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## Chapter

# Personality Traits in Children of Alcoholic Parents

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## Abstract

Children of alcoholics (COAs) are children who have grown up in families in which either one or both parents are alcoholic. The interplay of several factors such as environmental, cognitive, and genetic vulnerability has been linked to the psychopathology among COAs. The age of elementary school years, i.e., from 6 or 7–15 years of age, is known as the latency developmental period of children, but this phase of development does not apply to COAs, as they are constantly under stress which hinders their self-development. COAs suffer from direct physical, verbal, emotional, and sexual abuse from their alcoholic parent. There is a high need to address the stress to children of persons with substance abuse. Early detection of psychiatric morbidities in such children and appropriate intervention can produce beneficial changes in such children.

**Keywords:** alcohol dependence, children, mental disorders

## 1. Introduction

Alcohol is a toxic and psychoactive substance with propensity for producing psychological and physical dependence. People since the earliest of times have consumed alcohol for euphoric purposes, to celebrate festivities, to solemnize religious rituals, to grace social functions and to obtain ease from immediate or continuing emotional stress. In today's society, use of alcohol is considered to be a routine part of social environment by many. Although excessive use of alcohol accounts for damage to physical, mental and psychological health, it can be easily overlooked by addicts and their families. Beyond health consequences, excessive alcohol use also causes significant social and economic losses to individuals, their families and society in large.

Among psychoactive substances, most commonly used are caffeine and nicotine, followed by alcohol and cannabis. Excessive alcohol consumption is a major cause of public health concern in most of the countries.

The term alcoholic is associated with 'alcoholism' which is described by the American Medical Association as "A primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by impaired control over

drinking, preoccupation with alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial. Each of these symptoms may be continuous or periodic.” [1].

Alcohol use disorders are among the most prominent psychiatric disorders following a chronic and relapsing course. These are characterized by urge to consume alcohol, loss of control over alcohol intake, compulsive alcohol use, tolerance to quantity of use, withdrawal symptoms and continued alcohol use despite evidence of negative psychological, biological, behavioral, and social consequences [2].

According to the World Health Organization, global attributes of mortality due to alcohol use accounts for about 3 million deaths each year. 5.1% of global burden of disease is attributed to harmful use of alcohol, measured as disability-adjusted life years (DALYs); affecting 7.1% men and 2.2% women. Alcohol is a leading risk factor for disability and premature mortality, accounting for 10% of all deaths among those aged 15–49 years [3]. In 2018, The Global Information System on Alcohol and Health (GISAH) reported that worldwide the total consumption of alcohol amounted to 6.2 liters of ethanol per person aged 15 years and older. Additionally, 26% of the total consumption worldwide is reported as unrecorded consumption. Alcohol consumption also causes harm to the well-being and health of other people around the drinker [4].

Today, alcoholism is clearly seen as a ‘Family disease’ ravaging not just the individual who drinks excessively but also the entire family. The primary victim is the individual who drinks excessively, but the family members are also affected with just the same intensity, if not more. Excessive drinking by a member in the family affects every member of the family economically, socially and physically and often emotionally and spiritually.

In the United States, the overall lifetime prevalence of alcohol use disorder is around 8% in adolescents and 29% in adults. As reported according to The National Survey of Drug Use and Health in 2019, the prevalence of alcohol use disorder was about 1.7% among adolescents aged 12–17 years, while increasing to 9.3% in those aged 18–25 years [5].

Alcohol use disorders are caused by the interaction of several contributing factors, including, social, cultural, genetic and neurobiological factors. Family and twin studies were the first to show the role of genetics in causation of these disorders. These, followed by adoption studies helped gain clarity over the heritability of these disorders. Studies in the past 35 years report heritability estimates of 40–70% with no sex difference.

Evidence from a recent meta-analysis reported that about 50% of alcohol use disorders are heritable [6].

