revised NEO Five-Factor inventory and iv. Coping Inventory for Stressful Situations.

Thirdly, mean difference was computed for the whole sample.

Fourthly, 2 X 2 ANOVA with Post-hoc multiple mean comparisons were employed to illustrate the independent and interaction effect of the independent variables on selected dependent variables for the whole samples.

Psychometric Adequacy:

The psychological tests used for the present study were originally made for other culture, and therefore to rule out the difference on cultural norms, the psychometric adequacy of the psychological test were checked before going further analysis by employing Robust Tests of Equality of Means (Brown-Forsythe) and Reliability measures (Cronbach Alpha).

The preliminary analyses of the psychometric properties of the behavioral measures computed was felt necessary that scale constructed and validated for measurement of the theoretical construct in a given population when taken to another cultural milieu may not be treated as reliable and valid unless specific checks are made (Witkin & Berry, 1975). The reliability and predictive validity of the scales and sub-scales were ascertained to ensure the psychometric adequacy of the scales used for the study. Internal consistency reliability was estimated for each of the scales used in the study using Cronbach's coefficient alpha (Cronbach, 1951).

The results in Table- 1A revealed that the reliability of Emotional Maturity Subscales i.e. Emotional Instability ($\alpha=.72$), Emotional Regression ($\alpha=.81$), Social Maladjustment ($\alpha=.78$), Personality Disintegration ($\alpha=.73$), Lack of Independence ($\alpha=.65$) and the total coefficient of correlation of the subjects emerged to be satisfactory over the levels of analysis for the whole sample, which indicates the trustworthiness of the Emotional Maturity Scale. The Reliability test of Cronbach Alpha show reliability scores almost all falling above .65 showing the reliability of the selected psychological scale for the present population under study. Likewise, the results in Table- 1B revealed that the reliability of NEO FFI subscales i.e. Neuroticism ($\alpha=.70$), Extraversion ($\alpha=.69$), Openness ($\alpha=.62$), Agreeableness ($\alpha=.73$), Conscientiousness ($\alpha=.70$) the total coefficient of correlation of the subjects emerged to be satisfactory over the levels of analysis for the whole sample, which indicating the trustworthiness of the scale NEO FFI. The Reliability test of Cronbach Alpha show reliability scores almost all falling above .60 showing

the reliability of the selected psychological scale for the present population under study. Further, The results in Table- 1C revealed that the reliability of Family environment Subscales i.e. Cohension ($\alpha=.54$), Expressiveness ($\alpha=.56$), Conflict ($\alpha=.57$), Acceptance and Caring ($\alpha=.59$), Independence ($\alpha=.71$), Recreational ($\alpha=.63$), System Maintenance ($\alpha=.62$), the total coefficient of correlation of the subjects emerged to be satisfactory over the levels of analysis for the whole sample, which indicating the trustworthiness of the Family environment scale. The Reliability test of Cronbach Alpha shows reliability scores almost all falling above .50 showing the reliability of the selected psychological scale for the present population under study. And the results in Table- 1D also revealed that the reliability of Coping style subscales i.e. Task Oriented ($\alpha=.77$), Emotional Oriented ($\alpha=.71$), Avoidance Oriented ($\alpha=.53$), the total coefficient of correlation of the subjects emerged to be satisfactory over the levels of analysis for the whole sample, which indicating the trustworthiness of the Coping style scale. The Reliability test of Cronbach Alpha shows reliability scores almost all falling above .50 showing the reliability of the selected psychological scale for the present population under study. The total coefficient of correlation of the subjects emerged to be satisfactory over the levels of analysis for the whole sample, which indicating the trustworthiness of the scales such as Family environment scale, Emotional maturity scale, The revised NEO Five-Factor inventory and Coping Inventory for Stressful Situations. The Reliability test of Cronbach Alpha shows reliability scores all falling above .50 showing the reliability and the validly proved the trustworthiness of the selected psychological scale for the present population under study. Brown-Forsythe Test of Homogeneity of Variances was used, and Levene's Test from the test it was indicative of homogeneity of the variance within the whole sample.

Descriptive Statistics:

Results presented in **Table-2A** show mean comparisons among the groups on the subscales of Emotional Maturity scales for the whole samples. On Emotional Maturity subscales, both the female offspring of alcoholic and non alcoholic father scored highest on Emotional Regression (M=32.44 & 22.06 respectively). Both the groups scored lowest on Lack of independence (M=19.70 & 17.14 respectively). Unlike female groups, male offspring of alcoholic and non alcoholic father groups' highest score differs; the first group scored highest on Emotional Regression (M=26.40) and latter group scored highest on Emotional Instability (M=22.66).

However, both the groups scored lowest on Lack of Independence (M=17.30 & 13.98 respectively). This finding is supported by Aleem and Sheema (2005); Jan Nuzhat,2013 also found male university distance learners have more emotional regression than female university distance learners. Similar results were observed by Krishna Duhan et al. (2017), emotional regression and personality disintegration was higher in males as compared to female adolescents. Result from the table 2A further revealed that offspring of Alcoholic scored higher mean value than Offspring of Non-Alcoholics on all the subscales of Emotional Maturity scales, from which it can be ascertained that Emotional Maturity was higher in Offspring of Non-Alcoholics than the Offspring of Alcoholics, since higher score in emotional maturity scale means lower level of Emotional Maturity. The results conformed with Christensen and Bilenberg (2000), have severe emotional problems, the COA population has double the risk of depression and internalizing symptoms than the reference population. Fine, Yudin, Holmes and Heinemann (1976), children of alcohol dependent had more emotional detachment, dependency and social aggression. On comparison on sub scales of the total of offspring of alcoholic and non alcoholic father, first one scored highest on Emotional Regression (M=29.42) and latter group scored highest on Emotional Instability. The finding is supported by Knop et al, (1985), children from families with parental alcoholism were found to be less able to maintain attention, were more fearful and preoccupied with inner thoughts and liable to have emotional upsets. Impulsivity, restlessness, more pronounced inconsistency in school work and less verbal proficiency was also reported. However, both the groups scored lowest on Lack of Independence (M=18.50 & 15.56 respectively). Further, when the total female and male groups were compared, no differences on their highest (Emotional Regression, M= 27.25 & 23.26) and lowest (Lack of Independence, M=18.42 & 15.64) scores were found. This finding is well supported Krishna Duhan and his associates (2017), there were no significant differences in emotional maturity of adolescents as per their gender. However, mean scores shows that male adolescents were having better emotional stability, social adjustment and independence in behavior as compared to female adolescents. Emotional regression and personality disintegration were higher in males as compared to female adolescents.

Results presented in **Table-2 B** showed Mean comparisons among the groups on the Personality (NEO-FFI) for the whole samples. On Personality (NEO-FFI) subscales, the female offspring of

alcoholic father scored highest on Neuroticism (M=41.02) & the female offspring non alcoholic father scored highest on Extraversion (M=40.16). And the female offspring alcoholic father scored lowest Agreeableness (M=33.20) & the female offspring non alcoholic father scored lowest on Neuroticism (M=35.46). Unlike female offspring groups, male offspring of alcoholic and non alcoholic father scored highest on Extraversion (M=38.16 & 42.86 respectively). However, the groups' lowest scores differs, male offspring of alcoholic father scored lowest on Agreeableness (M= 34.68) and male offspring of non alcoholic father scored lowest on Neuroticism (M=33.38). On comparison of the total of offspring of alcoholic and non alcoholic father, first one scored highest on Neuroticism (M=39.29) and latter group scored highest on Extraversion (M=41.51). Larkins and Sher (2006) also found that late adolescence and early adulthood with family history of alcoholism had higher levels of neuroticism and psychoticism. And total of offspring of alcoholic father scored lowest on Agreeableness (M=33.94) & total of offspring of non alcoholic father scored lowest on Neuroticism (M=34.42). Likewise, total of female scored highest on Neuroticism (M=38.24) and total male scored highest on Extraversion (M=40.51). And total female scored lowest on Agreeableness (M=34.61) & total male scored lowest on Neuroticism (M=35.47). This finding supported previous studies by Bird and Canino (1991), children of alcohol dependent parents when compared to those of non-alcohol dependent parents manifested higher levels of behavioral under control, more neuroticism and greater psychiatric distress.

Results presented in **Table-2C** showed Mean comparisons among the groups on the subscales of Family Environment scales for the whole samples. On Family Environment subscales, all the groups i.e. the female offspring of alcoholic father (M= 50.86), female offspring of non-alcoholic father (M=56.58); male offspring of alcoholic father (M=54.04), female offspring of non-alcoholic father (M=58.62); total of Offspring of Alcoholic father (M=52.45), total of Offspring of non Alcoholic father (M=57.60); total female (M=53.72), total male (M=56.33) scored highest on System maintainance subscale. Moreover, all the groups i.e. the female Offspring of Alcoholic father (M= 17.20), female Offspring of non Alcoholic father (M=19.36); male Offspring of Alcoholic father (M=17.64), male Offspring of non-Alcoholic father (M=21.48); Total of Offspring of Alcoholic father (M=17.42), Total of Offspring of non-Alcoholic father (M=20.42); total female (M=18.28), total male (M=19.56) scored lowest on

active recreational orientation subscale. Offspring of Alcoholic father scored higher mean value on conflict (M=35.87) and acceptance and caring (35.26) than Offspring of Non-Alcoholic father on conflict (32.33) and acceptance and caring (33.26) on Family environment scales. On the other hand, Offspring of Alcoholic father scored lower mean value on cohesion (M=45.35), expressiveness (28.39), lack of independence (24.21), recreational (17.42) and system maintenance (52.45) than Offspring of Non-Alcoholic father on cohesion (M=49.15), expressiveness (31.24), lack of independence (26.66), recreational (20.42) and system maintenance (57.60) on Family environment scales. The results of the study are in line with the study by Burke, Schmied, & Montrose (2006) in which they indicated families with parental alcohol misuse have poorer family functioning, a less cohesive perception of their environment, higher levels of unresolved conflict, lower levels of physical as well as verbal positive feeling expressions, and lower warmth and caring. Shankaran, L. et al (2008), also supports that family of alcohol dependent parents suffers from deep emotional issues, marital disruption, poor cohesion, expressiveness and lack hierarchical boundaries. Vijaya, R., Suveera, P., & Appaya, M.P. (2010) also revealed that family environment of COAs was characterized by lack of independence for its members, greater perceived control.

Results presented in **Table-2D** show Mean comparisons among the groups on the Coping style subscales, the female offspring of alcoholic father group scored highest on emotional oriented (M=55.84) & the female offspring of non alcoholic father group scored highest on Task oriented (M=49.78). And the female offspring of alcoholic group scored lowest Avoidance oriented (M=44.56) & the female offspring of non alcoholic father group scored lowest on emotional oriented (M=46.26). Male offspring of alcoholic groups scored highest on Task oriented (M=51.94) and the male offspring of non alcoholic father group scored highest on Avoidance oriented (M=50.72). And the male offspring of alcoholic father group scored lowest Avoidance oriented (M=46.14) & the male offspring of non alcoholic father group scored lowest on emotional oriented (M=43.54). The finding is in line with Colbert (1991), coping patterns of Children of Alcoholics (COAs) and have been compared to those of children of non-alcoholics (CNAs) in an effort to further investigate COA coping behaviors and to more fully understand the problematic needs of this population. Significant differences were found to depend on gender. Female COAs showed greater dysfunction than same sex peers on family-related coping

and perception of peer support variables, whereas male COAs differed from male peer on quality of coping response variables. Results also show that gender is a significant variable to address when developing COA programs. On comparison of the total of offspring of alcoholic and total of offspring of non alcoholic father groups, first one scored highest on emotional oriented (M=53.24) and latter group scored highest on avoidance oriented (M=49.15). The groups scored lowest on avoidance oriented (M=45.35) and emotional oriented (M=44.90) respectively. Total female scored highest on emotional oriented (M=51.05) and total male scored highest on Task oriented (M=48.54). And total female scored lowest on Avoidance oriented (M=46.07) & total male scored lowest on emotional oriented (M=47.25). There are a number of behavioral characteristics that distinguished those Children of Alcoholic (COAs) who did develop serious coping issues and those that did not develop serious coping issues. One noticeable difference given by Kelley et al., (2011) and Werner (1986) is in characteristics like positive attention from primary caretakers.

Prediction of the effect of independent variables:

Analysis of Variance (ANOVA) was calculated to illustrate the independent effect of two independent variables (offspring of alcohol father and gender) on dependent variables (Family Environment scale and CISS) and also two independent interaction effects on dependent variables under study. Two-way ANOVA was computed and the finding was presented under **Table-3.**

The ANOVA results showed that significant independent effect of offspring of alcoholic father on cohesion with 18% effect ($F=41.95$; $p < .01$, $\eta^2=.18$), expressiveness with 16% effect ($F=38.81$; $p < .01$, $\eta^2=.16$), conflict with 27% ($F=74.67$; $p < .01$, $\eta^2=.27$), acceptance with 6% ($F=13.91$; $p < .01$, $\eta^2=.06$), independence with 13% ($F=23.08$; $p < .01$, $\eta^2=.13$), active recreational orientation with 10% ($F=23.08$; $p < .01$, $\eta^2=.10$), system maintenance with 25% ($F=64.44$; $p < .01$, $\eta^2=.25$). These finding is supported by the study finding of Velleman, R. & Templeton, L. (2007) viz. disruptions to family rituals, limited or more aggressive communication, by diminished social connectedness, and by lack of finances and worsening relationships. Gruenert, S. et al (2004) findings of parents' act in active alcohol or other drug use like irritable, intolerant or impatient toward their children, used harsher discipline, were less responsive to their children's

needs. Dawe, S. et al. (2007) found neglect, harm or abuse, exposure to hostility and conflict is indicative of disturbed family environment. Point, T. (2006) finds that alcoholic parents did not show any warmth towards them, and that this had led to feelings of rejection from an early age. Pecukonis (2004) revealed that COAs claimed that alcohol use by parents/caretakers could promote negative family relationships. Several other studies have shown the families of alcoholics to be less organized, more conflict-ridden and less cohesive with increased rate of poverty, divorce, unemployment and chaos (Windle and Searles, 1990; Von Knorring, 1991; Zeitlin, 1994). Families of alcoholics have lower levels of family cohesion, expressiveness, independence, and intellectual orientation and higher levels of conflict compared with non-alcoholic families (Filstead *et al.*, 1981; Moos & Billings, 1982; Moos & Moos, 1984; Clair & Genest, 1986). John and Singh (2014) findings of the study revealed that these COAs suffered from family disruption, co-dependency, emotional problems and disruptive behavior patterns. The single most potential risk factor is their parent's substance abusing behavior and this can place the child of substance abuser at biological, psychological and environmental risk (Johnson and Leff, 1999). Menees and Segrin (2000) observe that COA's are characterized as an at risk population because of the dysfunctional family environment that disrupts their psychosocial development.

Further, significant independent effect of offspring of alcoholic father on task oriented with 11% ($F=23.91$; $p<.01$, $\eta^2=.11$), emotion oriented with 9% ($F=20.00$; $p<.01$, $\eta^2=.09$), avoidance with 19% ($F=48.35$; $p<.01$, $\eta^2=.19$) were revealed. This finding is supported by Knop, et al (1985), Fine, Yudin, Holmes and Heinemann (1976), children from such families were less able to maintain attention, fearful and preoccupied with inner thoughts and liable to have emotional upsets. Singh and his colleagues (2012), impulsivity, restlessness, more pronounced inconsistency in school work and less verbal proficiency was also reported. Barry and Fleming, (1990) reported low emotional bonding and lesser recreational activities within the family weakens ties and lowers trust amongst them. Poor problem solving abilities among both parent and within the family including lack of compromise between parent and children is reported by O'Farell & Fals- Steward, 1999; Jacob & Leonard, 1995. Some families are either completely helpless or there are others who make conscious attempts to distance themselves from the alcohol problems (Orford & Vellaman, 1995). Deisinger (1993) found that children of alcoholic

parents are at higher risk of developing psychological problems. Young children of alcoholics compared with control groups experienced more depression, anxiety, nightmares as well as phobias and feelings of insecurity. (Moos and Billings, 1982 and Florez, Mendez and Marin, 1985; Narang et al, 1996). There is a strong evidence to suggest that family dysfunction during childhood can negatively influence later life experiences and adjustments (Werner and Broida, 1991). Marital conflict and a lack of coping mechanism were more frequent in these families and children of alcoholic (COA's) fathers represent a group of risk for the early onset of psychiatric problems observed by Furtado et al. (2002). Regardless of pattern of drinking style, families with parental alcohol misuse are distinguished as having poorer family functioning, a less cohesive perception of their environment, higher levels of unresolved conflict, lower levels of physical as well as verbal positive feeling expressions, and lower warmth and caring (Burke, Schmied, & Montrose, 2006).

