

## Impact of Alcohol Dependence Syndrome with and without a Family History of Alcoholism on Self-Concept

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Alcohol Dependence Syndrome (ADS) is a chronic debilitating disorder which has significant implication in the development of poor self-concept. Furthermore, family history of alcoholism especially parental alcoholism also plays a crucial role in the development of self-concept and may have profound and lasting effects on it. This study is aimed at exploring the effect of ADS with and without a family history of alcoholism on self-concept. The family history of alcoholism includes parental alcoholism. The sample of the study consisted of 120 subjects aged 20-40 years and was divided into two groups i.e. clinical and normal population. The clinical group consisted of 60 patients diagnosed as ADS. Purposive and snowballing sampling was used to collect the sample. A Two-Way Analysis of Variance was employed to study the main and interaction effects of alcoholism and family history on the variable of self-concept. The results confirmed that the main and interactive effects of alcoholism and family history were found to be significant on perceived self-concept among subjects. However, on ideal self-concept, the interaction effect of alcoholism and family history was found to be non-significant. Furthermore, results revealed the significant main effect of alcoholism and family history to be in the discrepancy between perceived and ideal self-concept among subjects, but the interaction effect was found to be non-significant.

**Keywords:** Alcohol Dependence Syndrome, Family History, Psychosocial intervention, Self-concept

In recent years, research on self-concept has been gaining relevance within the context of the identification of vulnerable as well as protective factors against psychological disorders including Alcoholism. The term self-concept is a general term used to refer to how someone thinks about and evaluates or perceives him or herself. The idea of self-concept was originally proposed by Lecky (1945) who perceived a causal relationship between learning and self-concept. The self-concept of a mentally healthy person is consistent with his or her thoughts, experiences, and behavior. Cardenal and Fierro (2003) defined self-concept as a set of descriptive and evaluative statements about oneself. They argue that self-concept represents the way people represent, know and appraise themselves. Self-concept comprises three main elements; the identity of the subject or self-image, referred to as the perceptions of him or herself; self-

esteem, which is related to the value individuals attach to the particular manner in which they see themselves and a behavior component, reflecting how self-concept influences and formulates the individual's behavior (Machargo, 1997; McClun & Merrell, 1998; Zagol, 2001; Tuttel & Tuttel, 2004).

Self-concept is a central problem in alcoholism. Alcoholism or alcohol dependence syndrome is an illness characterized by significant physiological, psychological and/or social dysfunctions associated with persistent and excessive use of alcohol. According to ICD-10 (1992), Alcohol Dependence Syndrome (ADS) is a cluster of physiological, behavioral and cognitive phenomena in which the use of alcohol takes on a much higher priority for a given individual than other behaviors that once had greater value. Alcoholism, when defined

in terms of self-concept, is a progressive expression of an inadequate self-concept. A person engages in drinking behavior to repress or gain control over the negative aspect of his self-concept. Further, a person takes alcohol repeatedly in order to deal with anxiety and tension created by inadequate self-concept, which shows a poor coping strategy to deal with such conflict or anxiety. Sessions (1967) pointed out that low self-regard is the basis of much of problem drinkers' behavior.

Alcoholism is often considered a family disease (Roth, 2010). Alcoholism is a family disease because it affects the family and each member individually. This is more relevant in a country like India where the familial ties are stronger with family members playing a significant role in the self-concept development and treatment process. Alcohol use not only affects the substance user but also affects the family members in many significant ways. Children represent a vulnerable group of individuals who are predisposed to be affected by parental substance use. Historically, four distinct roles adopted by children of alcoholics have been described: the hero, scapegoat, lost child, and mascot (Wegschieder, 1989). The hero is the one who strives to achieve the best through hard work and takes responsibility. The scapegoated child is the one who indulges in delinquent activities and defies the social norms. The lost child attempts to desist away from attention while the mascot tries to use humor to deal with the situation. Moreover, with respect to parenting styles, alcoholic parents may induce psychological distress in the children and result in poor self-esteem and concept (McNeil & Gilbert, 1991; Berkowitz & Perkins, 1988).