Although genetic factors play a major role in the etiology of alcohol use disorders, environmental risk factors are also significant. Shared environmental effects are reported to account for ~10% of the variance in alcohol use disorders. A common genetic and environmental risk factor is parental alcohol use disorder. It is estimated that children of alcoholic parents are 3–4 times more likely to develop alcoholism as compared to children of non-alcoholic parents [7]. Gene-environment interactions also contribute to causation and persistence of these disorders. Psychological factors affect genetic vulnerability of developing alcoholism. One of the lesser studied but significant etiological risk factor for alcohol use disorders is temperament or personality traits. Personality characteristics and social environment of an individual interact to contribute in the formation of any kind of problematic behavior [8].

## 2. Temperament and personality

Temperament is defined as an innate biological disposition of how a child reacts behaviourally and emotionally to diverse physiological, psychosocial, and energetic stimuli [9].

Chess and Thomas [10] had introduced the concept of temperament as they described it as the style of behavior (the 'how'). Temperament emerges early in life, and manifests in behaviors during the toddler and preschool period that are viewed as inborn or maturational. Temperamental traits exert an influence on the individuals cognitive and social development. They form the foundation of personality.

Personality on the other hand is described as the content of thought, coping styles, values and beliefs of an individual (the 'what'). Personality emerges later in life and reflects patterns of behavior, emotions, and cognitions that are focused on aspects of self. Personality traits are influenced by family, peers and context across development [11].

## 3. Personality traits and alcoholism

Theories of alcoholism propose that the genetic predisposition for alcoholism in children of alcoholic parents is partially mediated by temperament or personality. Temperament and personality traits have consistently been found to be heritable. Several genetic factors have consistently been implicated in contributing to differences in personality traits. A recent meta-analysis states that the average effect of genetic contributions to individual differences in personality is about 40% [12].

Personality traits might represent a common mediating factor for risk of alcoholism in children due to parental history. This may be caused by multiple pathways, two of the important ones being genetics and psychosocial factors. As known, personality is genetically heritable and is also developed by individual experience of psychosocial factors, including development of coping mechanisms and cognitions to deal with stressors. Families of alcoholics vary on a continuum of dysfunction as many other psychological disturbances in parenting, like abuse or neglect can occur with, or as a consequence of parental alcoholism. Contrary to expectation, personality traits in children of alcoholics are highly variable and heterogeneous. Thus, familial dysfunction can produce a variety of different consequences on the personality of children of alcoholic parents [13, 14].

Personality disorders (PDs) are defined as "disorders involving pervasive patterns of perceiving, relating to, and thinking about the environment and the self that interfere with long-term functioning of the individual and are not limited to isolated episodes." A personality disorder is persistent and enduring, usually beginning in adolescent or early adulthood, leading to impairment in social and/or occupational functioning [15].

Epidemiological studies have shown an average prevalence of PDs in general population as about 10%, ranging from 4.4% to 21.5% [16].

Personality disorders and substance use disorders are a comorbidity seen more commonly than expected by chance. In individuals with a Personality Disorder, the risk of a comorbid substance use disorder (SUD) is increased by five-to 12-fold, alcohol being a more commonly used substance among others [17].

According to The National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), prevalence of alcohol use disorders (AUD) was found to be 30.3%. The prevalence of PDs in AUDs ranged between 0.5% and 7.9% to [16].

In individuals with AUD, Cluster B personality disorders were more prevalent as compared to Cluster A and C. Identification of distinct personality disorders concluded that borderline personality disorder and antisocial personality disorder are most commonly seen. A positive correlation has also been observed between severity of AUD and co-occurrence of other psychiatric diagnosis along with PDs [18].

#### **4. Comorbid personality disorder and substance use disorder**

Several hypotheses have been given to explain the common comorbidity of PDs and SUD suggesting that the evidenced correlation between them is not just a coincidental finding.