The results showed that significant independent effect of gender on cohesion with 6% effect ($F=13.48$; $p<.01$, $\eta^2=.06$), expressiveness with 5% effect ($F=11.29$; $p<.01$, $\eta^2=.05$), conflict with 5% ($F=12.2874.67$; $p<.01$, $\eta^2=.05$), acceptance with 6% ($F=14.69$; $p<.01$, $\eta^2=.06$), independence with 5% ($F=10.618$; $p<.01$, $\eta^2=.05$), system maintenance with 3% ($F=6.4$; $p=.01$, $\eta^2=.03$), task oriented with 1% ($F=3.94$; $p<=.05$, $\eta^2=.01$), avoidance with 4% ($F=9.05$; $p<.01$, $\eta^2=.04$). However, there are insignificant independent effect of gender on active recreational orientation with 10% ($F=23.08$; $p<.01$, $\eta^2=.10$) & emotion oriented with 9% ($F=20.00$; $p<.01$, $\eta^2=.09$). By gender, evidence suggests that adult male COAs are at greater risk for developing alcohol disorders, manifesting sociopathic tendencies, and having legal issues which end them up in jail or prison (Kearns- Bodkin & Leonard, 2008; McKenna & Pickens, 1981). Additionally, research has shown that female adult COAs report overall higher levels of self-deprecation, which leads to increased risks of depression and lower self-esteem. Therefore, males tend to exhibit externalizing behaviors such as antisocial tendencies and alcohol misuse in their own lives and women tend to exhibit internalizing behaviors (McKenna & Pickens, 1981; Serec et al., 2012). As described by McKenna and Pickens (1981) and Serec et al. (2012), boys with alcoholic parent/parents are at an increased risk for externalizing problems and 'acting-out' behavior, while girls of alcoholic parent/parents are at an increased risk for internalizing problems (McKenna & Pickens, 1981; Serec et al., 2012). Hussong, Zucker, Wong, Fitzgerald,

and Puttler (2005) looked at how gender affects overall social competence, indicating that deficits in this area are mainly only seen in girls.

The significant independent effect of offspring of alcoholic father and gender on cohesion with 25% effect ($F=21.74$; $p < .01$, $\eta^2=.25$), expressiveness with 19% effect ($F=15.98$; $p < .01$, $\eta^2=.19$), conflict with 32% ($F=31.37$; $p < .01$, $\eta^2=.32$), acceptance with 12% ($F=9.32$; $p < .01$, $\eta^2=.12$), independence with 17% ($F=13.51$; $p < .01$, $\eta^2=.17$), active recreational orientation with 12% ($F=9.26$; $p < .01$, $\eta^2=.12$), system maintenance with 31% ($F=29.28$; $p < .01$, $\eta^2=.31$), task oriented with 13% ($F=10.35$; $p < .01$, $\eta^2=.13$), emotion oriented with 13% ($F=10.43$; $p < .01$, $\eta^2=.13$), avoidance with 24% ($F=21.18$; $p < .01$, $\eta^2=.24$).

Analysis of Variance (ANOVA) to illustrate the independent effect of two independent variables (offspring of alcoholic father and gender) on dependent variables (Emotional maturity scale and NEO -FFI and also two independent interaction effects on dependent variables under study. Two-way ANOVA was computed and the finding was presented under **Table-4**.

The ANOVA results showed that significant independent effect of offspring of alcoholic father on regression with 28% effect ($F=79.98$; $p < .01$, $\eta^2=.28$), social maladjustment with 23% effect ($F=58.72$; $p < .01$, $\eta^2=.23$), disintegrity with 9% ($F=19.55$; $p < .01$, $\eta^2=.09$), lack of independence with 10% ($F=23.79$; $p < .01$, $\eta^2=.01$). Williams and Corrigan (1992) also found that growing up in a household with alcoholic parents is more likely to produce emotional disorders, increases the child's risk of health problems, physical abuse and neglect. However, there is insignificant independent effect of offspring of alcoholic father on Emotional Instability. John and Singh (2014) findings of the study revealed that these COAs suffered from co-dependency, emotional problems and disruptive behavior patterns. Cathy and Raymond (2007), emotional stiffness, indifference, withdrawal is accompanied by excessive and uncontrolled explosions of positive or negative feelings (Żyrakowska 2005).

The ANOVA results showed that significant independent effect of offspring of alcoholic father on Neuroticism with 23% ($F=60.04$; $p < .01$, $\eta^2=.23$), Extraversion with 20% ($F=52.40$; $p < .01$, $\eta^2=.20$), Openness with 24% ($F=64.03$; $p < .01$, $\eta^2=.24$), Agreeableness with 19% ($F=43.16$; $p < .01$, $\eta^2=.19$), Conscientiousness with 23% ($F=59.29$; $p < .01$, $\eta^2=.23$). Jennifer K., et

al. (2007) Extraversion and Conscientiousness predicted more problem-solving and cognitive restructuring, support seeking. Neuroticism predicted problematic strategies like wishful thinking, withdrawal, and emotion-focused coping. Tarter et al., (1993) research has shown that children of addicted parents demonstrate behavioral characteristics and a temperament style that predispose them to future maladjustment. Furthermore, Jones' (1968) research on behavioral problems demonstrated by children of alcoholics has revealed lack of empathy for other persons; decreased social adequacy and interpersonal adaptability; low self-esteem; and lack of control over the environment.

The ANOVA results showed that significant independent effect of gender on regression with 32% effect ($F=23.2$; $p < .01$, $\eta^2=.32$), social maladjustment with 26% effect ($F=14.87$; $p < .01$, $\eta^2=.26$), disintegrity with 31% ($F=20.84$; $p < .01$, $\eta^2=.31$), lack of independence with 33% ($F=25.06$; $p < .01$, $\eta^2=.33$). However, there is insignificant independent effect of gender on Emotional Instability. Jan Nuzhat (2013), male has more emotional regression, inferiority complex, restlessness, hostility, aggressiveness and self-centeredness than female university distance learners. However, Krishna Duhan and his associates (2017) that male adolescents were having better emotional stability, social adjustment and independence in behavior as compared to female adolescents. Emotional regression and personality disintegration were higher in males as compared to female adolescents.

Further, results showed that significant independent effect of gender on Neuroticism with 29% ($F=18.87$; $p < .01$, $\eta^2=.29$), Extraversion with 30% ($F=20.04$; $p < .01$, $\eta^2=.30$), Openness with 45% ($F=52.23$; $p < .01$, $\eta^2=.45$), Agreeableness with 31% ($F=21.62$; $p < .01$, $\eta^2=.31$), Conscientiousness with 30% ($F=19.82$; $p < .01$, $\eta^2=.30$). Berkowitz (1986), COAs were more likely than their peers to experience self depreciation, with greater effect in female COAs than with male COAs. Male COAs rated themselves as more directive, autonomous, and in need of social support than their non-COA peers.

The ANOVA results showed that significant interaction effect of offspring of alcoholic father and gender on regression with 37% effect ($F=38.56$; $p < .01$, $\eta^2=.37$), social maladjustment with 28% effect ($F=26.24$; $p < .01$, $\eta^2=.28$), disintegrity with 18% ($F=14.30$; $p < .01$, $\eta^2=.18$), lack of independence with 20% ($F=16.84$; $p < .01$, $\eta^2=.20$), Neuroticism with 31% ($F=29.71$; $p < .01$, $\eta^2=.31$), Extraversion with 27% ($F=24.62$; $p < .01$, $\eta^2=.27$), Openness with 40% ($F=44.95$; $p < .01$,

$\eta^2=.40$), Agreeableness with 25% ($F=30.26$; $p<.01$, $\eta^2=.25$), Conscientiousness with 31% ($F=30.26$; $p<.01$, $\eta^2=.31$). However, there is insignificant interaction effect of offspring of alcoholic father and gender on Emotional Instability.

Results of above Table-3, highlight significant mean difference between the comparison groups on the subscale of Family Environment scale and coping style scales. On the family environment subscale cohesion, there are negative significant relationships among female offspring of alcoholic father & female offspring of non-alcoholic father (-3.02 , $p<.05$); female offspring of alcoholic father and male offspring of non-alcoholic father (-6.16 , $p<.05$); male offspring of alcoholic father and male offspring of non alcoholic father (-4.58 , $p<.05$); female offspring of non alcoholic father and male offspring of non alcoholic father (-3.14 , $p<.05$). However, there are no significant differences among female offspring of alcoholic & non alcoholic father and male offspring of alcoholic father. It is estimated that each problematic user of alcohol will, on average, negatively affect the lives of two other close family members (Zohadi, Templeton & Velleman, 2004). Colbert, C. S. (1941) also found that female COAs showed greater dysfunction than same sex peers on family-related coping and perception of peer support variables, whereas male COAs differed from male peer on quality of coping response variables.

On the expression subscale, there are negative significant relationships among female offspring of alcoholic & non alcoholic father (-1.02 , $p<.05$); female offspring of alcoholic father & male offspring of non alcoholic father (-4.10 , $p<.05$); male offspring of alcoholic & non alcoholic father (-3.08 , $p<.05$).

On the conflict subscale, there are significant relationships among female offspring of alcoholic & non alcoholic father (3.48 , $p<.05$); female offspring of alcoholic father & male offspring of non alcoholic father (5.06 , $p<.05$); male offspring of alcoholic father & female offspring of non alcoholic father (2.02 , $p<.05$); male offspring of alcoholic & non alcoholic father (3.60 , $p<.05$). Pecukonis revealed that alcohol use by parents/caretakers could promote negative family relationships, which in turn psychologically affect COAs. Family of alcohol dependent parents suffers from deep emotional issues, marital disruption, poor cohesion, expressiveness and lack hierarchical boundaries (Shankaran, L. et al, 2008).

On the acceptance subscale, there are significant relationships among female and male offspring of alcoholic father (2.2, $p < .05$); female offspring of alcoholic & non alcoholic father (2.4, $p < .05$); female offspring of alcoholic father & male offspring of non alcoholic father (3.4, $p < .05$).

On the lack of independence subscale, there are negative significant relationships among female and male offspring of alcoholic father groups (-2.1, $p < .05$); female offspring of alcoholic & non alcoholic father groups (-3.46, $p < .05$); female offspring of alcoholic father group & male offspring of non alcoholic father groups (-3.54, $p < .05$).

On the recreational subscale, there are significant relationships among female offspring of alcoholic & non alcoholic father groups (2.58, $p < .05$); female offspring of alcoholic father group & male offspring of non alcoholic father group (2.92, $p < .05$). On the system maintenance there are non significant relationships among all the comparison groups.

On the task oriented subscales, there are negative significant relationships among female offspring of alcoholic & non alcohol father groups (-5.72, $p < .05$), female offspring of alcoholic father group & male offspring of non alcoholic father (-7.76, $p < .05$), male offspring of alcoholic father group & female offspring of non alcoholic father group (-2.54, $p < .05$); male offspring of alcoholic & non alcoholic father groups; and female and male offspring of non alcoholic & non alcoholic father groups (-2.04, $p < .05$). However, there is non significant difference among female and male offspring of alcoholic father groups.

On the lack of emotional oriented subscale, there are significant relationships among female offspring of alcoholic father & male offspring of non alcoholic father groups (7.14, $p < .05$); male offspring of alcoholic & non alcoholic father groups (6.80, $p < .05$); female and male offsprings of non alcoholic & non alcoholic father groups (4.64, $p < .05$). However, there are non significant differences among female and male alcoholic father groups; female offspring of alcoholic & non alcoholic father groups; and male offspring of alcoholic father and female offspring of non alcoholic father groups. Bain (2011) found that externalizing the problem of alcohol facilitated the development of empathy and acceptance towards alcoholic parents. Her participants felt

externalizing the alcohol problem was a valuable part of their coping process as it freed them from being caught up in feeling angry and blaming towards their parents.

On the avoidance oriented subscale, there are significant relationships among female and male offspring of alcoholic father groups (5.20, $p < .05$); female offspring of alcoholic & non alcoholic father groups (9.58, $p < .05$), female offspring of alcoholic father group & male offspring of non alcoholic father group (12.30, $p < .05$), male offspring of alcoholic & non alcoholic father groups (7.10, $p < .05$). However, there are non significant differences among male offspring of alcoholic father group & female offspring of non alcoholic father; female and male offspring of non alcoholic father groups. Black, (1981) & Scharff et al, (2003) proposed that children of alcoholics adopt 'survival' roles- patterns of coping that persist into adulthood.

Results of above table-4 highlight significant mean difference between the comparison groups on the subscale of emotional maturity scales and personality NEO FFI scales. On the emotional maturity subscale emotional instability, there are non significant differences among all the comparison groups viz. female offspring of Alcoholic father, male offspring of alcoholic father, female offspring on Non alcoholic father and male offspring of non alcoholic father groups.

On the subscale of Emotional regression subscale, there are significant differences among female offspring of alcoholic father and other groups viz. male offspring of alcoholic father (6.04, $p < .05$); female offspring of non alcoholic father (10.38, $p < .05$); male offspring of non alcoholic father (12.32, $p < .05$). Likewise, there are significant differences among male offspring of alcoholic father group with other remaining two groups i.e. female offspring of non alcoholic father (4.34, $p < .05$) and male offspring of non alcoholic father (6.28, $p < .05$). However, female offspring of non alcoholic father did not have any significant difference from male offspring of non alcoholic father groups.

Female offspring of alcoholic father on social maladjustment had a significant differences with two other groups viz. female offspring of non alcoholic father (5.98, $p < .05$); male offspring of non alcoholic father (9.70, $p < .05$). Male offspring of alcoholic father had a significant difference with male offspring of non alcoholic father (6.98, $p < .05$). Female offspring of non

alcoholic father had a significant difference with male offspring of non alcoholic father groups (3.72, $p < .05$). Female offspring of alcoholic father did not have any significant difference with male offspring of alcoholic father. Male offspring of alcoholic father group didn't have significant difference with female offspring of non alcoholic father. Research done on gender difference of Children of Alcoholic suggests that adult male Children Of Alcoholics are at greater risk for developing alcohol disorders, manifesting sociopathic tendencies, and having legal issues which end them up in jail or prison (Kearns- Bodkin & Leonard, 2008; McKenna & Pickens, 1981). Additionally, research has shown that female adult Children of Alcoholics report overall higher levels of self-deprecation, which leads to increased risks of depression and lower self-esteem. Therefore, males tend to exhibit externalizing behaviors such as antisocial tendencies and alcohol misuse in their own lives and women tend to exhibit internalizing behaviors (McKenna & Pickens, 1981; Serec et al., 2012).

On personality disintegration subscale, female offspring of alcoholic father had a significant differences with male offspring of non alcoholic father (6.52, $p < .05$). Male offspring of alcoholic father had a significant difference with male offspring of non alcoholic father (3.90, $p < .05$). Further, female offspring of non alcoholic father had a significant difference with male offspring of non alcoholic father groups (3.84, $p < .05$). Female offspring of alcoholic father didn't have significant difference with male offspring of alcoholic father and female offspring of non alcoholic father as well. Male offspring of alcoholic father group didn't have significant difference with female offspring of non alcoholic father.

On lack of independence subscale, female offspring of alcoholic father had a significant differences with male offspring of alcoholic father (2.40, $p < .05$), female offspring of non alcoholic father at (2.56, $p < .05$) and male offspring of non alcoholic father at (5.72, $p < .05$). And male offspring of alcoholic father had a significant differences with male offspring of non alcoholic father (3.32, $p < .05$). Female offspring of non alcoholic father had a significant difference with male offspring of non alcoholic father (3.16, $p < .05$). Male offspring of alcoholic father didn't have significant difference with female offspring of non alcoholic father. Disintegration. Aleem and Sheema (2005) have found that there is a significant difference between the mean scores of male and female students on emotional stability. Female students are less emotionally stable as compared to male students. Sivakumar (2010) and Subbarayan &

Visvanathan (2011) concluded that the sex, community and the family type they belong did not play any role in the emotional maturity of the college students. Rajakumar and Soundararajan (2012) found significant differences between male and female's emotional maturity score. Kaur (2006) revealed insignificant difference on emotional maturity between boys and girls. Whereas, Krishna Duhan and his associates (2017) revealed that there were no significant differences in emotional maturity among Male and Female Adolescents on Emotional Maturity.

On the neuroticism subscales of Personality NEO FFI, female offspring of alcoholic father had a significant differences with male offspring of alcoholic father (3.46, $p < .05$), female offspring of non alcoholic father (5.56, $p < .05$) and male offspring of non alcoholic father (7.64, $p < .05$). Moreover, male offspring of alcoholic father had a significant difference with male offspring of non alcoholic father (4.18, $p < .05$). However, female offspring of non alcoholic father didn't have significant differences with male offspring of alcoholic father & male offspring of non alcoholic father as well.

