



# REVIEW OF RESEARCH

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## "THE SOCIO-PSYCHOLOGICAL IMPACT OF ALCOHOLISM ON FAMILY DYNAMICS AND WELL-BEING"

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### ABSTRACT

*Alcoholism is a widespread issue with far-reaching consequences beyond the individual, significantly impacting the family system. This study explores the socio-psychological effects of alcoholism on family members, including spouses, children, and extended family. Drawing from a mix of primary and secondary data, it highlights the strain on relationships, financial stability, and mental health within families affected by alcoholism. The findings emphasize the importance of targeted interventions, including counselling, community support systems, and policy reforms, to mitigate these adverse effects.*



*Alcoholism is a condition in which a person develops a dependency on alcohol to function normally. The individual's day-to-day activities, along with his personal and professional life, are all negatively impacted when the individual is dependent on alcohol. A person's whole health can suffer as a direct result of their alcoholism. The most severely affected organs include the gastrointestinal tract, kidneys, heart, liver, and brain. Alcoholism is a rising problem in today's culture, and a significant portion of those who are afflicted with it are unaware that they do so. Alcoholism, also known as alcohol dependence, is a disease that is chronic and progressively worsens over time. Millions of Indians are afflicted with this illness. It can result in a variety of medical problems, physical aggression, and even death in some cases. One who recognises the negative effects of drinking yet continues to partake in the activity anyway is considered an alcoholic. The issue of alcohol abuse swept through the family like a tsunami, submerging all who were involved in a sea of rage, frustration, fear, and solitude. This results in children who are susceptible to a wide variety of issues since their parents' attention is diverted away from them when they are drinking (Sekar et al., 2007).*

**KEYWORDS:** Alcoholism , Family Dynamics, Socio-Psychological Impact, Mental Health.

### 1. INTRODUCTION

Alcoholism, defined as the chronic consumption of alcohol despite its adverse effects, is a global public health concern. The World Health Organization (WHO) estimates that 3 million deaths annually are attributed to alcohol use. Alcoholism is a condition in which a person develops a dependency on alcohol to function normally. The individual's day-to-day activities, along with his personal and professional life, are all negatively impacted when the individual is dependent on alcohol. A person's whole health can suffer as a direct result of their alcoholism. The most severely impacted organs include the gastrointestinal tract, kidneys, heart, liver, and brain. Alcoholism is a rising problem in today's culture, and a significant portion of those who are afflicted with it are unaware that they do so.

Alcoholism, also known as alcohol dependence, is a disease that is chronic and progressively worsens over time. Millions of Indians are afflicted with this illness. Beyond its physical toll, alcoholism disrupts the family system, creating cycles of abuse, neglect, and emotional distress. This study examines these effects, with a particular focus on socio-psychological dynamics. It is estimated that alcohol usage contributes to the deaths of 2.5 million individuals around the world and that 15.3 million people worldwide suffer from substance use disorders. One of the most effective methods for preventing and treating substance usage is gaining an understanding of the complexities underlying addictive behaviour and chemical dependency (Suvitha, Navaneetha, & Nappinai, 2017). Abuse of psychoactive substances is still a significant issue in the majority of countries and is linked to a variety of negative social and economic outcomes. Abusing substances is something that can happen at any point in a person's life. Patients who are seeking therapy in India have reported that they were first exposed to drugs at an early age, typically before the age of 15 years.

## **2. RESEARCH OBJECTIVES:**

1. To analyze how alcoholism affects marital, parental, and sibling relationships.
2. To explore the mental health challenges faced by family members.
3. To identify coping mechanisms and intervention strategies.

## **3. SIGNIFICANCE OF THE STUDY:**

Understanding the family-level impact of alcoholism can inform more effective interventions, contributing to healthier family systems and reducing societal burdens.

**4. IMPACT ON FAMILY AND SOCIAL RELATIONSHIPS:** Drinking too much can affect every element of how a family operates, but the most consistent theme that emerges from the research is how it changes relationships, both inside and outside of the family.