##### **4.1 Primary substance use disorder**

This theory postulates that SUDs are the primary disorder contributing to the development of pathological personality traits. Repeated trauma and direct effect of neurobiological changes due to continued substance use may cause personality deviations that appear related to the development of a PD.

##### **4.2 Primary personality disorder**

Substance abuse can be seen as a secondary effect to the primary diagnosis of a PD. The presence of certain maladaptive personality traits may play a role in the development of substance use disorders, concluding that personality traits are developmental antecedents of alcoholism. The most empirical evidence is present for this model.

Another hypothesis of the cause of secondary substance use in personality disorders is self-medication. Individuals with personality disorders and other comorbid psychiatric disorders are more likely to develop alcoholism as an attempt to escape and self-regulate their unmanageable or unwanted emotions [19, 20].

#### **5. Reward pathway**

The reward sensitivity or the mesolimbic pathway is a dopaminergic system between ventral tegmental area in the midbrain and the nucleus accumbens in the limbic system. Natural rewards like food, sex and social interaction activates this system thus leading to the feeling of pleasure. This pathway also regards the positively reinforcing properties of substance as a motivating factor.

Neurobiological vulnerability factors such as alteration in this pathway or release of the neurotransmitter dopamine may cause difficulties with impulsivity and impulse control. This may play a crucial role in development and/or maintenance of substance use disorders. Some individuals experience exposure to novelty as rewarding. Other than natural rewards, the reward pathway is activated by novelty as well as by cues predicting their occurrence. This suggests that novelty itself acts as a motivating factor for individuals to explore an environment for potential rewards. Individuals high on traits like reward or novelty seeking are more likely to develop substance use



disorders. Longitudinal studies have demonstrated that novelty seeking in childhood and adolescence predicts later substance use problems [21]. Hyperresponsiveness or hypersensitivity to the effects of substances develops more strongly in individuals with a general sensitivity to positive reinforcements [22].

Family studies have shown that even healthy family members of drug-dependent patients are more prone to have impulsive personality traits and shortcomings in executive functioning [23]. A Norwegian twin study suggests that the trait “impulsivity” is a genetic risk factor, and “conduct disorder” resembles a combined genetic and development risk for suffering from AUD. The study also found that “conduct disorder” and “self-harming impulsivity” predicted alcohol use disorder more successfully than diagnoses of PDs [24].

Generally, patients with PDs and comorbid SUDs show certain differences as compared to those without co-occurring SUD. They have a younger age of onset of substance related problems, more frequent use of other illicit substances, more problems with social interactions and poorer psychosocial functioning [25].

## **6. Children of alcoholic parents**

Children are vulnerable and easily affected by the environment which is provided to them while growing up. Experiences during the developmental period of life affects the emotional, social and cognitive development and forms the base of behavior and therefore personality in later life. During this period of life, children learn social, adaptive and coping skills to deal with situations. These experiences are generated primarily by parents, other family members, in school and among peers. Successful experiences provide the child with a sense of competence, stable self-identity and coping skills, whereas failure results in a sense of inadequacy, inferiority and poor or maladaptive coping skills.

Not only does alcohol harm the alcoholic, but it also has a negative impact on the family, causing extreme emotional pain and suffering. Out of the many significant costs' alcoholism exacts upon society and the family, one of its most detrimental may be its negative effect upon the children who grow up with alcoholic parents. A child who is forced to stay and grow in a dysfunctional environment is the one who suffers the most. They are directly affected by their parent's drinking problem and indirectly by other factors associated with the familial dysfunction. Several studies have demonstrated an association between problem drinking in parents and negative outcomes in their children.

Vulnerability is defined as “being susceptible to physical harm, damage, emotional injury or attack.” It is conceptualized as the experiences that cause stress and anxiety and negatively affect an individual's physiological, psychological, and social functions [26, 27].