On extraversion subscale, female offspring of alcoholic father had a significant difference with female non alcoholic father (-4.24, $p < .05$) and male offspring of non alcoholic father at (-6.94, $p < .05$). Male offspring of alcoholic father had a significant difference with male offspring of non alcoholic father (-4.74 $p < .05$). Female offspring of non alcoholic father had a significant difference with male offspring of non alcoholic father (-2.70, $p < .05$). However, female offspring of alcoholic father didn't have any significant difference with male offspring of alcoholic father. Male offspring of non alcoholic father didn't have any significant difference with female offspring of non alcoholic father.

On openness subscale, female offspring of alcoholic father had a significant difference with male offspring of alcoholic father (-2.10, $p < .05$), female offspring of non alcoholic father (-2.98, $p < .05$) and male offspring of non alcoholic father at (-7.07, $p < .05$). Male offspring of alcoholic father had a significant difference with male offspring of non alcoholic father (-4.96, $p < .05$). Female offspring of non alcoholic father had a significant difference with male offspring of non alcoholic father (-8.08, $p < .05$). However, male offspring of alcoholic father didn't have any significant difference with female offspring of non alcoholic father.

On agreeableness subscale, female offspring of alcoholic father had a significant difference with non alcoholic father (-2.82, $p < .05$) and male offspring of non alcoholic father (-5.60, $p < .05$). Male offspring of alcoholic father had a significant difference with male offspring of non alcoholic father (-4.12 $p < .05$). Female offspring of non alcoholic father had a significant difference with male offspring of non alcoholic father (-2.78, $p < .05$).

However, there is non significant difference between the groups of female offspring of alcoholic father and male offspring of alcoholic father (-1.48, $p < .05$) and male offspring of non alcoholic father & female offspring of non alcoholic father (-1.34, $p < .05$).

On conscientiousness subscale, female offspring of alcoholic father had a significant difference with non alcoholic father (-4.06, $p < .05$); male offspring of non alcoholic father (-7.68, $p < .05$). Male offspring of alcoholic father had a significant difference with male offspring of non alcoholic father (-5.60, $p < .05$). Female offspring of non alcoholic father had a significant difference with male offspring of non alcoholic father (-3.62, $p < .05$).

However, there is non significant difference between the groups of female offspring of alcoholic father and male offspring of alcoholic father (-2.08, $p < .05$) and male offspring of non alcoholic father & female offspring of non alcoholic father (-1.98, $p < .05$). Personality profiles of Children of Alcoholics were analyzed by Calder et al (1989) revealed that the children had mean scores on the Family Relations, Delinquency, Depression, and Withdrawal scales that were more than 1 standard deviation above the norm, although there was a great deal of variation in individual profiles.

***Hypothesis -1:** Psychological measures would find applicability in the selected population as it is going to be the first endeavor in the selected population.*

The psychological test used in this study were standardized but constructed for other culture. The preliminary analyses of the psychometric properties of the behavioral measures were computed as it was felt necessary that scale constructed and validated for measurement of the theoretical construct in a given population when taken to another cultural milieu may not be treated as

reliable and valid unless specific checks are made (Witkin & Berry, 1975). The reliability and predictive validity of the scales and sub-scales were ascertained to ensure the psychometric adequacy of the scales used for the study. Internal consistency reliability was estimated for each of the scales used in the study using Cronbach's coefficient alpha (Cronbach, 1951) was employed to cross check the Cronbach's coefficient alpha for methodological confinement of the internal consistency — how well the test components contribute to the construct that's being measured. The results in Table- 1A & B revealed that the reliability of Emotional Maturity Subscales i.e. Emotional Instability ($\alpha=.72$), Emotional Regression ($\alpha=.81$), Social Maladjustment ($\alpha=.78$), Personality Disintegration ($\alpha=.73$), Lack of Independence ($\alpha=.65$) and NEO FFI subscales i.e. Neuroticism ($\alpha=.70$), Extraversion ($\alpha=.69$), Openness ($\alpha=.62$), Agreeableness ($\alpha=.73$), Conscientiousness ($\alpha=.70$) the total coefficient of correlation of the subjects emerged to be satisfactory over the levels of analysis for the whole sample, which indicating the trustworthiness of the scales such as Emotional Maturity and and NEO FFI. The Reliability test of Cronbach Alpha Reliability shows reliability scores all falling above .65 showing the reliability and the validly proved the trustworthiness of the selected psychological tests applicability and replicability in the selected population under study.

The results in Table- 1 C & D revealed that the reliability of Family environment Subscales i.e. Cohension ($\alpha=.54$), Expressiveness ($\alpha=.56$), Conflict ($\alpha=.57$), Acceptance and Caring ($\alpha=.59$), Independence ($\alpha=.71$), Recreational ($\alpha=.63$), System Maintenance ($\alpha=.62$), and Coping style subscales i.e. Task Oriented ($\alpha=.77$), Emotional Oriented ($\alpha=.71$), Avoidance Oriented ($\alpha=.53$), the total coefficient of correlation of the subjects emerged to be satisfactory over the levels of analysis for the whole sample, which indicating the trustworthiness of the scales such as Family environment and Coping style. The Reliability test of Cronbach Alpha shows reliability scores almost all falling above .50 showing the reliability of the selected psychological scale for the present population under study.

Hypothesis -2: The significant difference would be observed in dependent measures in gender and offspring of alcoholic father.

Descriptive statistics, Post hoc means comparisons, χ^2 and bivariate correlation were computed to excavate any significant difference present in dependent variables in relation to gender and age groups. Results confirmed the hypothesis-2 by showing the significant mean

difference between gender and alcohol, almost on all dependent variables as provided by the mean table, post hoc comparison table, correlation efficient matrix of the study.

Hypothesis -3: Significant independent effects of the main variable on dependent measures.

Two-way ANOVA results showed the significant independent effect on all dependent variables. Results confirmed the Hypothesis -3 that that significant independent effect of alcohol on cohesion with 18% effect ($F=41.95$; $p < .01$, $\eta^2=.18$), expressiveness with 16% effect ($F=38.81$; $p < .01$, $\eta^2=.16$), conflict with 27% ($F=74.67$; $p < .01$, $\eta^2=.27$), acceptance with 6% ($F=13.91$; $p < .01$, $\eta^2=.06$), independence with 13% ($F=23.08$; $p < .01$, $\eta^2=.13$), active recreational orientation with 10% ($F=23.08$; $p < .01$, $\eta^2=.10$), system maintenance with 25% ($F=64.44$; $p < .01$, $\eta^2=.25$), task oriented with 11% ($F=23.91$; $p < .01$, $\eta^2=.11$), emotion oriented with 9% ($F=20.00$; $p < .01$, $\eta^2=.09$), avoidance with 19% ($F=48.35$; $p < .01$, $\eta^2=.19$).

The significant independent effect of gender on cohesion with 6% effect ($F=13.48$; $p < .01$, $\eta^2=.06$), expressiveness with 5% effect ($F=11.29$; $p < .01$, $\eta^2=.05$), conflict with 5% ($F=12.2874.67$; $p < .01$, $\eta^2=.05$), acceptance with 6% ($F=14.69$; $p < .01$, $\eta^2=.06$), independence with 5% ($F=10.618$; $p < .01$, $\eta^2=.05$), system maintenance with 3% ($F=6.4$; $p = .01$, $\eta^2=.03$), task oriented with 1% ($F=3.94$; $p < .05$, $\eta^2=.01$), avoidance with 4% ($F=9.05$; $p < .01$, $\eta^2=.04$).

Significant independent effect of offspring of alcoholic father on regression with 28% effect ($F=79.98$; $p < .01$, $\eta^2=.28$), social maladjustment with 23% effect ($F=58.72$; $p < .01$, $\eta^2=.23$), disintegrity with 9% ($F=19.55$; $p < .01$, $\eta^2=.09$), lack of independence with 10% ($F=23.79$; $p < .01$, $\eta^2=.01$), Neuroticism with 23% ($F=60.04$; $p < .01$, $\eta^2=.23$), Extraversion with 20% ($F=52.40$; $p < .01$, $\eta^2=.20$), Openness with 24% ($F=64.03$; $p < .01$, $\eta^2=.24$), Agreeableness with 19% ($F=43.16$; $p < .01$, $\eta^2=.19$), Conscientiousness with 23% ($F=59.29$; $p < .01$, $\eta^2=.23$). However, there is insignificant independent effect of offspring of alcoholic father on Emotional Instability.

The significant independent effect of gender on regression with 32% effect ($F=23.2$; $p < .01$, $\eta^2=.32$), social maladjustment with 26% effect ($F=14.87$; $p < .01$, $\eta^2=.26$), disintegrity with 31% ($F=20.84$; $p < .01$, $\eta^2=.31$), lack of independence with 33% ($F=25.06$; $p < .01$, $\eta^2=.33$), Neuroticism with 29% ($F=18.87$; $p < .01$, $\eta^2=.29$), Extraversion with 30% ($F=20.04$; $p < .01$, $\eta^2=.30$), Openness

with 45% ($F=52.23$; $p<.01$, $\eta^2=.45$), Agreeableness with 31% ($F=21.62$; $p<.01$, $\eta^2=.31$), Conscientiousness with 30% ($F=19.82$; $p<.01$, $\eta^2=.30$). However, there is insignificant independent effect of gender on Emotional Instability.

Hypothesis -4: Significant interaction effects of independent variables would be observed on dependent variables, but only exploratory in nature.

Two-way ANOVA was employed to determine the significant interaction effect of the two independent variables on selected dependent variables. Results portrayed that the significant Interaction effect of offspring of alcoholic father and gender on cohesion with 25% effect ($F=21.74$; $p<.01$, $\eta^2=.25$), expressiveness with 19% effect ($F=15.98$; $p<.01$, $\eta^2=.19$), conflict with 32% ($F=31.37$; $p<.01$, $\eta^2=.32$), acceptance with 12% ($F=9.32$; $p<.01$, $\eta^2=.12$), independence with 17% ($F=13.51$; $p<.01$, $\eta^2=.17$), active recreational orientation with 12% ($F=9.26$; $p<.01$, $\eta^2=.12$), system maintenance with 31% ($F=29.28$; $p<.01$, $\eta^2=.31$), task oriented with 13% ($F=10.35$; $p<.01$, $\eta^2=.13$), emotion oriented with 13% ($F=10.43$; $p<.01$, $\eta^2=.13$), avoidance with 24% ($F=21.18$; $p<.01$, $\eta^2=.24$).

The significant Interaction effect of offspring of alcoholic father and gender on regression with 37% effect ($F=38.56$; $p<.01$, $\eta^2=.37$), social maladjustment with 28% effect ($F=26.24$; $p<.01$, $\eta^2=.28$), disintegrity with 18% ($F=14.30$; $p<.01$, $\eta^2=.18$), lack of independence with 20% ($F=16.84$; $p<.01$, $\eta^2=.20$), Neuroticism with 31% ($F=29.71$; $p<.01$, $\eta^2=.31$), Extraversion with 27% ($F=24.62$; $p<.01$, $\eta^2=.27$), Openness with 40% ($F=44.95$; $p<.01$, $\eta^2=.40$), Agreeableness with 25% ($F=30.26$; $p<.01$, $\eta^2=.25$), Conscientiousness with 31% ($F=30.26$; $p<.01$, $\eta^2=.31$). The result confirmed the hypothesis -4 as the offspring of alcoholic father and gender had shown significant interaction effect as mentioned.

Significant of the Study:

The findings of this study indicate that the emotional maturity is lower in offspring of alcoholic father than the offspring of the non alcoholic father. On personality subscale, young adult offspring of the alcoholic father have higher scores on neuroticism that shows that they are more likely to develop anxiety problems and depression. Further, offspring of alcoholic have the highest score on emotion oriented coping and the lowest score on avoidance oriented coping style. Finally, in the family environment scale families with paternal alcoholic have higher score on conflict and acceptance & caring than non alcoholic families. Further, families with alcoholic father scored less on cohesion, expressiveness, lack of independence. And, the relationships among family members of non alcoholic father are comparatively better.

Based on the present research findings it was suggested that:

1. To make the alcoholic individual realize the gravity of their problem by explaining how it is affecting themselves in terms of physical, psychological, occupational, social and impact on their family members.
2. Offsprings of the alcoholic fathers too can reach out for help from professionals if they know their problems with due the conflicts & problems arise from their father's addiction to alcohol.
3. Youngers will be encouraged not to drink if they have informations about the ill effects of the alcohol on the individual concerned and it effects on their loved ones.
4. More number of the professionals should be trained in the field of handling individuals with alcoholic so that more help can be extended.
5. Civil society organizations should be encouraged to work towards curbing such problems.

Appendices

Appendix I

Informed consent

I have been thoroughly explained about the procedure, aims and objectives of the study. And I am assured that confidentiality will be maintained and I can withdraw myself anytime from the study if I wish so.

I willingly agree to take part in this study.

Name:
Signature:
Date:

Semi-structured proforma:

1. Name (Optional):
2. Address with district:
3. Age:
4. Gender:
5. No. of sibling(s):
6. Birth order:
7. Educational qualification:
8. Occupation:
9. Marital status:
10. Parent:
 - a. Both
 - b. Single
 - c. Separated
 - d. Divorced
11. Father's occupation:
12. Mother's occupation:
13. Family type:
 - a. Nuclear
 - b. joint
 - c. extended
14. No. of earning member(s):
15. Family income:
16. Any history of paternal alcoholism: Yes/No. if yes:
 - a. Duration
 - b. Quantity & Frequency
 - c. Treatment history:
17. Any other history of substance abuse in the family:
18. Any history of psychiatric illness in the family:
19. Any other information:

Appendix II

Coping inventory of stressful situation (English)

Instructions: the following are ways people react to various difficult, stressful, or upsetting situations. Please circle a number from 1 to 5 for each item. Indicate how much you engage in these types of activities when you encounter a difficult, stressful or upsetting situation.

Not At All(1)

Very Much(5)

1	2	3	4	5	1. Schedule my time better.
1	2	3	4	5	2. Focus on the problem and see how I can solve it.
1	2	3	4	5	3. Think about the good times I've had.
1	2	3	4	5	4. Try to be with other people.
1	2	3	4	5	5. Blame myself for putting things off.
1	2	3	4	5	6. Do what I think is best.
1	2	3	4	5	7. Become preoccupied with aches and pains.
1	2	3	4	5	8. Blame myself for having gotten into this situation
1	2	3	4	5	9. Window shop
1	2	3	4	5	10. Outline my priorities
1	2	3	4	5	11. Try to go to sleep
1	2	3	4	5	12. Treat myself to a favorite food or snack.
1	2	3	4	5	13. Feel anxious about not being able to cope.
1	2	3	4	5	14. Become very tense
1	2	3	4	5	15. Think about how I solved similar problems
1	2	3	4	5	16. Tell myself that it is really not happening to me.
1	2	3	4	5	17. Blame myself for being too emotional about the situation.

1	2	3	4	5	18. Go out for a snack or meal.
1	2	3	4	5	19. Become very upset
1	2	3	4	5	20. By myself sometime.
1	2	3	4	5	21. Determine a course of action and follow it
1	2	3	4	5	22. Blame myself for not knowing what to do
1	2	3	4	5	23. Go to a party
1	2	3	4	5	24. Work to understand the situation.
1	2	3	4	5	25. "Freeze" and not know what to do.
1	2	3	4	5	26. Take corrective action immediately.
1	2	3	4	5	27. Think about the event and learn from my mistakes.
1	2	3	4	5	28. Wish that I could change what had happened or how I felt.
1	2	3	4	5	29. Visit a friend.
1	2	3	4	5	30. Worry about what I am going to do.
1	2	3	4	5	31. Spend time with a special person.
1	2	3	4	5	32. Go for a walk.
1	2	3	4	5	33. Tell myself that it will never happen again.
1	2	3	4	5	34. Focus on my general inadequacies.
1	2	3	4	5	35. Talk to someone whose advice I value.
1	2	3	4	5	36. Analyze my problem before reacting.
1	2	3	4	5	37. Phone a friend.
1	2	3	4	5	38. Get angry.
1	2	3	4	5	39. Adjust my priorities.
1	2	3	4	5	40. See a movie

1	2	3	4	5	41. Get control of the situation.
1	2	3	4	5	42. Make an extra effort to get things done.
1	2	3	4	5	43. Come up with several different situations to the problem.
1	2	3	4	5	44. Take some time off and get away from the situation.
1	2	3	4	5	45. Take it out on other people.
1	2	3	4	5	46. Use the situation to prove that I can do it.
1	2	3	4	5	47. Try to be organized so I can be on top of the situation.
1	2	3	4	5	48. Watch TV.

Appendix III

Coping inventory of stressful situation (Manipuri)

Makhada piriba wahei pareng si ase miyamna aruba, matha saba nattraga thawai nungaihandaba thoudoksingda utpa maongsingni. Wahei pareng khudingmakki eshada channaba 1 dagi 5 phaobagi manung khanbiyu.

