

## Mental health functioning of adult children of alcoholic fathers in Pakistan

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**Objective:** To ascertain functionality of the mental health among adult-children of alcoholic fathers in comparison to the adult-children of non-alcoholic fathers in a culture where alcohol related beverages is prohibited by the law on religious grounds and drinking is socially discouraged.

**Methodology:** This correlational study had 200 subjects in both groups (experimental and comparison groups). The age range was 18-25 years. The mental health functioning was assessed by using General Heath Questionnaire-GHQ30.

**Results:** Adult-children of Alcoholic fathers

scored significantly higher on screening ( $T(198) = 3.41, P=0.001$ ) and severity score ( $T(198) = 5.73, P=0.001$ ) as compared to adult-children of non-alcoholic fathers

**Conclusion:** This study could act as an impetus for further research and also create awareness about the problems faced by the adult-children of alcoholics. Moreover, intervention strategies could be developed to help this vulnerable population. (Rawal Med J 202;45:140-143).

**Keywords:** Children of alcoholics, mental health, alcoholism, Pakistan

### INTRODUCTION

Alcoholism is one of those chronic diseases that impact the entire family disrupting family cohesiveness and organization.<sup>1</sup> It is associated with violence, parental separation and foster care of the children.<sup>3</sup> Spouses of alcoholics suffer from higher level of depression, anxiety, and lower self-esteem.<sup>4</sup> The environment of the house emotionally suffocates that in turn lead to stress for all family members.<sup>5</sup> Many mental health professionals have been studying the effects of alcoholism on the alcoholic.<sup>6</sup> However, in past three decades, researchers have shifted their interest to families of alcoholics.<sup>7</sup> Children of alcoholics are mistreated by their parents.<sup>3</sup> Their children may suffer from suicidal ideation, develop poor interpersonal relationships, and substance abuse<sup>8</sup>.

Alcoholic fathers have a short temper and are irritable. Families experience aggression and violence by the alcoholic father.<sup>9</sup> It has also been reported that stress, lack of emotional warmth by parents, more conflicts, and a perpetual feeling of unfairness reside in the family,<sup>10</sup> which manifest mental health issues during adulthood.<sup>11</sup>

Children of alcoholic parents are impacted negatively regardless of age and they are a

susceptible population to psychological disorders<sup>12</sup> such as ADHD and antisocial behavior.<sup>13</sup>

Since alcoholism is stigmatized, they try to conceal it from others and refuse counseling or help for themselves.<sup>14</sup> There are no support groups for the family in Pakistan. Private treatment centers for alcoholism are either very expensive or economically viable but the patients are treated poorly. Family counseling is scarcely done but the focus is on keeping the alcoholic sober. In many Government run facilities, getting the drug or even alcohol is not a problem.<sup>15</sup> The aim of this study was to ascertain functionality of the mental health among adult-children of alcoholic fathers in comparison to the adult-children of non-alcoholic fathers.

### METHODOLOGY

In the present study the correlational research design was employed to compare the mental health functioning of the two groups. One group comprised of adult-children of alcoholic fathers and the other one adult-children of non-alcoholic fathers. In this study any married male, having adult-children who has been in treatment for alcoholism for the second time at the time of data collection was an alcoholic.

Moreover, alcohol was the only drug of abuse. Any adult-children between the age range of 18-25 whose fathers are admitted for the treatment of alcoholism for the second time will be called the adult-child of the alcoholic father in the present study.

Random sampling was used in this study. One adult child from the family of alcoholic father was asked to participate in the study. The comparison group was introduced to ascertain if there were any differences between the two groups in terms of the mental health. The sample consisted of adult-children of alcoholic fathers between 18 to 25 years of age, with tenth grade as the lower level cut for education and whose fathers were undertaking treatment for alcoholism at a drug treatment facility. The participants for the comparison group were matched in terms of gender, age (18-25) and tenth grade (matriculation in Pakistan) as the lowest level of education. All the students whose fathers drank alcohol were excluded from the comparison group. The demographics of the sample comprised of the gender, age, education, birth order and number of siblings. GHQ-30, a self-report measure, was used, which has 30 items and 5/6 is the cut off score indicating psychological distress such as insomnia and depression and psychiatric disorders which it did in this research.<sup>16</sup>

The data were collected from the private drug rehabilitation centers in two main cities of Pakistan. Although there are government facilities and NGOs that provide treatment and work with drug addicts but to maintain the homogeneity of the socio-economic class, the data collection was restricted to the private treatment centers. The data for the control group was collected from private universities of two cosmopolitan cities of Pakistan. The administration of drug rehabilitation centers and private universities were emailed and appointments were set. The staff would tell the adult-children (who had come to meet their fathers in the rehabilitation) about the research and that only one adult-child (selected randomly) could take part. A verbal consent was taken regarding the participation as participants were reluctant to sign in a drug treatment facility. Each participant took 10 to 12 minutes to fill the questionnaires. Forms were checked for the missing items and discarded.