Children of alcoholics are affected by a variety of problems throughout their lifespan. They are victims of an alcoholic family environment characterized by disruption, deviant and in-adequate parental roles and parent-child relationship. These variables affect normal child development, emotional regulations and expressions, both acutely and chronically. They tend to experience abuse which can be verbal, physical, emotional and sexual, and neglect in terms of important needs in the areas of child care, safety, health and material wellbeing leading to subsequent mental health and behavioral problems [28–30]. Although a substantial proportion of children also show resilience due to other protective factors [31].

Two broad classes of psychopathological traits and symptoms during childhood have been identified in Children of alcoholics: Internalizing symptoms and Externalizing symptoms. These categories were made to help identify problem behaviors in children and adolescents that underlie the development of psychopathology in adults in later life.

The observation that COAs show increased risk of behavioral disorders, may be due to genetic heritability of pathological traits that are transmitted to them by their alcoholic parents, poor rearing environment provided to them, or a combination of both. Genetic factors by the evidence of adoption and twin studies have more clearly been implicated in the development of alcoholism in children of alcoholic parents, while shared environmental factors have been implicated in the development of psychopathological traits in the absence of alcoholism in these children [32].

The environmental cause for development of these behavioral symptoms is directly due to the effect of parental alcoholism and indirectly due to the disrupted family environment, parental comorbidity and/or genetic predisposition to the development of pathological traits.

Both genetic and environmental risk factors intertwine and interact to increase the risk of psychopathological traits and alcoholism in children of alcoholic parents. Therefore, a stress diathesis model best explains the cause of psychopathology in COAs. A predisposing genetic vulnerability (diathesis) is present in offspring of alcoholic parents, which interacts with the environmental stressors (stress) experienced by them resulting in the development of maladaptive personality traits and even alcoholism in later life.

Internalizing psychopathology includes symptoms of anxiety and depression; while externalizing symptoms encompasses 'acting out' behaviors characterized by inattention, impulsivity, defiance, aggression and violent acts [14]. Studies have also reported that these children are more vulnerable to development of mental disorders, early drug use and dependence, high risk sexual behavior and suicide [33]. They are also at a greater risk to develop guilt, shame, social withdrawal, anxiety and poor academic performance when compared to non-abused children [34].

## **7. Personality characteristics of children of alcoholics**

Reports from studies on personality characteristic of COAs are highly variable and heterogenous. This heterogeneity can be explained by the presence of variability within the families of alcoholics and can be understood as a continuum of family dysfunction. Families with alcoholic parents differ in other associated behaviors that contribute to dysfunction, like other psychological disturbances, type of parenting, attachment with non-alcoholic parent, emotional support by other family members, neglect or abuse. These variables influence the consequences on the personality of COAs [14].

Therefore, many studies have described subtypes of personalities instead of specific traits.

Theory and research on classifying subtypes of personalities present in children of alcoholic parents began decades ago.

Four personality styles in COAs were proposed by Wegscheider [35] based on clinical experience:

1. The Enabler (caretaker)—tries to reduce harm to the family through enabling behaviors like taking care or doing things and making excuses for the addict.
2. The Hero—extremely responsible, perfectionist, overachiever, highly stresses, put a lot of pressure on themselves, often workaholics with Type A personalities.
3. The Scapegoat child—acts out, rejected by parents, blamed for all the family problems.
4. The Mascot (Clown)—child uses humor as defense against feeling pain and fear; tries to reduce family stress through humor.
5. The Lost child—quiet, isolated, spends most time in solitary activities, largely neglected by parents, may escape by forming own fantasy world [35].

Four dominant roles that children growing up in an addicted household are likely to acquire, were given by Dr. Claudia Black. These roles are explained to be coping mechanisms developed from underlying fear and insecurities and are typically carried on through adulthood.

1. The Responsible Child—takes responsibility of the family but remains isolated; self-disciplined, organized, perfectionist, inflexible, severe need for control.
2. The Adjuster—flexible, unable to make decisions, unable to initiate.
3. The Placater—takes care of family but unable to care for self, sensitive to others, unable to receive care.
4. The Act-out Child—suffers difficulty expressing needs and relating to others, faces social problems [36].