**A. Parental Conflict:** Conflict between parents may trigger, or be triggered by problem drinking. And the repercussions of a fight between parents can sometimes be rather severe. Alcohol problems are more than double the chance of divorce or separation, and more than a third of problem drinkers in treatment name marital strife as one of the primary problems caused by their drinking as one of the main problems caused by their drinking. But even though the cause isn't entirely clear, there's no denying that this could harm children. They are concerned that one or both parents will leave the house as a result of the tensions that are produced by excessive drinking, and they are concerned about the loneliness that will be felt by a parent who is abandoned and turns to alcohol for comfort.

**B. Relationship difficulties between children and parents:** There is a possibility that the relationships between children and their parents will be impacted, resulting in higher levels of conflict than seen in typical households. The humiliation and disgrace that the drinking brings about for the child may be a contributing factor in their conflict with the parent, as may the fact that the parent is inaccessible to the child either frequently or infrequently. The other parent's lack of time and energy for the kids, the fact that they are left to enforce discipline more than the other parent, or the furious reactions they have to their spouse may be all factors that contribute to the tensions that exist between the two of them. Because of these factors, children may end up criticising a parent who does not drink just as much as the other parent. Or it could cause a rift in their allegiance or make them feel guilty. A hostile environment in the household can either cause people to openly argue with one another or make them unwilling or unable to communicate with one another. In either scenario, there is a significant possibility that youngsters would get the conclusion that their emotions are disregarded or disregarded. Studies highlight the fact that communication can be disturbed either by what is said or by what is not said. For example, people may be afraid to talk about the problem, or drinking may grow to dominate the conversation as well as the rest of family life. They also demonstrate how essential it is to have open lines of communication. Children are typically aware of their parents' drinking much earlier than their parents believe they are. Children may feel less responsible for their drinking if their parents are honest about their drinking habits. If they are successful in getting their children to talk about it, it

will be easier for the non-drinker to deal with the situation. Children discuss a variety of coping mechanisms they use. They might use avoidance strategies, either ones that are external or internal, in order to deal with the drinking and their reactions to it. Or they might not be able to create coping techniques that are socially acceptable. Some people respond to the situation by producing issues for themselves or for other people, including breaching the law. Older children often talk about their want to run away from home and about venting their frustrations through anti-social behaviour. Instead of attributing this behaviour to their child's reaction to their drinking, parents might point the finger at themselves for failing to provide adequate supervision of their children or for another aspect of their child's nature.

### **C.IMPACT ON CHILDREN:**

Children look up to and learn the most from their parents as role models and educators on the usage of alcohol. The following are some of the harmful effects that children of parents who have alcohol problems face:

1. Failure to thrive as an infant can lead to a delay in or poor health and development in later years.
2. Problems with their mental health, including low self-esteem, anxiety, and emotional withdrawal.
3. Educational accomplishments: poor attainment; disturbed school attendance; overachieving; and underachieving.
4. Behaviour: social isolation; early sexualization; early alcohol usage; vulnerability to exploitation

Young people whose parents have issues with alcohol often appear more mature than their peers. They may have taken on the responsibility of providing care for their parents and/or their siblings. They might make an effort to shield their parents by helping them conceal or cut back on their drinking, even when this puts them in direct opposition to their parents. All of this is typical of young people who are having problems, and the consumption of alcohol by their parents is simply one issue to consider. When evaluating the effects of parental drinking on children, each child's situation needs to be evaluated on its own. The ability of the children to explain the impact that their parents' drinking has on them can serve to improve the motivation of the parents to give up drinking. You are responsible for supporting communication of this kind as part of your role.