Sungtou toude (1)		Yamna toina (5)			
1	2	3	4	5	
					1. Eigi matam henna phajana sindok e
					2. Problem duda henna wakhall tou e aduga karamna solve touba yabage khalli
					3. Houkhiba nungaiba matamsingee ningsingaga lei
					4. Attoppa miga leinaba hotnei
					5. Thabak thindabagi ethanta tainajei
					6. Aeina kwaidagi phare khanbadu toue
					7. Chikpa nabagi khallagata lei
					8. Khudongthibase eshana thokhanbani haina tainajaba
					9. Potti leidana yengba
					10. Ahan akon sindokpa
					11. Tumjinnaba hotnaba
					12. Pamjaba achapot chaba
					13. Thengnaba ngamdabagi wakhall charangnaba
					14. Yam henna pakhatlakpa
					15. Mannaba thoudokta karamna thengnagi khandaba
					16. Ethanta masi eingonda tasengna thokpa natte khanba
					17. Leiriba phibamdagi henjinna khanjinbagi ethanta tainajaba
					18. Mapan chatlaga achapot chaba
					19. Thawai yam nungaitaba
					20. Ethanta matam khara leiba
					21. Tougadaba thouram yathokaga touba
					22. Kari touba yabage khangdabagi ethanta tainajaba
					23. Party chatpa
					24. Leiriba phibamdubu gyan tanaba khanba
					25. Phumbangnaba/ wakhall thoktaba
					26. Khudakta chumthokpa
					27. Thoudoktuda soikhibasingdagi tamhouba
					28. Thokhiba thoudok amadi eshada phaokhiba sing hongdokpa ngammadi khanba
					29. Marupkida koiba chatpa
					30. Kari touni khanbada wakhall waba
					31. Maru oiba mee amaga leiminnaba
					32. Walking chatli
					33. Amuk hanna tokhalloi eina ethanta haiba
					34. Eigi asonbasingda lupshinba
					35. Paothak phangadaba amaga wari sanaba
					36. Paokhumgi majounna khupthana khanba

					37. Marupta phone toubā
					38. Saoba
					39. Ahan akon sinna
					40. Cinema/leela yengba
					41. Leiriba phibambu laksinba
					42. Thabak loisinnaba Henna kanna hotnaba
					43. Oiba yaba paokhumsing puthokpa
					44. Leiriba phibamdubu matam khara natheiba
					45. Mingonda tainaiba
					46. Oiriba phibamduda Eigi toubā ngamba utthokhouba
					47. Phaja thouram yathok aga leiriba phibamdubu eina ngamna chatpa
					48. TV yengba

Appendix IV

Emotional maturity scale (Dr. Yashvir Singh & Dr. Mahesh Bhargava) (English)

Instruction: in the following pages are given forty eight questions about yourself. Five possible modes of responses are provided, such **VM: Very Much; M: Much; UD: Undecided; P: Probably and N: Never**. Read each question carefully and mark tick (✓) in ANY ONE of the five alternative response modes to indicate your level of agreement with the particular content of the question. Do not think too much while answering, whatever you feel may indicate.

	Very Much (VM)	Much (M)	Un-decided (UD)	Probably (P)	Never (N)
1. Are you involved in mental boderations?					
2. Do you get frightened about the coming situations?					
3. Do you stop in the middle of any work before reaching the goal?					
4. Do you take the help of other person/s to complete your personal work?					
5. Is there any difference between your desires and objectives?					
6. Do you feel within yourself that you are short-tempered?					
7. Do you feel that you are very stubborn?					
8. Do you feel jealous of other people?					
9. Do you get wild due to anger?					
10. Do you get lost in imagination and day-dream?					
11. If you fail to achieve your goal, do you feel inferior?					
12. Do you experience a sense of discomfort and lack of peace of mind?					
13. Do you teasing against the others?					
14. Do you try to put the blame on others for your lapses?					
15. When you do not agree with others, do you start quarrelling with them?					
16. Do you feel yourself as exhausted?					
17. Is your behavior more aggressive than your friends and others?					
18. Do you get lost in wool gathering (in the world of imagination)?					
19. Do you feel that you are self-centred?					

20. Do you feel that you are dissatisfied with yourself?					
21. Do you have a strained companionship with your friends/ colleagues?					
22. Do you hate others?					
23. Do you praise yourself?					
24. Do you avoid joining in social gatherings?					
25. Do you spent much of your time for your own sake?					
26. Do you lie?					
27. Do you bluff?					
28. Do you like very much to alone?					
29. Are you proud by nature?					
30. Do you shirk from work?					
31. Even though you know some work, do you pretend as if you do not know it?					
32. Even if you do not know about some work, do you pose as if you know it?					
33. Having known that you are at fault, instead of accepting it, do you try to establish that you are right?					
34. Do you suffer from any kind of fear?					
35. Do you lose your mental balance (poise)?					
36. Are you in the habit of stealing of any kind?					
37. Do you indulge freely without bothering about moral codes of conduct?					
38. Are you pessimistic towards life?					
39. Do you have a weak will? (self-will or determination)					
40. Are you intolerant about the views of others?					
41. Do people consider you as undependable?					
42. Do people disagree with your views?					
43. Would you like to be a follower?					
44. Do you disagree with the opinion of your group?					
45. Do people think of you as an irresponsible person?					
46. Don't you evince interest in other's work?					
47. Do people hesitate to take your help in any work?					
48. Do you give more importance to your work than other's work?					

Appendix V

Emotional maturity scale (Manipuri)

Makhada wahang 48 adomgi maramda hangli. Hairiba wahangi oithokpa yaba paokhum manga (5) lei: ‘yam yamna’, ‘yamna’, haipham khangde’, ‘oithokpa yai’aduga ‘sungthou toude’. Hairiba paokhumsingsida khwaidagi chanaba khallaga khotpiyu.

	yam yamna	yamna	haipham khangde	oithokpa yai	sungthou toude
1. Matha saduna leibara					
2. Tungda lakadaba thaong gi khallaga akiba phaorakpra					
3. Thabak ama loisindringeida marakta tokthokpra					
4. Nahak nashagita oiba thabak toubada attoppa migi mateng loubra					
5. Nahakki aningba apambaga pandamga khetnarabra					
6. Nashakse thuna saoganba oibra					
7. Nahak nashase yamna anam kalli haina khanjabra					
8. Attoppa mida kalakpa phaobra					
9. Saoragadi yamna tamthibra					
10. Mondrangda taoraga adum leibra					
11. Nahakki pandam phanga ngamdragadi mayamdagi handana khanjabra					
12. Nahak wakhali shati phangdaba amadi wakhali leitadaba phaobra					
13. Nahak mionda karem kathainaba toubra					
14. Nahakna soiraga mionda taisannaba hotnabra					
15. attoppa mina karigumba nahakna yaningdaba wa nganglagadi nahakna makhoiga yetnabra					
16. nahak nashase chokthagali khanbra					
17. nahakse marup mapang amadi attoppa midagi henna saoganbra					
18. kuina mondrang sanaduna leithokpra					
19. eshana eshase eshagita khalli haina phaobibra					
20. esha ethanta pendaba phaobibra					
21.					
22. mi attoppada heinadaba/tukkachaba leibra					
23. esha ethanta thagatchabra					
24. miyam punba thaoina yodanaba hotnabara					
25. somgi matamse eshagi thabak touraba sijinnabra					
26. oidaba ngangbara					
27. namthak toubra					

28. ethata leibana henna pamjabara					
29. mahousana somse pongba /chaothokanba mioi oibra					
30. thabaktagi leithokanbra					
31. thabakse khanglasu khangsanadaba yaobra					
32. khangdaba thabakta khangba sasannaba yaobra					
33. eshana lallagasu lalle haibagi mahutta chumme utnaba hotnabra					
34. karigumba potshak /maramda henjinna kiba leibra					
35. somse wakhallitaba ngadabra					
36. migi pot huraningbagi heinabi leibara					
37. touba yaba yadaba thidana, eshanabu pammadi tougadra					
38. somgi punshise matangda phattabada ngakta khangjanganbra					
39. wakhall sonba oibra					
40. Atoppa migi wakhallonse khangba ngamdaba phaobra					
41. Atoppa mina somse thajaba yababa mini khangbra					
42. Somgi wakhallonda attoppa mina yaningdabra					
43. Kanagumba amagi makhada chatpa pambra					
44. Somgi marupsinge wakhallonda yaningdabra					
45. Somse attoppa mina eshagi mathou khangdabani haina kanbra					
46. Atoppagoi thabakta thawai yaosinba uttabara					
47. Mi attoppa somdagi mateng hangbada tannabra					
48. Somse eshagi thabana migi thabaktagi henna maru oina loubra					

Appendix VI

Family environment scale (Dr. Harpreet Bhatia & Dr. N.K. Chadha) (English)

Instruction: this booklet contains some statements. These statements are about your family, you have to decide which of these statements are applicable to you about your family and which are not. Alongside the statements have FIVE options. If you **strongly agree** with the statement, mark tick (√) under the ‘**Strongly Agree**’. If you **strongly disagree** with the statement, mark tick (√) under the ‘**Strongly Disagree**’ column. For in between preferences mark accordingly ‘**Agree**’, ‘**Neutral**’ or ‘**Disagree**’.

Give us your general impression of your family. There is no right or wrong answers to any statement. Your responses will be kept in strict confidence and will be used only for research purposes. Please respond to each statement and do not leave any statement unanswered. Your help will be duly acknowledged.

Statements	Strongl y agree	Agree	Neutra l	Disagree	Strongl y Disagre e
1. We enjoy doing things together.					
2. Family members often do not express their feelings.					
3. Breaking things in anger is quite common in our family.					
4. Making decisions independently is strongly encouraged in our family.					
5. In our family everyone is encouraged to play and interact with neighbours.					
6. Responsibilities are not taken seriously in our family.					
7. All members of the family are expected to be together for at least one meal in a day.					
8. Affection is expressed openly, quiet often in our family.					
9. Togetherness is the basic feeling of our family.					
10. Our feelings of happiness are shared openly with others in our family.					
11. Beating up people in anger is not seen in our family.					
12. There are a lot of restrictions in our					

family.					
13. Friends and guests are always welcome in our family.					
14. Everyone in our family is well aware of their responsibilities.					
15. Nobody in our family bothered about rules of any kind.					
16. Everyone in our family listens to what each one of us has to say.					
17. Whenever any work comes up, everyone tries to get out of the situation.					
18. It is difficult to express ourselves openly for fear of some one reacting to it angrily.					
19. Everyone tries to sort things out if there is a disagreement in the family.					
20. Thinking for ourselves is not encouraged in our family.					
21. We often go out together for movies in our family.					
22. Going for programmes without informing at home is not accepted in our family.					
23. Nobody bothers to look after anyone else in our family.					
24. Any new situation that arises is discussed openly in the family in order to get ideas and suggestions from every body.					
25. We talk about our personal problems to each other in our family.					
26. When members are angry, they do not talk to each other for days together.					
27. In our family, members ask for what they need, quite openly.					
28. Having hobbies is encouraged in our family.					
29. Quite often members of our family stay out without informing at home.					
30. Only when we do something well we get praise and attention from others in our family.					
31. Family members do not get along with each other.					
32. Complaining about something that we					

don't like is not accepted in our family.					
33. Finding faults with each other is quite common in our family.					
34. It is difficult to do something on your own in our family, without someone feeling rejected or left out.					
35. Watching T.V is our only form of entertainment.					
36. There is plenty of time and attention for everyone in our family.					
37. Everyone comes together to sort out any new situation that may arise in our family.					
38. At home we feel free to anything we want to.					
39. Shouting in anger is not common in our family.					
40. Everyone is expected to accept all decisions made in the family, whether they like it or not.					
41. Our family members are just confined to wither work or school.					
42. We are careful not to hurt anyone in the family by making thoughtless remarks.					
43. Whenever something needs to be done in the houses, everyone joins in, happily.					
44. When any member is feeling upset, he/she talks to someone in the family.					
45. The members of our family constantly keep bickering over small matters.					
46. Whenever a marriage takes place in our family the person concerned is asked his/her views.					
47. We go out often to visit friends or relations.					
48. In our family if anyone is upset, there is always some one to comfort them.					
49. There is no sense of closeness in our family.					
50. Family members often keep their feelings to themselves.					
51. Whenever anyone in our family is angry with another member, he makes					

sure to sort out things with him.					
52. The decision to take on or continue a particular job is taken by the family members concerned in consultation with other family members.					
53. Joking and laughing is not encouraged in our family.					
54. When things get tough there is always someone in the family whom we can turn to.					
55. When someone is sick in our family everyone participates in looking after the person.					
56. Expressing an opinion about matters at home is strongly encouraged in our family.					
57. Whenever a family member does something well, the other members feel upset about it.					
58. All major decisions in our family are taken by the elders in our family, without asking anyone else's opinion.					
59. There is a lot of affection amongst our family members.					
60. When a family vacation is planned we all give our suggestions.					
61. Our family believes is not letting differences continue unsorted out.					
62. If any member gets into trouble he/she gets help and sympathy from other family members.					
63. When in trouble, all of us stand up for our family member.					
64. Quite often members of our family fail to arrive at a mutually acceptable solution.					
65. When anyone makes a mistake, the other members ridicule him.					
66. In our family we enjoy sitting together and talking to each other.					
67. Showing anger by banging doors is rarely seen in our family.					
68. Members of our family are very critical of each other.					
69. All of us participate together in family functions/ programmes.					

Appendix VII

Family Environment Scale (Manipuri)

Makhada piriba wahei parengsing asi nakhoigi emungi maramdani, hairiba wahei parengsingse karambana channage haibado khanbiyu. Wahei parengsingi nakanda ‘yamna yaninge’, ‘yamna yaningde’, ‘yaningde’, ‘yaningde’ aduga ‘marakta leiba’ makhal manga piri. Piriba makhal manga asidagi khwaidagi thokpa channaba amamam wahei pareng khudingmakki khanbiyo. Mashida achuba aranba paokhum haiba leite.

SL. NO	STATEMENTS	Yamna yaninge	yaningde	Marakta leiba	yaningde	Yamna yaningde
1.	Aeikhoi thabak punna tubana nungai					
2.	Emungi mioising mashagi aningba apamba phongdoknade					
3.	Saorakanda pot thugibase eikhoi emungda ya toina thok e					
4.	Eshagi oiba phirep loubada emungi mioisingn pukning thougatpi					
5.	Aeikhoigi emungi mioi khudingmak yumlonabaga sanaba tinnaba ayaba pi					
6.	Ekhoigi emungi mioising masha mashagi thoudang lumna loude					
7.	Emungi mioi khudingmak nongmagi chara amadi punna chaminnei					
8.	Nungshi chanabase aeikhoigi emungda yam toina utthoknei					
9.	Wakhal lingjen manbasina aeikhogi emungi maru oiba shaktamni					
10.	Aeikhoigi emungda masha masha harao tayamba saruk yaminnei					
11.	Saoraga mi phubase aeikhoi emungdadi ude					
12.	Aeikhoigi emungda athingba yam thammi					
13.	Emannaba amadi mi thunglabada taramna okee					
14.	aeikhoi emungi mioisingse mashagi thoudang phajana lounei					
15.	aikhoi emungi misingse niti niyom thouwa sanade					
16.	aeikhoi emungi misingse ama amagi ta tanei					
17.	thabak ama leiragadi emungi mi loinamak leithokna hotnei					
18.	saorakani kidadagi masha mashagi apamba phongdokpa ngamnade					
19.	emungda yanadaba yaorakagadi mipung khudingmakna yanaba puraknaba hotnaminnei					

20. aeikhoi eshagita oiba khanbase pukning thougatpide					
21. aeikhoi punna cinema yengba toina chatli					
22. emungda pao piramda thabak chathokpa yade					
23. kanamatana atoppa emungi migi matangda thusanade					
24. karigumba anouba phibam oirakpada aeikhoi pullap khaannaraga wa tanei					
25. lannaigi oiba nungaitaba lakpada emungda tanei					
26. emungi mioi saonaragadi makhoi mashel numit khara wari snadana leinei					
27. aeikhoi emungda mashagi darker leiba laina phongdoknei					
28. eshagi heinaba thambase aeikhoi emungda pukning thougatli					
29. aeikhoi emungi mioising yumda hairamdana migida ahing toina leithoke					
30. aeikhoina karigumba khara phanjana touraba matamdakhakta emungna thagatli					
31. emungi moising amaga amaga wakhal tinnade					
32. aeikhoina pamdaba phongdokpa yabide					
33. amana amagi asoibata thinei					
34. attoppada nungaitaba pokhandana eshagi thabak toubada aruba oi					
35. tv yengbasikhakna nungaiminnaba pambei oi					
36. aeikhoigi emungda amana ama yensinbinabagi matam marang kaina lei					
37. karigumba anouba phibam oirakpada aeikhoi pullap khaannaraga wa tanei					
38. aeikhoigi yumda eshagi apamba ningtamna toue					
39. saoraga laobase aeikhoigi emungda pakna thokte					
40. emungna louba phirepse eshana pamba pamdaba lona engadoubani					
41. aeikhoi emungi misingse mashagi thabak natraga school da lei					
42. wakan khandaba wangangna atoppa mioi da thamoi soktanaba yamna cheksinna chatnei					
43. thabak ama leiragdi emungi mioi khudingmak harao harao pangthokminnei					
44. emungi mioi ama thawai nungaitragadi mana atoppa amaga wari sanei					
45. karisu nattaba waphamda yetnadunata leinei					

46. kariumba emungda luhongbagi matang lakagadi luhongadouba mioi aduda magi apamba hange					
47. eikhoi marup mapang mari matasingi yumda toina koiba chatli					
48. aeikhoigi emungda thawai nungaitaba yaoragadi themjinbinaba mi ama adum lei					
49. aeikhoi emungda amaga amaga yamna luna loinade					
50. emungi mioisingna masha mashagi wakhallon phongdoknade					
51. emungda amana amada saonaradi yasinna puraknaba hotnei					
52. phirep ama louba nattraga thabak makha chatthaba matam da maru oiba meeduga tanaraga tanei					
53. phagi touba nokpase eikhoi emungda thougatte.					
54. phibam lusillakpada wa tananaba mee adum lei					
55. emungda mee narakpa emungi mee loinamakna yengsilli					
56. maram amda aningba apamba phongdokpa si emungda pukning thougatli					
57. emungi mee amana aphaba thabak toubada atoppa misingda nungaihande					
58. achouba phirep sing emungi ahanna makha tabasingda hangdana loue					
59. emungi mioising yam nungshinachannana loinei					
60. shuti manungda koiba chatlamdaina magi magi apamba mapham phongdoknei					
61. eikhoi emungda khetnaba makha tana leiandabana pheikhannei					
62. emungi mioi ama awaba thengnaragadi attoppa emungi misingdgi amadagi mateng amadi minungshi phange					
63. khudongthiba lakagadi aeikhoi pullap thengnaminnei					
64. mayam punna yaba phirep toina louba ngamnade					
65. mi amana asoiba toubada attoppa emungi mina noknei					
66. eikhoi emungda punna phamminnaraga wari sanabase nungai					
67. saobadagi thong kanna thinjinbase pakna ude					
68. aeikhoi emungi misingse amana amada yam yengsinnei					
69. aeikhoi emungi thoudokta pullap saruk					

yaminnei					
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Appendix VIII

NEO- Five-Factor Inventory (Costa P.T and McCrae R.R) (English)

Instructions: write only where indicated in this booklet. Carefully read all of the instructions before beginning. This questionnaire contains 60 statements. Read each statement carefully. For each statement fill in the circle with the response that best represents your opinion. Make sure that your answer is in the correct box.