Although, there is weak empirical evidence for these clinical taxonomies.

In further studies, it was concluded that the presence of these subtypes is not specific to parental alcohol use disorder, rather context variables such as family disruption due to various other factors were a more potent predictor of presence of these subtypes.

Three broad categories of personality traits can be described on the basis of observable behavioral differences in measures of personality.

## **8. Neuroticism/negative emotionality**

Children in this category have a tendency to experience negative emotions and affective states, including inability to manage stressful situations, depression, anxiety, propensity to blame oneself, low self-esteem, high levels of guilt feelings and sensitivity to criticism. Children of alcoholics show higher levels of negative emotionality as compared to non-COAs. Neuroticism in COAs is reported to be more common in those with alcoholic parents with comorbid anxiety and depression as compared to those with alcoholic parents without comorbidities.



Additionally, as compared to non-alcoholic COAs, COAs at high risk of alcoholism show higher levels of anxiety [37].

## **9. Impulsivity/disinhibition**

This personality dimension is most commonly associated with COAs. Children in this category have a tendency to act before considering future consequences and show traits of sensation and novelty seeking behavior, poor self-control, impulsive behavior and aggressiveness [38]. These traits also predispose them to development of antisocial personality and alcoholism in later life. This suggests that the presence of these characteristics might represent a mediator of genetic heritability of alcoholism in families [39].

On comparison of aggressive behaviors between children of alcoholics and children of non-alcoholics, the later showed lower levels of aggressive behaviors at the age of 18–48 months. Moreover, they showed progressively decreasing levels of aggressive behaviors at the age of 36–48 months [40]. At the age of 2 years children of alcoholics showed more externalizing behaviors and poorer self-regulation as compared to children of non-alcoholics. The ability to self-regulate, that is, inhibitory control is usually developed by the age of 2 years in children. Children of alcoholics show a failure to develop this ability as compared to healthy children. Children in this category also show poor global and adaptive functioning [41].

## **10. Extraversion/sociability**

This personality dimension also explained as positive emotionality or affectivity, encompasses traits like sociability, flexibility and gregariousness. This characteristic has not differentiated COAs from non-COAs in research studies. It is understood that sociability may be a positive feature in high functioning and resilient children or it may also be a trait in those with disinhibited behavior [37].

On examining the effect of maternal vs. paternal alcoholism on personality traits of children, it was reported that both maternal and paternal alcoholism is related to temperament and character dimensions in children and adolescents, irrespective of offspring gender. Children of alcoholic fathers are more likely to show novelty seeking as a temperamental trait while those of alcoholic mothers show lower self-directedness as a character dimension [42].

Five distinct personality subtypes were found in adolescent and adult children of alcoholics:

### **1. Angry/externalizing subtype:**

These adolescents show characteristic features of disturbance of conduct. They are prone to act impulsively, without foresight or regard for consequences. They express intense irritability and anger, out of proportion to the situation. They also show psychopathic features, such as being manipulative and deceitful, lacking empathy for others and taking advantage of them. They experience disruption of childhood attachments, poor functioning in school and poor adaptive functioning. These adolescents show significantly higher rates of substance abuse disorder and antisocial personality disorder. This subtype of adolescents shows features similar to the category of “the scapegoat” described by Wegscheider [35].

## 2. Awkward/inhibited subtype:

These adolescents show internalizing problems and deficits in social behavior. These adolescents have a tendency to be passive, avoidant, and depressed. They tend to feel inadequate and inferior. They have difficulty in acknowledging and expressing anger towards other accompanied by fear of rejection or abandonment. They also show the higher rates of avoidant personality disorder and poor functioning in school and social situations. This subtype of adolescents resembles the “Lost Child” as described by Wegscheider [35].