**Statistical Analysis:** All forms were fed in the SPSS for analysis. To determine the differences between the two groups, Independent sample t-test was used.

## RESULTS

Out of 200 subjects, 102 (50%) were male and 98 (50%) female and age ranged from 18 to 25 years. The results analyzed two groups; the experimental and the comparison group. According to the birth order, 25% participants were first born, 19% were last born and 56% were middle born. According to the level of education, 15.5% had matriculated and 35.5% had intermediate education (Table 1).

**Table 1. Frequency and Percentages of Birth Order, Education, Age and Siblings in Groups Across the two Gender (n=200) of the Experimental Group.**

Variables	Male F (%)	Female F (%)	Total F (%)
<b>Gender</b>	102 (50)	98 (50)	200
<b>Birth Order</b>			
First	22 (10)	28 (30)	50 (25)
Other	59 (30)	53 (52)	112 (56)
Last	21 (10)	17 (18)	38 (19)
<b>Education</b>			
Matric	16(8)	15 (7.5)	31 (15.5)
Intermediate	37(19)	34(17)	71 (35.5)
Graduation	31 (14)	34 (17)	65 (32.5)
Master	18 (9)	15 (7.5)	33 (16.5)

**Table 2. Means and Standard Deviations of Age and family size of the Participants of both Experimental and Comparison Group (n=200).**

Variables	M	SD
<b>Experimental Group</b>		
Age in Years	21.45	2.37
Siblings in Numbers	4.51	1.12
<b>Comparison Group</b>		
Age in Years	21.42	2.34
Siblings in Numbers	4.50	1.10

**Table 3. Means, Standard Deviations, t and p Values of Adult-children of Alcoholic Fathers (ACOAF) (n= 200) and Adult-children of Non-Alcoholic Fathers (ACONAF).**

Variables	Groups	M	SD	T	P<
GHQ Screening	ACOAF	10.70	5.50	3.41	0.001***
	ACONAF	7.92	6.71		
GHQ Severity	ACOAF	35.97	11.28	5.73	0.001***
	ACONAF	29.13	15.34		

df, 198, \*\*\*p<0.001

The mean age of the 200 participants for each of the groups are as follows; experimental and comparison group is 21.45 (*SD* 2.37), the mean of number of siblings is 4.51(*SD* 1.12), 21.42 (2.34), and 4.50 (*SD* 1.10) respectively (Table 2). Adult-children of alcoholic fathers and adult-children of non-alcoholic fathers were significantly different on the screening and severity scores of GHQ (Table 3).

## DISCUSSION

Alcoholism is a disease that engulfs the family. Even spouses of alcoholics are emotionally and psychologically marred. Children grow up in a chaotic and unpredictable environment with a dearth of emotional warmth and neglect which leads to their poor mental health functioning.<sup>3</sup>

Culture influences the thoughts, emotional and behavioral manifestations of the people. It can be subdivided into two categories; Individualistic and Collectivistic. Currently, Western World has its roots in individualism. Although this research was planned in a collectivistic culture, the results have shown consistency with Western studies.<sup>17</sup>

Many of the Asian countries thrive on collectivism. Similarly, the behaviors of Pakistani family members may impact the family greatly.<sup>18</sup> Thus, the relationship of parent-child should be dealt in light of culture.<sup>2</sup> Since alcohol is religiously and legally prohibited to be bought, sold, or consumed in Pakistan, it makes it challenging to study. However, these activities prevail secretly.<sup>19</sup> There has been some research on children of substance abusers but not many on children of alcoholics in Pakistan. Some tools have been developed by locals to measure the family roles of children of alcoholics.<sup>20</sup> Findings of this study indicate that children of the alcoholics suffer regardless of the culture but refuse treatment because of stigmatization and lack of awareness.

The implications of this study are incredible in terms of assessing the mental health issues of adult-children of alcoholics and providing them the necessary and well deserved treatment. Moreover, the masses could create awareness about children of alcoholics who deserve treatment in Pakistan. This study will also act as an impetus for other studies in which the attention could be given to specific

disorders to facilitate need based treatment. Unfortunately, specific measures for specified psychopathologies were not used to facilitate an impetus for research in future.

## CONCLUSION

Adult-children of Alcoholic fathers scored significantly higher on screening and severity score as compared to adult-children of non-alcoholic fathers. Intervention strategies could be developed to help this vulnerable population.

### Author contributions:

Conception and design: Ivan, Zahid  
Collection and assembly of data: Ivan  
Analysis and interpretation of the data: Ivan, Sadia  
Drafting of the article: Ivan  
Critical revision of the article for important intellectual content: Ivan  
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