**D.Impact on Behavioural:** A research review of a small number of studies found that all but one found an association between parental drinking and children's anti-social behaviour. This behaviour included conduct disorder, aggression, and temper tantrums in younger children, as well as truancy and delinquency in older children. It was widely seen that children of parents who had drinking problems had these kinds of behavioural issues. Given that the trials did not include any control groups for comparison, the researchers urge readers to proceed with care. The conclusion that can be drawn from the findings of the researchers is that children's behaviour is influenced both by the erratic actions of adults that are connected with problematic drinking and by the inconsistency that is strongly linked to these erratic actions. Under these conditions, it is challenging for parents to maintain their normal routines or make plans for activities. The monitoring and supervision of children may not be up to par, and irregular attention may be paid to the requirements of youngsters. It's not always the case, but parents might not be aware of these challenges.

### **5. PHASES OF ALCOHOL DEPENDENCY:**

Before reaching the stage of reliance, alcoholics go through some stages, which, according to E.M. Jellinek's theory of alcoholism, can be broken down into several distinct categories. The following is a description of the stages of alcohol dependence according to Stafford (1994:22):

1. The stage before alcohol uses this stage is typically referred to as the stage that is characterised by a social drinking pattern, which indicates that the individual just-drinks to relax at this point in their journey. The latter does not affect other people because the individual is still able to regulate how much alcohol they consume for themselves.
2. Initial stages of alcoholism The individual will drink significantly more and will do so more frequently during this time. The drinker might have their first blackout, they might grow defensive about their

drinking behaviour, and they might even feel guilty about it. All of these things could happen. During this stage, the behaviour of secretly consuming alcoholic beverages may become more prevalent. There is a chance that the drinker will engage in hidden drinking or morning drinking again. During this stage, patients may suffer signs of tolerance as well as withdrawal.

3. The stage of addiction at this point, the alcoholic is entirely dependent on alcohol, both mentally and physically. Physical reliance has set in. In addition to this, the individual loses a significant amount of control over their drinking pattern, and they may also face considerable difficulties in their finances and relationships. All of these issues create a valid justification for the drinking behaviour that they have.

4. Alcoholism that persists throughout time this stage is characterised by an inevitable progression toward greater servitude to alcohol, which wreaks havoc on lives and ultimately results in death. At this point, essential organs like the liver, heart, and brain have suffered significant damage (Benshoff and Janikowski 2000:59). There are a number of factors, including a person's personality and the conditions in which they were raised, that can play a role in the progression of alcoholism (Potter-Efron 1991:22). For instance, children may develop deviant behaviour as a result of the bad influence that their parent's drinking behaviours have had on them; on the other hand, other children may suffer from the negative influences of their peers. To a large extent, whether or not an individual will be influenced is going to be determined by the decisions that person has to make for themselves. The cultural differences in child-rearing techniques, particularly the use of physical force, are another element that might influence the harmful impact that alcoholism has on families. One of these practises is the use of physical force. Children that engage in aberrant behaviour may be perceived by their parents as personal failures, which may result in the parents' experiencing feelings of depression, helplessness, and fury directed toward the child. In the goal of reducing their levels of stress, this might lead some parents to develop drug misuse problems, most notably alcoholism (Straussner 2001:18)

According to the World Health Organization, there are two distinct types of alcohol dependence: physiological and psychological (De Beer 2000:43). The following criteria can distinguish these two varieties of alcoholism:

## **6. PHYSIOLOGICAL ALCOHOL DEPENDENCY:**

When an alcoholic reaches a certain degree of degradation, a unique physiological state manifests itself in the individual. Those who suffer from this illness will have withdrawal symptoms, which can last anywhere from a few weeks to several months. The severity of withdrawal symptoms can range from light to severe shaking, fever, irrational fear, hostility, muscle pain, convulsions, stomachaches, weariness, diarrhoea, sweating, impaired ability to concentrate, and sleeplessness. When someone develops an addiction to alcohol, they lose the ability to exercise self-control over their drinking habits because they are unable to do so. This addiction, along with its accompanying physical effects, can ultimately result in death. Alcoholism has three distinct physiological consequences, which can be broken down into the following categories and explained in the following manner:

(1) The initial impacts The brain is the site of the earliest manifestations of alcoholism's effects. There is significant damage to the brain's cells, and numerous mental processes, including perception, coordination, and motor functioning, as well as memory loss, can be impaired as a result.