From a social perspective, alcoholism is often considered a stigmatizing condition, probably due to its association with delinquent activities, and presence of other stigmatizing health conditions like HIV. Family members of the alcoholics are also likely to face courtesy

stigma which may also affect their self-concept due to being in association with the alcoholic. It is seen that the perceived stigma toward substance use was similar between patients with the substance use disorder and their family members (Matoo et al., 2015). Apart from this, parental substance abuse may also lead to codependence. Codependence refers to a concept in which close relatives of the patient adapt to substance use in a manner that facilitates the continuation of substance use. The construct involves inter-relationships of dynamics of caretaking, personality characteristics, psychosocial condition, and interpersonal style of the individual (Miller, 1994; Staford, 2001). Thus, keeping in view the multifactorial debilitating aspects of alcoholism with and without a family history, the present study has undertaken the evaluation of self-concept. This means perception, attitudes, feelings, aspirations, and values which the subject views as parts of the characteristics of him. There are two major aspects of self-concept undertaken for the present study – the perceived self and the ideal self.

### **Method**

In the present study, the investigator used purposive and snowballing sampling. Self-concept was considered as the dependent variable and ADS variable with positive family history and ADS with a negative family history were considered as independent variables.

### **Sample**

The sample of the study consisted of 120 subjects aged 20-40 years and was divided into two groups i.e. clinical and normal ones. Clinical group and Normal group consisted of 60 patients each diagnosed as ADS and were further divided into two subgroups i.e. ADS with positive family history and ADS with negative family history with 30 patients in each group. Subjects of the normal group were selected through the snowballing technique and screened

on the General Health Questionnaire-12 (GHQ-12; Goldberg & Williams 1988). Subjects of both the groups were comparable on marital status, age, sex, education, occupation, and social background. Protocol Review Committee of the Department of Psychology, University of Rajasthan reviewed and approved the research protocol of the study for the technical and ethical purpose. Informed consent was obtained from the patients, participation was voluntary, and no incentives were offered. Inclusion Criteria for the clinical sample as well as normal one included male sex, age range 20-40 years, minimum 12th std. education and ability to read and write in the English language. However, the clinical sample was characterized by the abstinent period of two weeks after the completion of detoxification. As regards to the exclusion criteria of these groups, especially the clinical group; Concurrent substance-related disorders other than nicotine, independent psychiatric disorders, family history of any other significant psychiatric disorder, exposure to psychological intervention during detoxification and independent physical disorders, impairment or disability condition were excluded.

### **Tools**

*Socio-demographic data sheet:* This was prepared by the investigator to obtain information about patient's name, age, education, occupation, income and marital status, the age of onset of drinking, duration of dependence, family history of alcohol dependence and other relevant data.

*Self-Concept Check List (Deo, 1998):* The SCL checklist consists of 212 adjectives which cover almost all the important aspects of personality. Most of these are divided into positive and negative words; the classification is based on 80% of the agreement amongst the 25 judges specially appointed for this purpose. Words not showing 80% of agreement or are characterized as neither positive nor negative are classified as neutral words. The checklist can measure all the aspects of perceived,

ideal, real and social self of the individual and under each, the scores are obtained for each dimension in positive and negative classes. Instructions printed on the list are read out or explained verbally by the tester. There is no time limit for the SCL checklist, but subjects usually take about 15-20 minutes for filling up the list for one aspect.

*Procedure:* After consideration of pilot observation and necessary modification thereof, the main study was conducted on inpatients suffering from ADS admitted to the de-addiction centers under the departments of Psychiatry of RNT Medical College and M.B. Government Hospital, Udaipur, Rajasthan and of Kamneni Institute of Medical Sciences, Hyderabad, Andhra Pradesh. They were abstinent on alcohol for two weeks after the completion of detoxification. They were informed about the nature of the study and their written informed consent was taken prior to testing. After the completion of socio-demographic and clinical information, Self-Concept Checklist was administered to the subjects ensuring that the subject was not tired and adequate rest pauses were given.

### **Results**

The present study was designed with the objective of finding out the effect of alcoholism and family history of alcoholism on self-concept. A 2x2 factorial design was employed to study the main and interaction effects of alcoholism and family history of alcoholism on the variable self-concept. Mean and standard deviation were calculated separately. Two-way analysis of variance (ANOVA) was carried out through employing the Statistical Package for Social Sciences-17 (SPSS-17) for the data analysis. The results obtained are presented in the following tables:

Results of table 1 and 2 reveal that the main and interaction effects of alcoholism and family history were found to be significant on perceived self-concept (PSC) among