Fill in **SD** if you **strongly disagree** or the statement is definitely false.

Fill in **D** if you **disagree** or the statement is mostly false.

Fill in **N** if you are neutral on the statement, you cannot decide, or the statement is about equally true and false.

Fill in **A** if you **agree** or the statement is mostly true.

Fill in **SA** if you **strongly agree** or the statement is definitely true.

Fill in only one response for each statement. Respond to all of the statements, making sure that you fill in the correct response. Do not erase if you need to change an answer, make an 'X' through the incorrect response and then fill in the correct response.

Note that the responses are numbered in rows. Before responding to the statements, turn to the inside of the booklet and enter your name, age, and sex and the date.

1. I am not a worrier.
2. I like to have a lot of people around me.
3. I don't like to waste my time daydreaming.
4. I try to be courteous to everyone I meet.
5. I keep my belongings clean and neat.
6. I often feel inferior to others.
7. I laugh easily.
8. Once I find the right way to do something, I stick to it.
9. I often get into arguments with my family and co-workers.
10. I'm pretty good about pacing myself so as to get things done on time.
11. When I'm under a great deal of stress, sometimes I feel like I'm going to pieces.
12. I don't consider myself especially "light-hearted".
13. I am intrigued by the patterns I find in art and nature.
14. Some people think I'm selfish and egotistical.
15. I am not a very methodical person.

16. I rarely feel lonely or blue.
17. I really enjoy talking to people.
18. I believe letting students hear controversial speakers can only confuse and mislead them.
19. I would rather cooperate with others than compete with them.
20. I try to perform all the tasks assigned to me conscientiously.
21. I often feel tense and jittery.
22. I lie to be where the action is.
23. Poetry has little or no effect on me.
24. I tend to be cynical and skeptical of others' intentions.
25. I have a clear set of goals and work toward them in an orderly fashion.'
26. Sometimes I feel completely worthless.
27. I usually prefer to do things alone.
28. I often try new and foreign foods.
29. I believe that most people will take advantage of you if you let them.
30. I waste a lot of time before settling down to work.
31. I rarely feel fearful or anxious.
32. I often feel as if I'm bursting with energy.
33. I seldom notice the moods or feelings that different environments produce.
34. Most people I know like me.
35. I work hard to accomplish my goals.
36. I often get angry at the way people treat me.
37. I am a cheerful, high-spirited person.
38. I believe we should look to our religious authorities for decisions on moral issues.
39. Some people think of me as cold and calculating.
40. When I make a commitment, I can always be counted on to follow through.
41. Too often, when things go wrong, I get discouraged and feel like giving up.
42. I am not a cheerful optimist.
43. Sometimes when I am reading poetry or looking at a work of art, I feel a chill or wave of excitement.
44. I'm hard-headed and tough-minded in my attitudes.
45. Sometimes I'm not as dependable or reliable as I should be.
46. I am seldom sad or depressed.
47. My life is fast-paced.
48. I have little interest in speculating on the nature of the universe of the human condition.
49. I generally try to be thoughtful and considerate.
50. I am a productive person who always gets the job done.
51. I often feel helpless and want someone else to solve my problems.
52. I am a very active person.
53. I have a lot of intellectual curiosity.
54. If I don't like people, I let them know it.

55. I never seem to be able to get organized.
56. At times I have been so ashamed I just wanted to hide.
57. I would rather go my own way than be a leader of others.
58. I often enjoy playing with theories or abstract ideas.
59. If necessary, I am willing to manipulate people to get what I want.
60. I strive for excellence in everything I do.

Appendix IX

NEO-FFI (Manipuri)

Makhada wahei pareng 60 piri. Wahei pareng khudingmakki paokhum oina ‘yamna yaningde,’ ‘yaningde’, ‘marakta lei’, ‘yaningi’ amasung ‘yamna yaningi’ piri. Eshada khwaidagi chanaba ama khanbiyu.

Wahei pareng	Yamna yaningde	Yaningde	Marakta lei	Yaning i	Yamna yaning i
1. ei wakhal waba mee natte					
2. ei akoibada mee yamna leihaningi					
3. ei mondrang sanaraga matam manghaningde					
4. ei unaba mee khudingmakta bebar kaidanaba hotlei					
5. eigi pot chei luna nanna thammi					
6. toina eise mee atoppadagi hanthare khalli					
7. ei laina nok e					
8. eina achumba lambi khangadi aduda chumna chatli					
9. ei tongna eigi emungi amasung thabak touminnaba meesing marei yetnei					
10. ei thabak matam chana loinaba toubha phaja ngammi					
11. ei matha yamna saba matamda eishase ngaodou malli					
12. eshana eshabu wakhal nungai/laina loutanba meeni khande					
13. khutyekki amadi mahoushagi phajabana eibu sumhatli					
14. meei kharana eise eshagida khanba amasung toubha meeni khalli					
15. ei niti niyom yamna chatpa mee natte					
16. ei pakna natom tare natraga thawai nungaidandaba mee natte					
17. ei meega wari sanaba yam nungai					
18. chayenaba/chamamnaba wa taradi satrasing bu chamamnaba amadi lanna lamjingani					
19. ei lamjel tannabagi mahut mateng oina pangani					
20. eingonda pirakpa thabak khudingmak cheksinna soidanaba hotnei					
21. ei yam toina pakhatpa nikpa phao e					
22. ei thabak touram yamna thokpa maphamda leiningi					
23. seirengna eingonda thoina pide					

24. ei mee atoppagi maongda chingnagalli					
25. eigi pandam mayek yengi aduga phangnaba maong maril naina hotnei					
26. karigumba matam eishe mamal amata yaodre khalle					
27. ei thabak etomta toubana henna pammi					
28. ei toina anouba mapan lamgi chingak mahao tangi					
29. eikhoina tanja piradi mee ayambana khudong chaba loukhini					
30. ei thabak touba houdringeida matam yamna manghalli					
31. ei phakna kiba nattraga phakhatpa phaode					
32. ei yam toina pangal sakti na hakchangse thalli					
33. ei wakhall gi nattraga pukninggi phibamda akoibada thok eba thoudoksingna ahongba piba ude					
34. ei khangba mee ayambana eibu pammi					
35. eigi pandam phangnaba kanna hotnei					
36. mee atoppana tourakpa maongse ei toina saoningba phao e					
37. ei haraogan tayamba, esha khingba meeni					
38. achum chumdaga mari leinaba wathoksingidamak dharmagi oiba meesingi wa tanagadabani					
39. mee kharana eibu eng tappa aduga amang mangda hotpa meeni khalli					
40. eina haidokhiba wa ngakna chatli					
41. thabak toubada soiradi ei yam toina wakhall hanthei aduga tokningba phao e					
42. ei harao tayamba aphaba uganba mee natte					
43. karigumba matam da eina seireng paba nattraga khutyekki oiba lai yengbada eingonda pukning huna nungaiba phao e					
44. ei ngak kanba amadi ningkhiba wakhall hongande					
45. karigumba matamda eise thajaba yadaba oi					
46. ei pakna nungaigandaba oide					
47. eigi punsise yamna yangna chatli					
48. mahoushagi akoibagi nattraga meeiobagi maramda henna khnagningba nattraga thijiningba thoina phaode					
49. Ei ayambana wakhall khandaba amadi meegi phana khanba oi					
50. Eise aphaba thabak touba matam p umbada loisinba mee ni					
51. Ei yam toina upai leitaba phao e aduga					

eigi problemse kanagumba amana waroisin purakhanba pammi					
52. Ei yamna hakchang kxingba meeni					
53. Ei lairik laisu gi maramda khangningba yamna lei					
54. Eina pamdaba mee leiradi mashada khanghalli					
55. Ei thabak toubada phajana sintokpa sukngam ngamdou mande					
56. Karimgumba matamda ekaibadagi lotlaga leiningba phao e					
57. Miyamgi luchingba oidou saruk eina pamjaba touraga leigani					
58. Wakhalna sagatba wakholgi matangda khalaga leiba nungai					
59. Darker taradi ei mee singbu sanagani					
60. Ei touba khudingda khwaidagi phana tounaba hotnei					

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Alcohol is a commonly used and abused depressant. Alcoholism, also known as alcohol use disorder, is a broad term for problems with ethanol (commonly referred to as alcohol), and generally refers to alcohol addiction, which is the compulsive and uncontrolled consumption of alcoholic beverages, usually to the detriment of the drinker's health, personal relationships, and social standing. There are two main types alcohol abuse, alcohol dependence. Alcohol dependence is differentiated from alcohol abuse by the presence of symptoms such as tolerance and withdrawal.

Alcoholism in India is one of the major problems in the country. It is truly a family disease, affects the concerned person and his whole family physically, psychologically, emotionally and even spiritually. The children of the alcoholics (COAs) are negatively affected for life and often their cry goes unheard. Among them, the adolescents and the young adults are the worst hit, due to the criticality of this stage of human development (Hall & Webster, 2007).

“Alcohol consumption is the world’s third largest risk factor for disease and disability; in middle-income countries, it is the greatest risk”. Alcoholism is a current major concern in developing and underdeveloped countries. This is now becomes a global issue in health and social problems (WHO, 2011). Alcohol is associated cause of nearly 40 percent of all traffic fatalities in the United States (McGwin, 2005). Among the one million people killed on roads during 2000, nearly 75% occurred in developing countries of the world with nearly half of them occurring in Asia (Gururaj, 2004). India is the dominant producer of alcohol in the South-East Asia region (65%) and contributes to about 7% of the total alcohol beverage imports into the region (Mathur, A. K. 2014). WHO 2004, report that, in India household expenditure on alcohol varies between 3% – 45 % of income. Besides money spent on alcohol, a heavy drinker also suffers other adverse economic effects.

Alcohol use and alcoholism are best viewed as end products of a combination of biopsychosocial influences (Cloninger et al. 1996; Sher et al. 1997; Zucker et al. 1994). Studies established early developmental antecedents to alcoholism even in the preschool years in the form of deficits in self-regulation, emotional reactivity, and conduct problems (Tarter and Vanyukov 1994; Zucker 1994). Families of alcoholics have lower levels of family cohesion, expressiveness, independence, and intellectual orientation and higher levels of conflict compared with non-

alcoholic families (Filstead *et al.* 1981; Moos & Billings, 1982; Moos & Moos, 1984; Clair & Genest, 1986).

Personality:

‘Personality’ is the unique way in which each individual thinks, acts, and feels throughout life (Ciccarelli & Meyer, 2008). The five-factor model of personality is a hierarchical organization of personality traits in terms of five basic dimensions: Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism. More popularly these traits are known as acronym OCEAN (Paul Costa and Robert R. McCrae, 1970). The personality characteristics of COAs have been a focus of the alcohol research community because influential theorists have speculated that much of the heritability for alcoholism is mediated by personality traits (Cloninger, 1987). Numerous cross-sectional studies (Pihl *et al.*, 1995; Sher, 1991) indicate that antisocial, aggressive, and impulsive traits characterize the offspring of alcoholics (Sher & Trull, 1994). Tarter *et al.*, (1993), children of addicted parents demonstrate behavioral characteristics and a temperament style that predispose them to future maladjustment. Furthermore, children alcoholics lack of empathy, decreased social adequacy and interpersonal adaptability; low self-esteem; and lack of control over the environment (Jones, 1968).

Stress

Selye first considered stress to be a stimulus and focused his attention on the environmental conditions that produce stress. In the 1950s, he shifted his focus to stress as a response that the organism makes. He conceptualized stress as a nonspecific response, repeatedly insisting that stress is a general physical response caused by any of a number of environmental stressors. The body's generalized attempt to defend itself against noxious agents became known as the general adaptation syndrome (GAS). This syndrome is divided into three stages: alarm reaction, resistance stage & exhaustion stage.

Coping

Lazarus and Folkman (1984) defined coping as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person". Higgins and Endler (1995) grouped coping strategies into three main classes: task-oriented, emotion-oriented, and avoidance-oriented.

Emotional Maturity

Emotion is a complex state of feeling that results in physical and psychological changes that influence thought and behavior. Emotional maturity is defined as how well you are able to respond to situations, control your emotions and behave in an adult manner when dealing with others. According to Smitson (1974) emotional maturity is a process in which the personality is continuously striving for greater sense of emotional health, both intra-psychically and intra-personally (Singh & Bhargava, 1984). According to Singh and Bhargava (1984), emotional maturity of an individual is grouped into five broad factors: Emotional instability, Emotional regression, Social maladjustment, Personal disintegration, Lack of independence.

Family

‘Family’ is the environment where children learn to use their faculties and understand and cope with the physical world. It is the place, where children learn how family relationships work, by observing their parents, grandparents, siblings and rest of the family members deal with each other. The family is the primary unit of the society to take care of the material, physical and emotional needs of people. Drug addiction and alcoholism leads to significant intimidation to the entire family system and the family environment tends to be become strained because of this problem (Singh et al., 2012).

Family environment

Family environment refers to quality and quantity of the cognitive, emotional and social support that has been available to the child within the family (Batia and Chadha, 2004). It has eight components namely (i) cohesion, (ii) expressiveness, (iii) conflict, (iv) acceptance and caring, (v) independence, (vi) active recreational orientation, (vii) organization; and (viii) control.

In alcoholic families, parents show less monitoring of adolescent behavior (Chassin et al. 1996), more family conflict (Barrera et al. 1995; Webb & Baer 1995), and poorer parent-child relationships (Blanton et al. 1997; Curran et al. 1997). Children of these families may not learn emotional and behavioral self-regulation and may lack social skills, which also increases the likelihood of rejection by mainstream peer groups and association with substance-using peers (Webb & Baer 1995).

Young adults

According to Erikson, early adulthood or young adults (aged 20-40) by the time we reach early adulthood, our physical maturation is complete, although our height and weight may increase slightly. In early adulthood, our physical abilities are at their peak, including muscle strength, reaction time, sensory abilities, and cardiac functioning. There is a growing concern about what is happening in the lives of young adults. Certainly, there is no lack of problems in young adulthood to address, from the continuing problem of underage drinking on college campuses to the stubborn challenge of only half of college entrants actually completing college (Arnett, 2000), a trend that threatens the nation's ability to compete globally, or the historically high unemployment rate among young adults (Taylor et al.2012).

Manipur

Manipur is one of the North Eastern states of the country, having an area of 22, 327 sq. kms. As per the Census of 2011, the total population of Manipur is 27.2 lakhs of which around 16.5 lakhs are males and 13.5 lakhs are females. According to the 2001 census, adolescents form about 22 percent of the total population of Manipur (Wikipedia).