## 3. Hyper-conscientious/high-functioning subtype:

These adolescents show a tendency to be conscientious and responsible. They are able to use their abilities to their advantage. They have moral standards and try to live up to them. They tend to be insightful and are able to understand their feeling and empathize with others. This group of adolescents also show higher functioning in school and higher adaptive functioning.

## 4. Emotionally dysregulated subtype:

These adolescents show features characterized by intense emotional experiences and unstable relationships. They tend to experience extremes of all emotions, including anxiety, anger and sadness; that tend to change rapidly and unpredictably. They are prone to feeling of emptiness. They have a fear of being rejected or abandoned. They lack a stable sense of self as values, attitudes and feelings about self are derived from external situations. These adolescents show high rates of borderline personality traits.

## 5. Sexualized/self-defeating:

These adolescents tend to act impulsively and engage in thrill-seeking and self-mutilating behaviors. They are more prone to abuse alcohol and act promiscuously. They tend to have unstable and abusive relationships.

Adolescents and adults have also reported to be more pessimistic about their future and poor emotional and physical well-being [43].

## **11. Personality characteristics of alcoholic children of alcoholics**

Alcoholism in parents is an established risk factor for development of psychopathology and alcoholism in their children. Adoption and twin studies have consistently indicated that genetic factors primarily contribute to development of alcoholism in male offspring of alcoholic parents. While similar studies in women have shown inconsistent findings. This has led to an understanding that genetic risk is a less important etiological factor in the development of alcoholism in female offspring of alcoholic parents [44]. For both men and women, the number of alcoholic parents is directly related to level of psychopathology, with children with both alcoholic parents being at a greater risk. COAs who are more prone to develop alcoholism show higher traits of impulsivity, aggressive behavior, sensation seeking, emotional dysregulation and antisocial behavior since childhood [45].

Few studies have reported that children of alcoholic fathers are more prone to develop alcoholism as compared to children of alcoholic mothers, indicating a stronger influence of paternal alcoholism. Although, a meta-analysis concluded that both groups of children are equally likely to develop alcoholism in later life [32].

Four major personality traits have been reported to strongly predict substance use by children of alcoholics [46].

1. Impulsivity.
2. Sensation seeking.
3. Anxiety sensitivity, and
4. Hopelessness.

Impulsivity and sensation seeking are described above. Anxiety sensitivity can be understood as an unspecific or situation specific fear, and desire to relieve, anxiety symptoms. Hopelessness is considered as a tendency for depression, a general negative perspective of life and low regard of self [47].

Behavioral undercontrol, explained as the traits of impulsivity, nonconformity, rebelliousness and thrill seeking is the most commonly associated personality dimension in alcoholic progeny. Genetic diathesis of alcoholism is said to be partly mediated by the presence of this personality dimension.

Premorbid traits that have been found to be predictive to early onset of alcohol abuse and dependence are those associated with antisocial personality. These include overactivity, poor attention, distractibility, impatience, low empathy and aggressive behavior. Retrospective and longitudinal studies have confirmed that the presence of antisocial or impulsive traits are characteristic of majority of early onset or young alcoholics while only a minority of late onset alcoholics.

It is also suggested that passive-dependent or oral traits including being rigid, tendency to cry easily, being passive and pessimistic are associated with loss of control pattern of drinking and late onset alcoholism.

However, studies have not been able to disentangle the extent to which this personality dimension is related to genetic or environmental risk factors associated with parental alcoholism [48].

## **12. Factors influencing negative impact on children of alcoholics**

Various factors contribute to the impact of parental alcoholism in development of negative consequences for their children. Certain factors may minimize or maximize the adverse effects associated with parental alcohol abuse. Several vulnerability and risk factors may increase the negative impact while protective factors may decrease the same by developing resilience. Essentially, these factors play a significant role in moderating the relation between parental problem drinking and negative behavioral and personality outcome in their children.