**Table 1: Mean & S.D's of PSC, ISC and P-**

Dependent Variable	Independent Variable	Alcoholics	Non-alcoholics	Total
Perceived Self Concept (PSC)	Positive Family History	-8.30(15.51)	3.00(20.37)	-2.65
	Negative Family History	-9.65(17.27)	1.65(17.76)	-4
	Total	-8.97	2.32	
Ideal Self-Concept (ISC)	Positive Family History	39.48 (6.66)	38.47 (9.88)	38.97
	Negative Family History	38.92 (7.35)	37.90 (7.93)	38.41
	Total	39.2	38.18	
Discrepancy between Perceived and Ideal Self-concept (P-I)	Positive Family History	26.17 (9.86)	22.42 (13.81)	24.29
	Negative Family History	23.43 (10.48)	19.68 (10.52)	21.55
	Total	24.8	21.05	

**Table 2: ANOVA for PSC, ISC and P-I**

	Source	Sum of Squares	df	Mean Square	F	Sig.
Perceived Self-Concept (PSC)	Alcoholism	4800.675	1	4800.675	19.550	.000
	Family History	2970.075	1	2970.075	12.095	.001
	2-Way Interaction	2910.675	1	2910.675	11.853	.001
	Error	28484.900	116	245.559		
	Total	39166.325	119			
Ideal Self-Concept (ISC)	Alcoholism	75.208	1	75.208	1.022	.314
	Family History	6.075	1	6.075	.083	.774
	2-Way Interaction	330.008	1	330.008	4.482	.036
	Error	8540.300	116	73.623		
	Total	8951.592	119			
Discrepancy between Perceived and Ideal Self-Concept (P-I)	Alcoholism	1261.008	1	1261.008	8.905	.003
	Family History	31.008	1	31.008	.219	.641
	2-Way Interaction	42.008	1	42.008	.297	.587
	Error	16426.300	116	141.606		
	Total	17760.325	119			

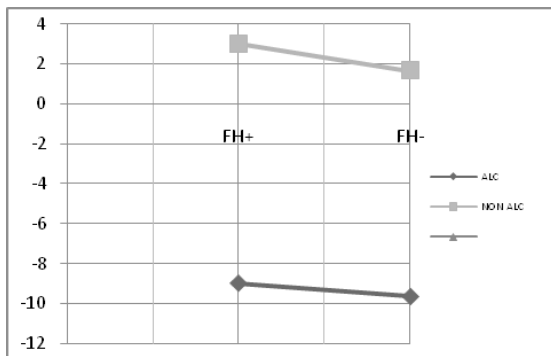
subjects. Alcohol-dependent subjects scored significantly lower (-8.97) as compared to those of non-alcohol dependents (M=2.32) [ $F=19.550$ ,  $p=.001$ ] on the perceived aspect of self-concept scale. Similarly, the Mean for positive family history (M=-2.65) was also found to be low as compared to the subjects with negative family history (M=4,  $F=12.095$ ,  $p=.001$ ). Moreover, the interactive effect of alcoholism and family history were also found to be significant ( $F=11.853$ ,  $p=.001$ ). Results also reveal that the main and

interaction effects of alcoholism and family history were found to be non-significant on Ideal self-concept (ISC) among subjects. However, alcohol-dependent subjects scored a little high (M=39.2) as compared to those of non-alcohol dependents (M=38.18) on Ideal aspect of self-concept Scale. The Mean for positive family history (M=38.97) was also found to be almost equally as compared to the subjects with negative family history (M=38.41). Furthermore, the findings of discrepancy between perceived

and ideal self-concept (P-I) show that the main effect of alcoholism was found to be significant among subjects. Alcohol-dependent subjects scored significantly high (M=24.8) as compared to those of non-alcohol dependents (M=21.05) [F=8.905, p=.005] on the discrepancy between Perceived and Ideal aspects of self-concept scale. However, the main effect of family history and interactive effect of alcoholism and family history were found to be non-significant.

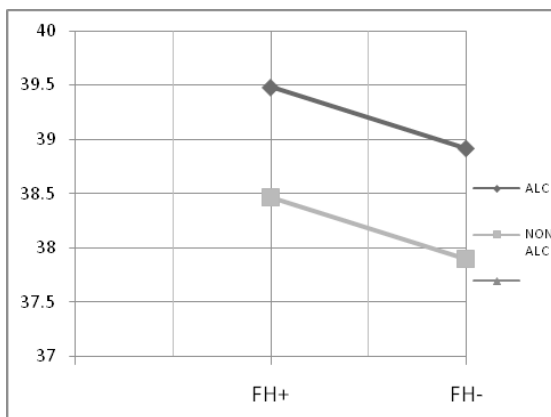
Figure 1, 2 and 3 demonstrate the mean scores of all the four subgroups on Perceived Self-Concept (PSC), Ideal Self-Concept (ISC) and the discrepancy between Perceived and Ideal aspects of self-concept (P-I) variables.