In Manipur, alcohol is locally known as 'Yu', traditionally it is used as a medicine, and prescribed only to patients. But at contemporary period, the traditional medicine is diverted into abusive substances. The sale of alcohol is prohibited in Manipur since Manipur Liquor Prohibition Act (MLPA 1991), but this prohibition is exempted in some village like, Andro, Sekmai, Phayeng and tribal populated in Imphal on customary reasons.

In the light of the existing literature and comprehensive studies made on the psycho-social variables linked to alcoholism among children of alcoholics, this study will assess the family environment, emotional maturity level, coping styles and personality dimensions of young adult children of alcoholics as underpinnings of the more broader aspect of alcoholism related psychosocial problems. Moreover, the study endeavors to throw light on the existing problems faced by children of alcoholics and thus may provide substantial evidence in the creation of awareness among the common masses and also provide important facts in the development of

appropriate plans and policies for such a population to minimize the ill effects of having to live with an alcoholic parent(s).

Objectives:

Based on the theoretical and methodological foundation the following objectives have been set forth for the present study:

- 1) To establish the psychometric adequacy of the psychological tests used, in order to find applicability in the selected population.
- 2) To compare the young adult offspring of alcoholic and non-alcoholic fathers in Manipur on emotional maturity, personality, coping and home environment.
- 3) To explore any significant independent effect of 'alcohol' and 'gender' on Emotional maturity, personality, coping and home environment among the target population.
- 4) To examine any significant interaction effects of 'alcohol and gender' on Emotional maturity, personality, coping and home environment among the target population.

Hypotheses:

To meet the objectives, the following hypotheses have been set forth for the present study.

- 1) It is expected that the selected behavioural measures would find applicability in the projected population.
- 2) There will be significant difference between the mean of young adult offspring of alcoholic fathers and non-alcoholic fathers on emotional maturity, personality, coping and home environment.
- 3) There will be significant independent effect of 'alcohol' and 'gender' on emotional maturity, personality, coping and home environment in the target population.
- 4) There will be significant interaction effect of 'alcohol and gender' on emotional maturity, personality, coping and home environment in the target population.

For the final inclusion, two hundred young adults of Manipur were selected through multistage sampling procedure. Firstly, 100 young adult (50 males & 50 females) offspring of alcoholic father

was selected from different hospitals, private clinics and rehabilitation centers located in Manipur. Data was also obtained from another group comprising of 100 young adult (50 males & 50 females) offspring of non-alcoholic father matched to the study sample (the young adult offspring of the alcoholic father) on extraneous variables such as age, sex, occupation, educational qualification, income, family structure (joint/nuclear) was selected.

Design of the Study:

The design 2 x 2 factorial design {2 groups of young adults (offspring of alcoholic and non-alcoholic father) and 2 gender (male and female young adult offspring of alcoholic and non-alcoholic father)}, four cells of comparison groups was employed as it aims to elucidate the differences between the comparison groups - the Young adult offspring of alcoholic and non-alcoholic father on (i) Family environment – Relationship (cohesion, expressiveness, conflict, acceptance and caring), Personal Growth (independence, active-recreational orientation) and System maintenance (organization and control); (ii) Emotional Maturity (instability, emotional regression, social maladjustment, personality disintegration and lack of independence); (iii) Personality [Neuroticism (N), Extraversion (E), Openness (O), Agreeableness (A) and Conscientiousness (C)]; and (iv) Coping for Stressful Situation.

To meet the objectives and the hypotheses set forth for the present study, the psychological tests: 1. Family environment scale (Bhatia H. & Chadha N.K. 1993); 2. Emotional maturity scale (EMS), (Singh. Y. & Bhargava M., 1984); 3. The revised NEO Five-Factor inventory (NEO-FFI), (Costa & McCrae, 1992); and 4. Coping Inventory for Stressful Situations (CISS) (Endler & Parker, 1999) were employed to tap the selected dependent variables.

The data collected were analyzed in stepwise as follow:

Firstly, the Psychometric adequacy of the Psychological test was done to confirm the trustworthiness of the selected scales for the target population by employing Brown-Forsythe test and the reliability of the psychological tests were calculated.

Secondly, the descriptive statistics were computed including the mean, standard deviation, Standard Error of Mean, Kurtosis and Skewness on the behavioural measures of i. Family environment scale, ii. Emotional maturity scale, iii. The revised NEO Five-Factor inventory and iv. Coping Inventory for Stressful Situations.

Thirdly, mean difference was computed for the whole sample.

Fourthly, 2 X 2 ANOVA with Post-hoc multiple mean comparisons were employed to illustrate the independent and interaction effect of the independent variables on selected dependent variables for the whole samples.

Psychometric Adequacy:

The psychological tests used for the present study were originally made for other culture, and therefore to rule out the difference on cultural norms, the psychometric adequacy of the psychological test were checked before going further analysis by employing Robust Tests of Equality of Means (Brown-Forsythe) and Reliability measures (Cronbach Alpha).

The preliminary analyses of the psychometric properties of the behavioral measures computed was felt necessary that scale constructed and validated for measurement of the theoretical construct in a given population when taken to another cultural milieu may not be treated as reliable and valid unless specific checks are made (Witkin & Berry, 1975). The reliability and predictive validity of the scales and sub-scales were ascertained to ensure the psychometric adequacy of the scales used for the study. Internal consistency reliability was estimated for each of the scales used in the study using Cronbach's coefficient alpha (Cronbach, 1951).

The results in Table- 1A revealed that the reliability of Emotional Maturity Subscales i.e. Emotional Instability ($\alpha=.72$), Emotional Regression ($\alpha=.81$), Social Maladjustment ($\alpha=.78$), Personality Disintegration ($\alpha=.73$), Lack of Independence ($\alpha=.65$) and the total coefficient of correlation of the subjects emerged to be satisfactory over the levels of analysis for the whole sample, which indicates the trustworthiness of the Emotional Maturity Scale. The Reliability test of Cronbach Alpha show reliability scores almost all falling above .65 showing the reliability of the selected psychological scale for the present population under study. Likewise, the results in Table- 1B revealed that the reliability of NEO FFI subscales i.e. Neuroticism ($\alpha=.70$), Extraversion ($\alpha=.69$), Openness ($\alpha=.62$), Agreeableness ($\alpha=.73$), Conscientiousness ($\alpha=.70$) the total coefficient of correlation of the subjects emerged to be satisfactory over the levels of analysis for the whole sample, which indicating the trustworthiness of the scale NEO FFI. The Reliability test of Cronbach Alpha show reliability scores almost all falling above .60 showing the reliability of the selected psychological scale for the present population under study. Further,

The results in Table- 1C revealed that the reliability of Family environment Subscales i.e. Cohension ($\alpha=.54$), Expressiveness ($\alpha=.56$), Conflict ($\alpha=.57$), Acceptance and Caring ($\alpha=.59$), Independence ($\alpha=.71$), Recreational ($\alpha=.63$), System Maintenance ($\alpha=.62$), the total coefficient of correlation of the subjects emerged to be satisfactory over the levels of analysis for the whole sample, which indicating the trustworthiness of the Family environment scale. The Reliability test of Cronbach Alpha shows reliability scores almost all falling above .50 showing the reliability of the selected psychological scale for the present population under study. And the results in Table- 1D also revealed that the reliability of Coping style subscales i.e. Task Oriented ($\alpha=.77$), Emotional Oriented ($\alpha=.71$), Avoidance Oriented ($\alpha=.53$), the total coefficient of correlation of the subjects emerged to be satisfactory over the levels of analysis for the whole sample, which indicating the trustworthiness of the Coping style scale. The Reliability test of Cronbach Alpha shows reliability scores almost all falling above .50 showing the reliability of the selected psychological scale for the present population under study. The total coefficient of correlation of the subjects emerged to be satisfactory over the levels of analysis for the whole sample, which indicating the trustworthiness of the scales such as Family environment scale, Emotional maturity scale, The revised NEO Five-Factor inventory and Coping Inventory for Stressful Situations. The Reliability test of Cronbach Alpha shows reliability scores all falling above .50 showing the reliability and the validly proved the trustworthiness of the selected psychological scale for the present population under study. Brown-Forsythe Test of Homogeneity of Variances was used, and Levene's Test from the test it was indicative of homogeneity of the variance within the whole sample.

Descriptive Statistics:

Results presented in **Table-2A** show mean comparisons among the groups on the subscales of Emotional Maturity scales for the whole samples. On Emotional Maturity subscales, both the female offspring of alcoholic and non alcoholic father scored highest on Emotional Regression (M=32.44 & 22.06 respectively). Both the groups scored lowest on Lack of independence (M=19.70 & 17.14 respectively). Unlike female groups, male offspring of alcoholic and non alcoholic father groups' highest score differs; the first group scored highest on Emotional Regression (M=26.40) and latter group scored highest on Emotional Instability (M=22.66). However, both the groups scored lowest on Lack of Independence (M=17.30 & 13.98

respectively). This finding is supported by Aleem and Sheema (2005); Jan Nuzhat,2013 also found male university distance learners have more emotional regression than female university distance learners. Similar results were observed by Krishna Duhan et al. (2017), emotional regression and personality disintegration was higher in males as compared to female adolescents. Result from the table 2A further revealed that offspring of Alcoholic scored higher mean value than Offspring of Non-Alcoholics on all the subscales of Emotional Maturity scales, from which it can be ascertained that Emotional Maturity was higher in Offspring of Non-Alcoholics than the Offspring of Alcoholics, since higher score in emotional maturity scale means lower level of Emotional Maturity. The results conformed with Christensen and Bilenberg (2000), have severe emotional problems, the COA population has double the risk of depression and internalizing symptoms than the reference population. Fine, Yudin, Holmes and Heinemann (1976), children of alcohol dependent had more emotional detachment, dependency and social aggression. On comparison on sub scales of the total of offspring of alcoholic and non alcoholic father, first one scored highest on Emotional Regression (M=29.42) and latter group scored highest on Emotional Instability. The finding is supported by Knop et al, (1985), children from families with parental alcoholism were found to be less able to maintain attention, were more fearful and preoccupied with inner thoughts and liable to have emotional upsets. Impulsivity, restlessness, more pronounced inconsistency in school work and less verbal proficiency was also reported. However, both the groups scored lowest on Lack of Independence (M=18.50 & 15.56 respectively). Further, when the total female and male groups were compared, no differences on their highest (Emotional Regression, M= 27.25 & 23.26) and lowest (Lack of Independence, M=18.42 & 15.64) scores were found. This finding is well supported Krishna Duhan and his associates (2017), there were no significant differences in emotional maturity of adolescents as per their gender. However, mean scores shows that male adolescents were having better emotional stability, social adjustment and independence in behavior as compared to female adolescents. Emotional regression and personality disintegration were higher in males as compared to female adolescents.

Results presented in **Table-2 B** showed Mean comparisons among the groups on the Personality (NEO-FFI) for the whole samples. On Personality (NEO-FFI) subscales, the female offspring of alcoholic father scored highest on Neuroticism (M=41.02) & the female offspring non alcoholic father scored highest on Extraversion (M=40.16). And the female offspring alcoholic father scored lowest Agreeableness (M=33.20) & the female offspring non alcoholic father scored

lowest on Neuroticism (M=35.46). Unlike female offspring groups, male offspring of alcoholic and non alcoholic father scored highest on Extraversion (M=38.16 & 42.86 respectively). However, the groups' lowest scores differs, male offspring of alcoholic father scored lowest on Agreeableness (M= 34.68) and male offspring of non alcoholic father scored lowest on Neuroticism (M=33.38). On comparison of the total of offspring of alcoholic and non alcoholic father, first one scored highest on Neuroticism (M=39.29) and latter group scored highest on Extraversion (M=41.51). Larkins and Sher (2006) also found that late adolescence and early adulthood with family history of alcoholism had higher levels of neuroticism and psychoticism. And total of offspring of alcoholic father scored lowest on Agreeableness (M=33.94) & total of offspring of non alcoholic father scored lowest on Neuroticism (M=34.42). Likewise, total of female scored highest on Neuroticism (M=38.24) and total male scored highest on Extraversion (M=40.51). And total female scored lowest on Agreeableness (M=34.61) & total male scored lowest on Neuroticism (M=35.47). This finding supported previous studies by Bird and Canino (1991), children of alcohol dependent parents when compared to those of non-alcohol dependent parents manifested higher levels of behavioral under control, more neuroticism and greater psychiatric distress.

Results presented in **Table-2C** showed Mean comparisons among the groups on the subscales of Family Environment scales for the whole samples. On Family Environment subscales, all the groups i.e. the female offspring of alcoholic father (M= 50.86), female offspring of non-alcoholic father (M=56.58); male offspring of alcoholic father (M=54.04), female offspring of non-alcoholic father (M=58.62); total of Offspring of Alcoholic father (M=52.45), total of Offspring of non Alcoholic father (M=57.60); total female (M=53.72), total male (M=56.33) scored highest on System maintenance subscale. Moreover, all the groups i.e. the female Offspring of Alcoholic father (M= 17.20), female Offspring of non Alcoholic father (M=19.36); male Offspring of Alcoholic father (M=17.64), male Offspring of non-Alcoholic father (M=21.48); Total of Offspring of Alcoholic father (M=17.42), Total of Offspring of non-Alcoholic father (M=20.42); total female (M=18.28), total male (M=19.56) scored lowest on active recreational orientation subscale. Offspring of Alcoholic father scored higher mean value on conflict (M=35.87) and acceptance and caring (35.26) than Offspring of Non-Alcoholic father on conflict (32.33) and acceptance and caring (33.26) on Family environment scales. On the other hand, Offspring of Alcoholic father scored lower mean value on cohesion (M=45.35),

expressiveness (28.39), lack of independence (24.21), recreational (17.42) and system maintenance (52.45) than Offspring of Non-Alcoholic father on cohesion (M=49.15), expressiveness (31.24), lack of independence (26.66), recreational (20.42) and system maintenance (57.60) on Family environment scales. The results of the study are in line with the study by Burke, Schmied, & Montrose (2006) in which they indicated families with parental alcohol misuse have poorer family functioning, a less cohesive perception of their environment, higher levels of unresolved conflict, lower levels of physical as well as verbal positive feeling expressions, and lower warmth and caring. Shankaran and colleagues (2008), also supports that family of alcohol dependent parents suffers from deep emotional issues, marital disruption, poor cohesion, expressiveness and lack hierarchical boundaries. Vijaya, R., Suveera, P., & Appaya, M.P. (2010) also revealed that family environment of COAs was characterized by lack of independence for its members, greater perceived control.

Results presented in **Table-2D** show Mean comparisons among the groups on the Coping style subscales, the female offspring of alcoholic father group scored highest on emotional oriented (M=55.84) & the female offspring of non alcoholic father group scored highest on Task oriented (M=49.78). And the female offspring of alcoholic group scored lowest Avoidance oriented (M=44.56) & the female offspring of non alcoholic father group scored lowest on emotional oriented (M=46.26). Male offspring of alcoholic groups scored highest on Task oriented (M=51.94) and the male offspring of non alcoholic father group scored highest on Avoidance oriented (M=50.72). And the male offspring of alcoholic father group scored lowest Avoidance oriented (M=46.14) & the male offspring of non alcoholic father group scored lowest on emotional oriented (M=43.54). The finding is in line with Colbert (1991), coping patterns of Children of Alcoholics (COAs) and have been compared to those of children of non-alcoholics (CNAs) in an effort to further investigate COA coping behaviors and to more fully understand the problematic needs of this population. Significant differences were found to depend on gender. Female COAs showed greater dysfunction than same sex peers on family-related coping and perception of peer support variables, whereas male COAs differed from male peer on quality of coping response variables. Results also show that gender is a significant variable to address when developing COA programs. On comparison of the total of offspring of alcoholic and total of offspring of non alcoholic father groups, first one scored highest on emotional oriented (M=53.24) and latter group scored highest on avoidance oriented (M=49.15). The groups scored

lowest on avoidance oriented (M=45.35) and emotional oriented (M=44.90) respectively. Total female scored highest on emotional oriented (M=51.05) and total male scored highest on Task oriented (M=48.54). And total female scored lowest on Avoidance oriented (M=46.07) & total male scored lowest on emotional oriented (M=47.25). There are a number of behavioral characteristics that distinguished those Children of Alcoholic (COAs) who did develop serious coping issues and those that did not develop serious coping issues. One noticeable difference given by Kelley et al., (2011) and Werner (1986) is in characteristics like positive attention from primary caretakers.

Prediction of the effect of independent variables:

Analysis of Variance (ANOVA) to illustrate the independent effect of two independent variables (offspring of alcohol father and gender) on dependent variables (Family Environment scale and CISS) and also two independent interaction effects on dependent variables under study. Two-way ANOVA was computed and the finding was presented under **Table-3**.