(2) Consequences in the Future Alcoholism that is practised for an extended period of time is destructive to the body's critical organs, including the pancreas, liver, and brain. This stage dramatically raises the risk of chronic diseases such as cancer, and it also interferes with the immune system, which leaves the body open to a wide variety of opportunistic diseases.

(3) The impasse in the road Chronic alcoholism almost always results in death in the long run. The failure of key organs to function properly, accidental injuries, or intentional self-harm are all potential causes of death. Chronic illnesses like cancer, for example, can eventually lead to death as a complication.

## **7. PSYCHOLOGICAL ALCOHOL DEPENDENCY:**

A high desire or yearning for alcoholic or drug-related substances is one definition of psychological dependency. When a person drinks to the point where they develop a psychological reliance on alcohol, they will, for several weeks, experience physiological symptoms such as anxiety, irritability, restlessness, sadness, and insomnia. The physiological dependency on alcohol and the psychological dependence on alcohol are intimately connected. When a person is unwell with a physical illness, they will also feel as though they have unfinished business in regards to their emotional functioning. According to the findings of the study, alcoholism can have a severe impact on a person's ability to function emotionally due to the fact that it is a symptom of a more fundamental issue that has a detrimental effect on the addict's body as well as their spirit. It extends beyond the drinker into his social sphere and affects all those who come into intimate contact with him or her, particularly members of the drinker's family. Even if they have never touched a drop of alcohol in their lives, family members who are exposed to a person who has alcoholism are at risk of developing the disease themselves and suffering severe consequences. However, it is impossible to understand the psychological and emotional impacts of alcoholism within the setting of the family system without also taking into account the social context in which it shows itself. Therefore, it is of the utmost importance that alcoholics not be treated separately from the rest of their families during their recovery. A dysfunctional family system cannot be solely attributed to the actions of a single member of the household. The members of a family engage in a dynamic process of emotionally and psychologically shaping one another's behaviour through their ongoing interaction (Stafford 1994:32). Alcoholism has historically been a problem that affects the entire family. When there are alcoholics in a household, there are bound to be members of the alcoholic's immediate family, other relatives, and friends who are impacted by the behaviours associated with alcohol use. The subsequent conversation will focus on how alcoholism disrupts the structure of the family.

## **8. THE IMPACT OF ALCOHOLISM ON THE FAMILY SYSTEM:**

The researcher claims that an alcoholic patient cannot be properly diagnosed and treated if they are kept in isolation. The members of the family impact one another and are also influenced by the activities that are taking place in the wider society in which they live. When one member of a family struggles with substance misuse, the problem is not confined to just that person; rather, it permeates the entire family unit and has repercussions for everyone in it (Benshoff and Janikowski 2000:148). At the same time, the family unit has a reciprocal effect on the stability and change that it experiences in response to the issues that are encountered. The family unit tends to be the social institution that is most well-recognised as being strongly related to addictive behaviours (Lewis, et al. 1994:143). There is a wide range of circumstances that might throw off the balance of power within an alcoholic household. The following are some of the elements that can be considered, as suggested by De Wit in De Beer (2000:75):

**A. Long-term conflict between parents :** When there is alcohol abuse in a family, the parents may end up getting into constant conflict situations, and the children may end up intervening. This can have a negative impact on the children's development process because it contributes to these children having to deal with constant conflict situations. In addition, these children may identify with the violent behaviour of their parents and continually engage in patterns of behaviour that are similar to their parents'.