**Fig. 1: Mean of PSC**



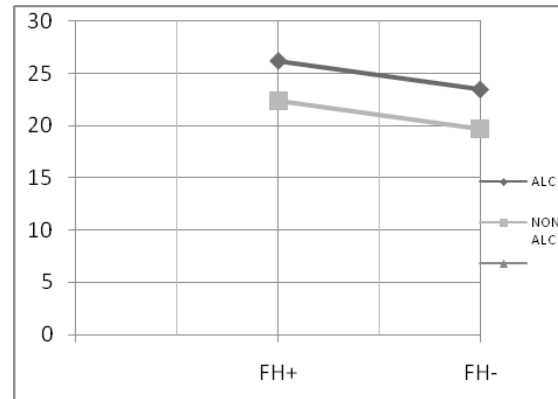
(x-axis:- Mean, y-axis:- Family History)

**Fig. 2: Mean of ISC**



(x-axis:- Mean, y-axis:- Family History)

**Fig. 3: Mean of P-I**



(x-axis:- Mean ,y-axis:- Family History)

**Discussion**

The main objective of the present research was to study the effect of ADS and family history of alcoholism on self-concept variable. One of the significant findings emerged from this study is that alcohol-dependent subjects scored significantly lower than those of non-alcohol dependents on self-concept scale. The scores revealed that the self-concept of an alcoholic is more negative than that of a non-alcoholic. The results confirm the conclusions of previous empirical studies and clinical observations (Corte, 2007; Aubry et al. 2004; Corte & Stein, 2007 & Corte & Stein, 2008). The alcoholics perceived themselves significantly less favorably on the identity (what I am), self-satisfaction (how I feel about myself), and behavior (what I do) than those in the control group. In alcoholism, the repeated use of alcohol is supported by the individuals' belief that they are in control of their reinforcement and therefore can control the negative aspects of repeated indulgence in their self-concept. Thus, alcoholics perceive themselves as usually inadequate and not worthy of respect. They use alcohol to repress or modify the negative aspects of their self-concept. According to Argyle (2008), there are four major factors which influence its development: firstly, the ways in which significant others react to

people, secondly how people think and compare to others, thirdly, our social roles and lastly the extent to which we identify with other people.

Similarly, family history of alcoholism and interactive effect of alcoholism and family history were also found to be significant on this perceived self-concept aspect. The alcoholics and non-alcoholics with a family history of alcoholism report significantly lower self-concept than non-alcoholics with no family history of alcoholism. Non-alcoholics who grew up in alcoholic families reported lower self-concept like the clinical groups. Results suggest a family history of alcoholism was associated with differences in perceptions of self-concept. Consistent with previous findings (Aubry et al., 2004; Bosworth and Burke, 1994; Bush et al., 1995; Corte & Stein, 2007, 2008; Ellis et al., 1997; Hill et al., 1992; Matoo et al., 2015; Maynard, 1997; Rangarajan, 2008) the current study finds support for the deleterious effects of parental alcoholism on adult children's self-concept. The present study defined two types of family conditions with respect to alcoholism, in which a complex interaction was analyzed. Positive family history contributed to a higher emphasis on negative self-description, while negative family history gave a more positive aspect of self-concept. The results clearly express the effect of family experiences on adult children and its direct impact on self-concept development. Interestingly, negative family history enhanced the development of self. The reason for this can be attributed to the fact that, in this family system, where parents have their own developed self-concept and good problem-solving discussions among them inculcate the same in their children. Whereas, problem-solving discussions in families with an alcoholic parent contained more negative family interactions than in families with non-alcoholics' parents, which results in inadequate development of self (Ellis et al., 1997; Moser & Jacob, 1997).