Table no. 3 The ANOVA results showed that significant independent effect of offspring of alcoholic father on cohesion with 18% effect ($F=41.95$; $p < .01$, $\eta^2=.18$), expressiveness with 16% effect ($F=38.81$; $p < .01$, $\eta^2=.16$), conflict with 27% ($F=74.67$; $p < .01$, $\eta^2=.27$), acceptance with 6% ($F=13.91$; $p < .01$, $\eta^2=.06$), independence with 13% ($F=23.08$; $p < .01$, $\eta^2=.13$), active recreational orientation with 10% ($F=23.08$; $p < .01$, $\eta^2=.10$), system maintenance with 25% ($F=64.44$; $p < .01$, $\eta^2=.25$). These finding is supported by the study finding of Velleman, R. & Templeton, L. (2007) viz. disruptions to family rituals, limited or more aggressive communication, by diminished social connectedness, and by lack of finances and worsening relationships. Gruenert, S. et al (2004) findings of parents' act in active alcohol or other drug use like irritable, intolerant or impatient toward their children, used harsher discipline, were less responsive to their children's needs. Dawe and colleagues (2007) found neglect, harm or abuse, exposure to hostility and conflict is indicative of disturbed family environment. Point, T. (2006) finds that alcoholic parents did not show any warmth towards them, and that this had led to feelings of rejection from an early age. Pecukonis (2004) revealed that COAs claimed that alcohol use by parents/caretakers could promote negative family relationships. Several other studies have shown the families of alcoholics to be less organized, more conflict-ridden and less cohesive with increased rate of poverty, divorce, unemployment and chaos (Windle & Searles,

1990; Von Knorring, 1991; Zeitlin, 1994). Families of alcoholics have lower levels of family cohesion, expressiveness, independence, and intellectual orientation and higher levels of conflict compared with non-alcoholic families (Filstead *et al.*, 1981; Moos & Billings, 1982; Moos & Moos, 1984; Clair & Genest, 1986). John and Singh (2014) findings of the study revealed that these COAs suffered from family disruption, co-dependency, emotional problems and disruptive behavior patterns. The single most potential risk factor is their parent's substance abusing behavior and this can place the child of substance abuser at biological, psychological and environmental risk (Johnson & Leff, 1999). Menees and Segrin (2000) observe that COA's are characterized as an at risk population because of the dysfunctional family environment that disrupts their psychosocial development.

Further, significant independent effect of offspring of alcoholic father on task oriented with 11% ($F=23.91$; $p<.01$, $\eta^2=.11$), emotion oriented with 9% ($F=20.00$; $p<.01$, $\eta^2=.09$), avoidance with 19% ($F=48.35$; $p<.01$, $\eta^2=.19$) were revealed. Singh and his colleagues (2012), impulsivity, restlessness, more pronounced inconsistency in school work and less verbal proficiency was also reported. Barry and Fleming, (1990) reported low emotional bonding and lesser recreational activities within the family weakens ties and lowers trust amongst them. Poor problem solving abilities among both parent and within the family including lack of compromise between parent and children is reported by O'Farell & Fals- Steward, 1999; Jacob & Leonard, 1995. Some families are either completely helpless or there are others who make conscious attempts to distance themselves from the alcohol problems (Orford & Vellaman, 1995). Deisinger (1993) found that children of alcoholic parents are at higher risk of developing psychological problems. Young children of alcoholics compared with control groups experienced more depression, anxiety, nightmares as well as phobias and feelings of insecurity. (Moos & Billings, 1982 and Florez, Mendez & Marin, 1985; Narang et al, 1996). There is a strong evidence to suggest that family dysfunction during childhood can negatively influence later life experiences and adjustments (Werner & Broida, 1991). Marital conflict and a lack of coping mechanism were more frequent in these families and children of alcoholic (COA's) fathers represent a group of risk for the early onset of psychiatric problems observes by Furtado and friends (2002). Regardless of pattern of drinking style, families with parental alcohol misuse are distinguished as having poorer family functioning, a less cohesive perception of their environment, higher levels

of unresolved conflict, lower levels of physical as well as verbal positive feeling expressions, and lower warmth and caring (Burke, Schmied, & Montrose, 2006).

The results showed that significant independent effect of gender on cohesion with 6% effect ($F=13.48$; $p<.01$, $\eta^2=.06$), expressiveness with 5% effect ($F=11.29$; $p<.01$, $\eta^2=.05$), conflict with 5% ($F=12.2874.67$; $p<.01$, $\eta^2=.05$), acceptance with 6% ($F=14.69$; $p<.01$, $\eta^2=.06$), independence with 5% ($F=10.618$; $p<.01$, $\eta^2=.05$), system maintenance with 3% ($F=6.4$; $p=.01$, $\eta^2=.03$), task oriented with 1% ($F=3.94$; $p<=.05$, $\eta^2=.01$), avoidance with 4% ($F=9.05$; $p<.01$, $\eta^2=.04$). However, there are insignificant independent effect of gender on active recreational orientation with 10% ($F=23.08$; $p<.01$, $\eta^2=.10$) & emotion oriented with 9% ($F=20.00$; $p<.01$, $\eta^2=.09$). By gender, evidence suggests that adult male COAs are at greater risk for developing alcohol disorders, manifesting sociopathic tendencies, and having legal issues which end them up in jail or prison (Kearns- Bodkin & Leonard, 2008; McKenna & Pickens, 1981). Additionally, research has shown that female adult COAs report overall higher levels of self-deprecation, which leads to increased risks of depression and lower self-esteem. Therefore, males tend to exhibit externalizing behaviors such as antisocial tendencies and alcohol misuse in their own lives and women tend to exhibit internalizing behaviors (McKenna & Pickens, 1981; Serec et al., 2012). As described by McKenna and Pickens (1981) and Serec et al. (2012), boys with alcoholic parent/parents are at an increased risk for externalizing problems and ‘acting-out’ behavior, while girls of alcoholic parent/parents are at an increased risk for internalizing problems (McKenna & Pickens, 1981; Serec et al., 2012). Hussong, Zucker, Wong, Fitzgerald, and Puttler (2005) looked at how gender affects overall social competence, indicating that deficits in this area are mainly only seen in girls.

The significant independent effect of offspring of alcoholic father and gender on cohesion with 25% effect ($F=21.74$; $p<.01$, $\eta^2=.25$), expressiveness with 19% effect ($F=15.98$; $p<.01$, $\eta^2=.19$), conflict with 32% ($F=31.37$; $p<.01$, $\eta^2=.32$), acceptance with 12% ($F=9.32$; $p<.01$, $\eta^2=.12$), independence with 17% ($F=13.51$; $p<.01$, $\eta^2=.17$), active recreational orientation with 12% ($F=9.26$; $p<.01$, $\eta^2=.12$), system maintenance with 31% ($F=29.28$; $p<.01$, $\eta^2=.31$), task oriented with 13% ($F=10.35$; $p<.01$, $\eta^2=.13$), emotion oriented with 13% ($F=10.43$; $p<.01$, $\eta^2=.13$), avoidance with 24% ($F=21.18$; $p<.01$, $\eta^2=.24$).

Analysis of Variance (ANOVA) to illustrate the independent effect of two independent variables (offspring of alcoholic father and gender) on dependent variables (Emotional maturity scale and NEO -FFI and also two independent interaction effects on dependent variables under study. Two-way ANOVA was computed and the finding was presented under **Table-4**.

The ANOVA results showed that significant independent effect of offspring of alcoholic father on regression with 28% effect ($F=79.98$; $p < .01$, $\eta^2=.28$), social maladjustment with 23% effect ($F=58.72$; $p < .01$, $\eta^2=.23$), disintegrity with 9% ($F=19.55$; $p < .01$, $\eta^2=.09$), lack of independence with 10% ($F=23.79$; $p < .01$, $\eta^2=.01$). Williams and Corrigan (1992) also found that growing up in a household with alcoholic parents is more likely to produce emotional disorders, increases the child's risk of health problems, physical abuse and neglect. However, there is insignificant independent effect of offspring of alcoholic father on Emotional Instability. John and Singh (2014) findings of the study revealed that these COAs suffered from co-dependency, emotional problems and disruptive behavior patterns. Cathy and Raymond (2007), emotional stiffness, indifference, withdrawal is accompanied by excessive and uncontrolled explosions of positive or negative feelings (Żyrakowska 2005).

The ANOVA results showed that significant independent effect of offspring of alcoholic father on Neuroticism with 23% ($F=60.04$; $p < .01$, $\eta^2=.23$), Extraversion with 20% ($F=52.40$; $p < .01$, $\eta^2=.20$), Openness with 24% ($F=64.03$; $p < .01$, $\eta^2=.24$), Agreeableness with 19% ($F=43.16$; $p < .01$, $\eta^2=.19$), Conscientiousness with 23% ($F=59.29$; $p < .01$, $\eta^2=.23$). Jennifer K., et al. (2007) Extraversion and Conscientiousness predicted more problem-solving and cognitive restructuring, support seeking. Neuroticism predicted problematic strategies like wishful thinking, withdrawal, and emotion-focused coping. Tarter et al., (1993) research has shown that children of addicted parents demonstrate behavioral characteristics and a temperament style that predispose them to future maladjustment. Furthermore, Jones' (1968) research on behavioral problems demonstrated by children of alcoholics has revealed lack of empathy for other persons; decreased social adequacy and interpersonal adaptability; low self-esteem; and lack of control over the environment.

The ANOVA results showed that significant independent effect of gender on regression with 32% effect ($F=23.2$; $p < .01$, $\eta^2=.32$), social maladjustment with 26% effect ($F=14.87$; $p < .01$, $\eta^2=.26$), disintegrity with 31% ($F=20.84$; $p < .01$, $\eta^2=.31$), lack of independence with 33% ($F=25.06$; $p < .01$, $\eta^2=.33$). However, there is insignificant independent effect of gender on

Emotional Instability. Jan Nuzhat (2013), male has more emotional regression, inferiority complex, restlessness, hostility, aggressiveness and self-centeredness than female university distance learners. However, Krishna Duhan and his associates (2017) that male adolescents were having better emotional stability, social adjustment and independence in behavior as compared to female adolescents. Emotional regression and personality disintegration were higher in males as compared to female adolescents.

Further, results showed that significant independent effect of gender on Neuroticism with 29% ($F=18.87$; $p<.01$, $\eta^2=.29$), Extraversion with 30% ($F=20.04$; $p<.01$, $\eta^2=.30$), Openness with 45% ($F=52.23$; $p<.01$, $\eta^2=.45$), Agreeableness with 31% ($F=21.62$; $p<.01$, $\eta^2=.31$), Conscientiousness with 30% ($F=19.82$; $p<.01$, $\eta^2=.30$). Berkowitz (1986), COAs were more likely than their peers to experience self depreciation, with greater effect in female COAs than with male COAs. Male COAs rated themselves as more directive, autonomous, and in need of social support than their non-COA peers.

The ANOVA results showed that significant interaction effect of offspring of alcoholic father and gender on regression with 37% effect ($F=38.56$; $p<.01$, $\eta^2=.37$), social maladjustment with 28% effect ($F=26.24$; $p<.01$, $\eta^2=.28$), disintegrity with 18% ($F=14.30$; $p<.01$, $\eta^2=.18$), lack of independence with 20% ($F=16.84$; $p<.01$, $\eta^2=.20$), Neuroticism with 31% ($F=29.71$; $p<.01$, $\eta^2=.31$), Extraversion with 27% ($F=24.62$; $p<.01$, $\eta^2=.27$), Openness with 40% ($F=44.95$; $p<.01$, $\eta^2=.40$), Agreeableness with 25% ($F=30.26$; $p<.01$, $\eta^2=.25$), Conscientiousness with 31% ($F=30.26$; $p<.01$, $\eta^2=.31$). However, there is insignificant interaction effect of offspring of alcoholic father and gender on Emotional Instability.

Results of above table-3, highlight significant mean difference between the comparison groups on the subscale of Family Environment scale and coping style scales. On the family environment subscale cohesion, there are negative significant relationships among female offspring of alcoholic father & female offspring of non-alcoholic father (-3.02 , $p<.05$); female offspring of alcoholic father & male offspring of non-alcoholic father (-6.16 , $p<.05$); male offspring of alcoholic father & male offspring of non alcoholic father (-4.58 , $p<.05$); female offspring of non alcoholic father & male offspring of non alcoholic father (-3.14 , $p<.05$). However, there are non significant differences among female offspring of alcoholic & non alcoholic father and male

offspring of alcoholic father. It is estimated that each problematic user of alcohol will, on average, negatively affect the lives of two other close family members (Zohadi, Templeton & Velleman, 2004). Colbert, C. S. (1941) also found that female COAs showed greater dysfunction than same sex peers on family-related coping and perception of peer support variables, whereas male COAs differed from male peer on quality of coping response variables.

On the expression subscale, there are negative significant relationships among female offspring of alcoholic & non alcoholic father (-1.02, $p < .05$); female offspring of alcoholic father & male offspring of non alcoholic father (-4.10, $p < .05$); male offspring of alcoholic & non alcoholic father (-3.08, $p < .05$).

On the conflict subscale, there are significant relationships among female offspring of alcoholic & non alcoholic father (3.48, $p < .05$); female offspring of alcoholic father & male offspring of non alcoholic father (5.06, $p < .05$); male offspring of alcoholic father & female offspring of non alcoholic father (2.02, $p < .05$); male offspring of alcoholic & non alcoholic father (3.60, $p < .05$). Pecukonis revealed that alcohol use by parents/caretakers could promote negative family relationships, which in turn psychologically affect COAs. Family of alcohol dependent parents suffers from deep emotional issues, marital disruption, poor cohesion, expressiveness and lack hierarchical boundaries (Shankaran, L. et al, 2008).

On the acceptance subscale, there are significant relationships among female and male offspring of alcoholic father (2.2, $p < .05$); female offspring of alcoholic & non alcoholic father (2.4, $p < .05$); female offspring of alcoholic father & male offspring of non alcoholic father (3.4, $p < .05$).

On the lack of independence subscale, there are negative significant relationships among female and male offspring of alcoholic father groups (-2.1, $p < .05$); female offspring of alcoholic & non alcoholic father groups (-3.46, $p < .05$); female offspring of alcoholic father group & male offspring of non alcoholic father groups (-3.54, $p < .05$).

On the recreational subscale, there are significant relationships among female offspring of alcoholic & non alcoholic father groups (2.58, $p < .05$); female offspring of alcoholic father group & male offspring of non alcoholic father group (2.92, $p < .05$). On the system maintenance there are non significant relationships among all the comparison groups.

On the task oriented subscales, there are negative significant relationships among female offspring of alcoholic & non alcohol father groups (-5.72, $p < .05$), female offspring of alcoholic father group & male offspring of non alcoholic father (-7.76, $p < .05$), male offspring of alcoholic father group & female offspring of non alcoholic father group (-2.54, $p < .05$); male offspring of alcoholic & non alcoholic father groups; and female and male offspring of non alcoholic & non alcoholic father groups (-2.04, $p < .05$). However, there is non significant difference among female and male offspring of alcoholic father groups.

On the lack of emotional oriented subscale, there are significant relationships among female offspring of alcoholic father & male offspring of non alcoholic father groups (7.14, $p < .05$); male offspring of alcoholic & non alcoholic father groups (6.80, $p < .05$); female and male offsprings of non alcoholic & non alcoholic father groups (4.64, $p < .05$). However, there are non significant differences among female and male alcoholic father groups; female offsprings of alcoholic & non alcoholic father groups; and male offspring of alcoholic father and female offspring of non alcoholic father groups. Bain (2011) found that externalising the problem of alcohol facilitated the development of empathy and acceptance towards alcoholic parents. Her participants felt externalising the alcohol problem was a valuable part of their coping process as it freed them from being caught up in feeling angry and blaming towards their parents.

On the avoidance oriented subscale, there are significant relationships among female and male offspring of alcoholic father groups (5.20, $p < .05$); female offspring of alcoholic & non alcoholic father groups (9.58, $p < .05$), female offspring of alcoholic father group & male offspring of non alcoholic father group (12.30, $p < .05$), male offspring of alcoholic & non alcoholic father groups (7.10, $p < .05$). However, there are non significant differences among male offspring of alcoholic father group & female offspring of non alcoholic father; female and male offspring of non alcoholic father groups. Black, (1981) and Scharff and colleagues (2003) proposed that children of alcoholics adopt 'survival' roles- patterns of coping that persist into adulthood.

Results of above table-4 highlight significant mean difference between the comparison groups on the subscale of emotional maturity scales and personality NEO FFI scales. On the emotional maturity subscale emotional instability, there are non significant differences among all

the comparison groups viz. female offspring of Alcoholic father, male offspring of alcoholic father, female offspring on Non alcoholic father and male offspring of non alcoholic father groups.