**B. Parental non-involvement with the children:** Some parents do not take an interest in the extracurricular or social activities in which their children participate because they feel that their focus should be elsewhere. Because of their drinking habits, they spend the majority of their time indulging those habits rather than getting involved in their children's lives. This is at the expense of their children. They didn't make much of an effort to learn more about their children's emotional, social, psychological, and spiritual well-being most of the time.

**C. Parental unpredictableness:** The behaviour of parents who have been drinking is highly unpredictable while they are under the effects of alcohol. They could act belligerently, which is the exact reverse of how they will behave when they are sober. On the other side, while they are under the effect of alcohol, they may become more placid. As a consequence of this kind of behaviour, they teach their children inconsistent values and set double standards for themselves.

**D. Lack of discipline:** In homes where alcoholism is prevalent, it is common for supervision and discipline to be lacking. Children tend to take advantage of situations in which their parents spend the majority of their time under the influence of alcohol. They are under the impression that they are free to act however they choose because their parents are either oblivious to them or do not care about them. If only one parent is consistently under the influence of alcohol or drugs and that same person is also responsible for disciplining and overseeing the children, then this can be an exercise that is both stressful and exhausting for that parent. Due to the absence of appropriate supervision and discipline, it is highly likely that children may wind up making poor decisions regarding the companions they keep and will eventually become involved in illegal activities.

**E. Roles often played by children in alcoholic relationships:** Children who are raised in homes where one or both parents are alcoholics frequently feel the weight of the expectation that they should look after their parents rather than the other way around. These children have a difficult and unpleasant upbringing, and as a result, they have an excessive amount of obligations, including taking care of the family and guaranteeing the mental health of their parents. Eventually, their behaviour is redirected in such a way that they are pushed to establish archetypal roles, which they are expected to play throughout the experiment. Clayton (1995:100-122) provides the following descriptions of the many roles that children frequently play in alcoholic relationships:

**F. Grand Inquisitor Relationships:** Children who grow up in households with alcoholism frequently develop a sense of isolation. The author suggests that in these kinds of interactions, the alcoholic parent frequently acts like that of the Grand Inquisitor. This kind of behaviour on the part of the parents is sometimes mistaken for witch-hunting, and it brings out the worst in the children of such parents. Their methods of communication may include aspects of intimidation, and as a result, this kind of behaviour may cause children to withdraw from their parents. These parents would ask their children questions that had a double bind, which meant that no matter what response their child gave, the implication was that they were still in the wrong or guilty. When children are exposed to fear and uncertainty, they often become withdrawn like a turtle and are unable to communicate effectively as a result. This is another way that they can safeguard themselves. Unfortunately, people tend to misinterpret a person's silence as an admission of guilt in most situations. They are never trusted by anyone, and they may come not to trust anyone else either. When parents and children have this relationship, the children always believe that they have wronged their parents in some way, and when this occurs, the stability of the family is put in jeopardy.

**H. Parentified Child- Incompetent Parent Relationships:** The parentified child is a child who acts more like an adult than a child would normally behave. One or both parents may be acting incompetently, but either way, this is the result. As a direct consequence of this, the child is compelled to assume the roles and obligations of a parent. In certain types of family structures, children are frequently required to fulfil this function as a result of other types of family dysfunction, such as the incapacity of a parent as a result of an accident or a chronic illness. A parent is unable or unable to be a parent in the most fundamental sense, it is often necessary for that parent's child to step up and assume the parental responsibilities to ensure that the family unit may continue to function normally. In households where alcoholism is a problem, one of the parents may be around, but they are, paradoxically, not really there. These children have either been subjected to mental or physical neglect, or both, as a result of their parent's absence. The author also believes that the parentified role is a

permanent one until the alcoholic parent gets treatment and can resume their role as a parent. Children frequently try to hide their parent's addiction by taking on these tasks without complaining, which is why it's common for families to have this dynamic. Despite all of this, youngsters might be forced to live in stressful settings, and they might even bring these behaviours into their own adult lives. If they do not receive any professional assistance to aid them in developing alternative ideas of family life, particularly with the obligations and responsibilities of being a parent, they will continue to have this outlook.