Furthermore, the representation of a family history of alcoholism seems to have contributed to lower self-concept and self-image of their adult children. Adult children of alcoholics are generally conceptualized as individuals over the age of 18 raised in homes where alcohol was abused to the neglect of the maintenance of the family unit (Black, 1982). It is not surprising that the root of self-concept lies in family experiences. Several factors related to parental alcoholism influence self-concept in their children. The findings of this study raise questions about the general perception that individuals who grew up in alcoholic families experience more negative self-concept in adulthood. A favorable home environment constitutes of a good parent-child relationship. Further, the study showed a significant discrepancy and mismatch between how a person sees himself (e.g. Perceived self) and what he'd like to be (e.g. Ideal self) which is likely to affect how much he values himself. This is the new finding of our study. A person's ideal self may not be consistent with what happens in life and experiences of the person. A significant difference was found between alcoholics' ideal self and perceived self. This can be viewed as incongruence. Where a person's ideal self and actual experience are consistent or very similar, a state of congruence exists. Overall, the results showed support for the detrimental effects of parental alcoholism on adult children's self-concept.

These findings provide a beginning empirical foundation for the development of psychosocial interventions aimed at altering self-structure and its relation to parental alcoholism to prevent the development of and promote recovery from alcohol dependence through relapse prevention strategies. The issue of intergenerational transmission also seemed to be a significant concern for participants in this study and therefore it would be useful for psychosocial services to consider how this issue might best be tackled with adult children of

alcohol dependents. The study findings also offer preliminary support for the utility of attachment theory in explicating parental alcoholism effects on the self-concept of children. The present investigation was an attempt to explore the impact of alcoholism and family history of alcoholism on self-concept and the results are encouraging. However, the small sample size places restrictions on the generalization of the present study findings. The impacts of alcoholism and family history of alcoholism on self-concept need more exploration as well as the impact of other psychiatric disorders through studies with larger sample size. Moreover, future research should investigate whether this poor self-concept reflects a pre-morbid trait or a consequence of drug dependence especially with reference to the clinical population.

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## Revisiting Motherhood: A Psycho-social Probe Exploring the Changing Trends in the Attitudes and Perspectives of Educated Women

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Mothers, motherhood and mothering long have been the subject of academic research, public discussion and debate. The changing times, the revolution and evolution of the woman's role in society have produced subsequent modifications in the normative prescriptions and expectations in the perception of motherhood. This study used a cross-sectional qualitative research method used on adult mothers to investigate their experiences of motherhood, to hear what they had to say about their attitudes, values, concerns and needs. It also aimed to gather quantitative data on 'motherhood' from female college students to investigate the perceptions and opinions regarding their own future mothering role. Data was collected through 40 individual interviews involving a semi-structured set of open-ended questions rated by three experts. Analysis of the interviews was conducted using a qualitative content analysis approach. Also, the perception of 70 female college students ranging from 18 – 24 years about their own future mothering role was taken. Results showed significant differences in a considerable portion of the study between the group of mothers interviewed and the college students. Also, important attitudinal differences between the two groups are revealed. Additionally, inconsistent with prior research, mothers have shown variations in their perception of motherhood with varying age of their motherhood experience. .

**Keywords:** Motherhood, perception, conflict and role.

The recent times have witnessed dramatic transitions in the woman's role in the human society. The massive rise in the level of education a woman receives nowadays, together with the other simultaneous improvements in the woman's current socio-politico-economical position, particularly in the urbanized set-up, have introduced powerful role revisions for the woman. Therefore, consequent modifications in the normative social time-table and prescriptions for the woman have begun to demand increasing research attention.

A crucial normative socio-cultural expectation from the woman is the attainment of motherhood, and the dedicated nurturance of her offspring(s). However, the gradual shifts in the familial role of the woman has also created scope for newer perspectives and attitudes to emerge in her about the predominant expectations in the society. Moreover, it would be justified to assume that the expansions in the role of the woman outside the immediate boundaries of the

home, would create obvious hindrances in her duties of child-rearing and caring for the family as a whole. Such increasing complexities and challenges of functioning are of high likelihood to alter perceptions, and attitudes of the early adult women who have to opt for motherhood in the near future as well as bring about changes in the experience of mothers (both early adults and middle adults).

Major theories on mother-child relationships and the role of the mother by Psychoanalysts and other theorists (Freud, Klein, Winnicott, Bowlby and others), have been very popular. Motherhood is an essential part of many women's lives, particularly in societies where traditional gender roles persist (Watts et al.2015). Mothering is a primary identity for adult women, and women's gender identity is reinforced by mothering (McMahon, 1995). Marriage and childbearing almost often define a woman's position within the family and her community (Benza and Liamputtong, 2015);