On the subscale of Emotional regression subscale, there are significant differences among female offspring of alcoholic father and other groups viz. male offspring of alcoholic father (6.04, $p < .05$); female offspring of non alcoholic father (10.38, $p < .05$); male offspring of non alcoholic father (12.32, $p < .05$). Likewise, there are significant differences among male offspring of alcoholic father group with other remaining two groups i.e. female offspring of non alcoholic father (4.34, $p < .05$) and male offspring of non alcoholic father (6.28, $p < .05$). However, female offspring of non alcoholic father did not have any significant difference from male offspring of non alcoholic father groups.

Female offspring of alcoholic father on social maladjustment had a significant differences with two other groups viz. female offspring of non alcoholic father (5.98, $p < .05$); male offspring of non alcoholic father (9.70, $p < .05$). Male offspring of alcoholic father had a significant difference with male offspring of non alcoholic father (6.98, $p < .05$). Female offspring of non alcoholic father had a significant difference with male offspring of non alcoholic father groups (3.72, $p < .05$). Female offspring of alcoholic father did not have any significant difference with male offspring of alcoholic father. Male offspring of alcoholic father group didn't have significant difference with female offspring of non alcoholic father. Research done on gender difference of Children of Alcoholic suggests that adult male Children Of Alcoholics are at greater risk for developing alcohol disorders, manifesting sociopathic tendencies, and having legal issues which end them up in jail or prison (Kearns- Bodkin & Leonard, 2008; McKenna & Pickens, 1981). Additionally, research has shown that female adult Children of Alcoholics report overall higher levels of self-deprecation, which leads to increased risks of depression and lower self-esteem. Therefore, males tend to exhibit externalizing behaviors such as antisocial tendencies and alcohol misuse in their own lives and women tend to exhibit internalizing behaviors (McKenna & Pickens, 1981; Serec et al., 2012).

On personality disintegration subscale, female offspring of alcoholic father had a significant differences with male offspring of non alcoholic father (6.52, $p < .05$). Male offspring of alcoholic father had a significant difference with male offspring of non alcoholic father (3.90, $p < .05$). Further, female offspring of non alcoholic father had a significant difference with male offspring

of non alcoholic father groups (3.84, $p < .05$). Female offspring of alcoholic father didn't have significant difference with male offspring of alcoholic father and female offspring of non alcoholic father as well. Male offspring of alcoholic father group didn't have significant difference with female offspring of non alcoholic father.

On lack of independence subscale, female offspring of alcoholic father had a significant differences with male offspring of alcoholic father (2.40, $p < .05$), female offspring of non alcoholic father at (2.56, $p < .05$) and male offspring of non alcoholic father at (5.72, $p < .05$). And male offspring of alcoholic father had a significant differences with male offspring of non alcoholic father (3.32, $p < .05$). Female offspring of non alcoholic father had a significant difference with male offspring of non alcoholic father (3.16, $p < .05$). Male offspring of alcoholic father didn't have significant difference with female offspring of non alcoholic father. Disintegration. Aleem and Sheema (2005) have found that there is a significant difference between the mean scores of male and female students on emotional stability. Female students are less emotionally stable as compared to male students. Sivakumar (2010) and Subbarayan & Visvanathan (2011) concluded that the sex, community and the family type they belong did not play any role in the emotional maturity of the college students. Rajakumar and Soundararajan (2012) found significant differences between male and female's emotional maturity score. Kaur (2006) revealed insignificant difference on emotional maturity between boys and girls. Whereas, Krishna Duhan and his associates (2017) revealed that there were no significant differences in emotional maturity among Male and Female Adolescents on Emotional Maturity.

On the neuroticism subscales of Personality NEO FFI, female offspring of alcoholic father had a significant differences with male offspring of alcoholic father (3.46, $p < .05$), female offspring of non alcoholic father (5.56, $p < .05$) and male offspring of non alcoholic father (7.64, $p < .05$). Moreover, male offspring of alcoholic father had a significant difference with male offspring of non alcoholic father (4.18, $p < .05$). However, female offspring of non alcoholic father didn't have significant differences with male offspring of alcoholic father & male offspring of non alcoholic father as well.

On extraversion subscale, female offspring of alcoholic father had a significant difference with female non alcoholic father (-4.24, $p < .05$) and male offspring of non alcoholic father at (-

6.94, $p < .05$). Male offspring of alcoholic father had a significant difference with male offspring of non alcoholic father (-4.74 $p < .05$). Female offspring of non alcoholic father had a significant difference with male offspring of non alcoholic father (-2.70, $p < .05$). However, female offspring of alcoholic father didn't have any significant difference with male offspring of alcoholic father. Male offspring of non alcoholic father didn't have any significant difference with female offspring of non alcoholic father.

On openness subscale, female offspring of alcoholic father had a significant difference with male offspring of alcoholic father (-2.10, $p < .05$), female offspring of non alcoholic father (-2.98, $p < .05$) and male offspring of non alcoholic father at (-7.07, $p < .05$). Male offspring of alcoholic father had a significant difference with male offspring of non alcoholic father (-4.96, $p < .05$). Female offspring of non alcoholic father had a significant difference with male offspring of non alcoholic father (-8.08, $p < .05$). However, male offspring of alcoholic father didn't have any significant difference with female offspring of non alcoholic father.

On agreeableness subscale, female offspring of alcoholic father had a significant difference with non alcoholic father (-2.82, $p < .05$) and male offspring of non alcoholic father (-5.60, $p < .05$). Male offspring of alcoholic father had a significant difference with male offspring of non alcoholic father (-4.12 $p < .05$). Female offspring of non alcoholic father had a significant difference with male offspring of non alcoholic father (-2.78, $p < .05$).

However, there is non significant difference between the groups of female offspring of alcoholic father and male offspring of alcoholic father (-1.48, $p < .05$) and male offspring of non alcoholic father & female offspring of non alcoholic father (-1.34, $p < .05$).

On conscientiousness subscale, female offspring of alcoholic father had a significant difference with non alcoholic father (-4.06, $p < .05$); male offspring of non alcoholic father (-7.68, $p < .05$). Male offspring of alcoholic father had a significant difference with male offspring of non alcoholic father (-5.60, $p < .05$). Female offspring of non alcoholic father had a significant difference with male offspring of non alcoholic father (-3.62, $p < .05$).

However, there is non significant difference between the groups of female offspring of alcoholic father and male offspring of alcoholic father (-2.08, $p < .05$) and male offspring of non alcoholic father & female offspring of non alcoholic father (-1.98, $p < .05$). Personality profiles of Children of Alcoholics were analyzed by Calder et al (1989) revealed that the children had mean scores on the Family Relations, Delinquency, Depression, and Withdrawal scales that were more than 1 standard deviation above the norm, although there was a great deal of variation in individual profiles.

Hypothesis -1: Psychological measures would find applicability in the selected population as it is going to be the first endeavor in the selected population.

The psychological test used in this study were standardized but constructed for other culture. The preliminary analyses of the psychometric properties of the behavioral measures were computed as it was felt necessary that scale constructed and validated for measurement of the theoretical construct in a given population when taken to another cultural milieu may not be treated as reliable and valid unless specific checks are made (Witkin & Berry, 1975). The reliability and predictive validity of the scales and sub-scales were ascertained to ensure the psychometric adequacy of the scales used for the study. Internal consistency reliability was estimated for each of the scales used in the study using Cronbach's coefficient alpha (Cronbach, 1951) was employed to cross check the Cronbach's coefficient alpha for methodological confinement of the internal consistency — how well the test components contribute to the construct that's being measured. The results in Table- 1A & B revealed that the reliability of Emotional Maturity Subscales i.e. Emotional Instability ($\alpha = .72$), Emotional Regression ($\alpha = .81$), Social Maladjustment ($\alpha = .78$), Personality Disintegration ($\alpha = .73$), Lack of Independence ($\alpha = .65$) and NEO FFI subscales i.e. Neuroticism ($\alpha = .70$), Extraversion ($\alpha = .69$), Openness ($\alpha = .62$), Agreeableness ($\alpha = .73$), Conscientiousness ($\alpha = .70$) the total coefficient of correlation of the subjects emerged to be satisfactory over the levels of analysis for the whole sample, which indicating the trustworthiness of the scales such as Emotional Maturity and and NEO FFI. The Reliability test of Cronbach Alpha Reliability shows reliability scores all falling above .65 showing the reliability and the validly proved the trustworthiness of the selected psychological tests applicability and replicability in the selected population under study.

The results in Table- 1 C & D revealed that the reliability of Family environment Subscales i.e. Cohension ($\alpha=.54$), Expressiveness ($\alpha=.56$), Conflict ($\alpha=.57$), Acceptance and Caring ($\alpha=.59$), Independence ($\alpha=.71$), Recreational ($\alpha=.63$), System Maintenance ($\alpha=.62$), and Coping style subscales i.e. Task Oriented ($\alpha=.77$), Emotional Oriented ($\alpha=.71$), Avoidance Oriented ($\alpha=.53$), the total coefficient of correlation of the subjects emerged to be satisfactory over the levels of analysis for the whole sample, which indicating the trustworthiness of the scales such as Family environment and Coping style. The Reliability test of Cronbach Alpha shows reliability scores almost all falling above .50 showing the reliability of the selected psychological scale for the present population under study.

Hypothesis -2: The significant difference would be observed in dependent measures in gender and offspring of alcoholic father.

Descriptive statistics, Post hoc means comparisons, χ^2 and bivariate correlation were computed to excavate any significant difference present in dependent variables in relation to gender and age groups. Results confirmed the hypothesis-2 by showing the significant mean difference between gender and alcohol, almost on all dependent variables as provided by the mean table, post hoc comparison table, correlation efficient matrix of the study.

Hypothesis -3: Significant independent effects of the main variable on dependent measures.

Two-way ANOVA results showed the significant independent effect on all dependent variables. Results confirmed the Hypothesis -3 that that significant independent effect of alcohol on cohesion with 18% effect ($F=41.95$; $p<.01$, $\eta^2=.18$), expressiveness with 16% effect ($F=38.81$; $p<.01$, $\eta^2=.16$), conflict with 27% ($F=74.67$; $p<.01$, $\eta^2=.27$), acceptance with 6% ($F=13.91$; $p<.01$, $\eta^2=.06$), independence with 13% ($F=23.08$; $p<.01$, $\eta^2=.13$), active recreational orientation with 10% ($F=23.08$; $p<.01$, $\eta^2=.10$), system maintenance with 25% ($F=64.44$; $p<.01$, $\eta^2=.25$), task oriented with 11% ($F=23.91$; $p<.01$, $\eta^2=.11$), emotion oriented with 9% ($F=20.00$; $p<.01$, $\eta^2=.09$), avoidance with 19% ($F=48.35$; $p<.01$, $\eta^2=.19$).

The significant independent effect of gender on cohesion with 6% effect ($F=13.48$; $p<.01$, $\eta^2=.06$), expressiveness with 5% effect ($F=11.29$; $p<.01$, $\eta^2=.05$), conflict with 5% ($F=12.2874.67$; $p<.01$, $\eta^2=.05$), acceptance with 6% ($F=14.69$; $p<.01$, $\eta^2=.06$), independence with 5% ($F=10.618$; $p<.01$, $\eta^2=.05$), system maintenance with 3% ($F=6.4$;

$p=.01$, $\eta^2=.03$), task oriented with 1% ($F=3.94$; $p<.05$, $\eta^2=.01$), avoidance with 4% ($F=9.05$; $p<.01$, $\eta^2=.04$).

Significant independent effect of offspring of alcoholic father on regression with 28% effect ($F=79.98$; $p<.01$, $\eta^2=.28$), social maladjustment with 23% effect ($F=58.72$; $p<.01$, $\eta^2=.23$), disintegrity with 9% ($F=19.55$; $p<.01$, $\eta^2=.09$), lack of independence with 10% ($F=23.79$; $p<.01$, $\eta^2=.01$), Neuroticism with 23% ($F=60.04$; $p<.01$, $\eta^2=.23$), Extraversion with 20% ($F=52.40$; $p<.01$, $\eta^2=.20$), Openness with 24% ($F=64.03$; $p<.01$, $\eta^2=.24$), Agreeableness with 19% ($F=43.16$; $p<.01$, $\eta^2=.19$), Conscientiousness with 23% ($F=59.29$; $p<.01$, $\eta^2=.23$). However, there is insignificant independent effect of offspring of alcoholic father on Emotional Instability.

The significant independent effect of gender on regression with 32% effect ($F=23.2$; $p<.01$, $\eta^2=.32$), social maladjustment with 26% effect ($F=14.87$; $p<.01$, $\eta^2=.26$), disintegrity with 31% ($F=20.84$; $p<.01$, $\eta^2=.31$), lack of independence with 33% ($F=25.06$; $p<.01$, $\eta^2=.33$), Neuroticism with 29% ($F=18.87$; $p<.01$, $\eta^2=.29$), Extraversion with 30% ($F=20.04$; $p<.01$, $\eta^2=.30$), Openness with 45% ($F=52.23$; $p<.01$, $\eta^2=.45$), Agreeableness with 31% ($F=21.62$; $p<.01$, $\eta^2=.31$), Conscientiousness with 30% ($F=19.82$; $p<.01$, $\eta^2=.30$). However, there is insignificant independent effect of gender on Emotional Instability.

Hypothesis -4: Significant interaction effects of independent variables would be observed on dependent variables, but only exploratory in nature.

Two-way ANOVA was employed to determine the significant interaction effect of the two independent variables on selected dependent variables. Results portrayed that the significant Interaction effect of offspring of alcoholic father and gender on cohesion with 25% effect ($F=21.74$; $p<.01$, $\eta^2=.25$), expressiveness with 19% effect ($F=15.98$; $p<.01$, $\eta^2=.19$), conflict with 32% ($F=31.37$; $p<.01$, $\eta^2=.32$), acceptance with 12% ($F=9.32$; $p<.01$, $\eta^2=.12$), independence with 17% ($F=13.51$; $p<.01$, $\eta^2=.17$), active recreational orientation with 12% ($F=9.26$; $p<.01$, $\eta^2=.12$), system maintenance with 31% ($F=29.28$; $p<.01$, $\eta^2=.31$), task oriented with 13% ($F=10.35$; $p<.01$, $\eta^2=.13$), emotion oriented with 13% ($F=10.43$; $p<.01$, $\eta^2=.13$), avoidance with 24% ($F=21.18$; $p<.01$, $\eta^2=.24$).

The significant Interaction effect of offspring of alcoholic father and gender on regression with 37% effect ($F=38.56$; $p<.01$, $\eta^2=.37$), social maladjustment with 28% effect ($F=26.24$; $p<.01$, $\eta^2=.28$), disintegrity with 18% ($F=14.30$; $p<.01$, $\eta^2=.18$), lack of independence with 20% ($F=16.84$; $p<.01$, $\eta^2=.20$), Neuroticism with 31% ($F=29.71$; $p<.01$, $\eta^2=.31$), Extraversion with 27% ($F=24.62$; $p<.01$, $\eta^2=.27$), Openness with 40% ($F=44.95$; $p<.01$, $\eta^2=.40$), Agreeableness with 25% ($F=30.26$; $p<.01$, $\eta^2=.25$), Conscientiousness with 31% ($F=30.26$; $p<.01$, $\eta^2=.31$). The result confirmed the hypothesis -4 as the offspring of alcoholic father and gender had shown significant interaction effect as mentioned.

Limitations:

The present study has some limitations that must be acknowledged. First, the study would have been better if it had been done on larger sample size and on more variables as well. Many variables are attractive for inclusion in this study; to have a better understanding could be undertaken. As the study was done on the offspring of the alcoholic father, finding the target sample was time consuming. The researcher felt that qualitative method such as open interview would strengthen the finding of the results.

Suggestions:

To study on larger sample size and qualitative method such as open interview would have strengthened the finding of the results. Moreover, psychological intervention would be helpful to the target populations. Further, more indept studies would be beneficial for the target population.

Significant of the Study:

The findings of this study indicate that the emotional maturity is lower in offspring of alcoholic father than the offspring of the non alcoholic father. On personality subscale, young adult offspring of the alcoholic father have higher scores on neuroticism that shows that they are more likely to develop anxiety problems and depression. Further, offspring of alcoholic have the highest score on emotion oriented coping and the lowest score on avoidance oriented coping style. Finally, in the family environment scale families with paternal alcoholic have higher score on conflict and acceptance & caring than non alcoholic families. Further, families with alcoholic father scored less on cohesion, expressiveness, lack of independence. And, the relationships among family members of non alcoholic father are comparatively better.

Based on the present research findings it was suggested that:

1. To make the alcoholic individual realize the gravity of their problem by explaining how it is affecting themselves in terms of physical, psychological, occupational, social and impact on their family members.
2. Offsprings of the alcoholic fathers too can reach out for help from professionals if they know their problems with due the conflicts & problems arise from their father's addiction to alcohol.
3. Youngers will be encouraged not to drink if they have informations about the ill effects of the alcohol on the individual concerned and it effects on their loved ones.
4. More number of the professionals should be trained in the field of handling individuals with alcoholic so that more help can be extended.
5. Civil society organizations should be encouraged to work towards curbing such problems.

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