**I. Warrior- Peacemaker Relationships:** This is a stressful and complicated relationship. The peacemaker is constantly trying harder to protect the warrior from other family members, while the warrior is secretly trying to protect the peacemaker from the alcoholic. The warrior always picks fights as a way to distract the alcoholic from his behaviour. This often happens when the alcoholic starts to behave irresponsibly. In such instances, the warrior would react as a way to withdraw attention from the alcoholic and everyone would focus their attention towards him/her. In such relationships, no one ever understands what is going on. Things are always hectic and confusing for everyone. The warrior's behaviour might imply that there is an even deeper problem than what is being perceived. The focus might be given towards his/ her aggressive behaviour whereas subconsciously what is troubling him/her, might be his parents/ significant other's alcoholic behaviour.

## **9. COPING MECHANISMS AND INTERVENTION STRATEGIES:**

### **1. Family-Based Support:**

- Family members often rely on collective strength to navigate challenges. Emotional support from relatives helps mitigate stress.
- Women, particularly spouses, play a key role in managing daily crises and maintaining family cohesion.

### **2. Community Support Groups:**

- Groups like Al-Anon and other peer-support networks provide emotional relief and practical advice for families dealing with alcoholism.

### **3. Spiritual and Religious Practices:**

- Turning to faith and spiritual practices is a common coping strategy, offering hope and fostering resilience.

### **4. Individual Therapy and Counseling:**

- Counseling for family members, especially children, helps them process their experiences and develop emotional resilience.

### **5. Avoidance and Detachment:**

- In some cases, family members use emotional or physical detachment as a survival strategy to minimize harm.

## **Intervention Strategies**

### **1. Professional Counseling Services:**

- Family Therapy: Focused sessions with licensed therapists to address family conflict and promote healing.
- Child-Focused Interventions: Special programs targeting children to build resilience and self-esteem.

### **2. Rehabilitation Centers:**

- Programs that integrate family involvement into recovery plans often achieve better outcomes by addressing relational dynamics.

### **3. Policy and Legal Interventions:**

- Enforcing stricter laws on alcohol availability and consumption.
- Providing financial aid and social security for families affected by alcoholism.

#### **4. Community Awareness Programs:**

- Campaigns to reduce stigma around addiction and encourage families to seek help.
- School-based education programs to identify and support children from alcoholic households.

#### **5. Workplace Assistance Programs:**

- Employee assistance programs to identify and support workers dealing with addiction and its effects on their families.

#### **6. Government and NGO Collaboration:**

- Partnerships between public and private organisations to provide holistic care for affected families, including mental health resources and legal aid.

Each of these coping mechanisms and strategies can be explored further, offering a roadmap for actionable solutions in tackling the ripple effects of alcoholism on families.

### **CONCLUSION**

Alcoholism profoundly impacts not only the individual but the entire family system, disrupting emotional, social, and financial stability. This study highlights the critical effects on marital relationships, children's well-being, and extended family dynamics, emphasizing the role of stigma in exacerbating these challenges. Families of individuals with alcohol use disorder often experience cycles of trauma, neglect, and isolation, which, if unaddressed, can perpetuate intergenerational issues.

However, the findings also reveal the potential for resilience within families, especially when equipped with effective coping mechanisms and supported by community and institutional interventions. Strategies such as family therapy, community support groups, and awareness campaigns play a pivotal role in addressing the socio-psychological impacts. Additionally, policy reforms aimed at reducing alcohol abuse and supporting affected families are essential for long-term improvement.

In conclusion, addressing alcoholism's impact on families requires a holistic approach that combines emotional support, therapeutic interventions, and systemic changes. Future research should explore culturally specific solutions and the long-term efficacy of various intervention strategies, fostering healthier family systems and societal outcomes.

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