### **12.1 Age**

A survey of college students conducted by Kim and Lee [49] concluded that age was a moderating factor with young children being more negatively affected as

compared to adolescents or adults. The survey also reported that as they age, COAs tend to become more insensible to their alcoholic parents [49].

Adult COAs also tend to show decline in the negative outcomes between late 20s and early 30s [50].

## **12.2 Gender**

Studies have observed no significant effect of gender in intergenerational transmission of alcoholism by influence of both genetic and environmental factors. Parental alcohol use disorders conferred the same risk for both male and female offspring for development of alcoholism in them [32]. In the context of psychopathological traits, females from childhood up till adulthood are more vulnerable to development of internalizing symptoms like depression, anxiety and inability to manage stress. On the other hand, males are more prone to developing externalizing symptoms including aggressive and impulsive behavior [51].

## **12.3 Attachment**

Attachment, a concept originated by John Bowlby, is defined as “the emotional tone between children and their caregivers. It is evidenced by an infant’s seeking behaviour.” A child forms attachment relationship with his or her parents during the first year of life. Attachment is primarily facilitated by the interaction between mother and infant and provides infants with a feeling of security [52]. This serves as a foundation for psychosocial development, personality and formation of future relationships. Secure attachment is developed from a caregiving environment and characterized by parental responsiveness and consistency.

In the context of parental alcoholism, poor mother-child relationship has a deleterious effect on the child’s behavior and therefore later personality. On the other hand, secure attachment with mother is considered as a protective factor against the negative impact of father’s alcoholism. Studies have indicated that among alcoholic families, infants with secure attachment at the age of 12 months showed fewer externalizing behavior problems at the age of 24-36 months when compared to those with insecure attachment. Toddlers in secure relationships are guided by their supportive caregivers in soothing and managing negative emotions [53]. Children who develop secure attachment are able to understand and self-regulate their emotional responses. Those with insecure attachment either under or over-regulate their emotions leading to development of internalizing or externalizing symptoms. Thus, attachment is a significant moderating factor between paternal alcoholism and child behavior [54].

## **12.4 Cognitive ability**

Cognitive ability of children measured by academic performance and school achievement was seen to be lower in children of alcoholics as compared to healthy controls [55]. Poor cognition ability considered as the ability to think, reason and recognize emotions may make the children more vulnerable to be affected by the negative external environment. While, poor academic performance and achievement in school and social setting may also be the result of both poor cognition and negative impact of parental alcoholism.



## **12.5 Temperament**

Temperament influences the development of social and cognitive skills in later life. Infants show individualized patterns of reactivity including responsiveness to presence or absence of parents, eating behavior and sleep-wake cycle. On the basis of these, three groups of temperament were formed: easy, difficult and slow to warm up. These individual differences persist into childhood and adolescence and form the basis of personality in later life. Temperamental traits of high activity, poor attention, impulsivity, high emotionality and low self-regulation have been associated with high risk of dysregulated behavior problems in children. The presence of these may also be indicative of maladaptive patterns of behavior and even addiction in later life [56]. Presence of a difficult affective temperament also mediated the relationship between paternal alcoholism and resulting maladjustment in children [57].

Edwards, Eiden, Colder et al. (2006) have also described difficult or negative temperament as a risk factor affecting COAs [55]. While those with flexible or positive temperaments were seen to be more resilient as compared to controls [57].

These temperamental characteristics may be indicative of behavioral dysregulation, and may lay the initial groundwork for later maladaptive developmental patterns and even addiction [56].

## **12.6 Family environment**

Family discord, marital conflict and violence in addition to parental alcoholism are important mediating factors in affecting the child's personality and behavior. Unresponsive, inconsistent and violent behavior by drinking parents is associated with poor family functioning thus causing low self-esteem and maladaptive patterns in children [13].

Comorbid psychopathology in drinking parents is another factor influencing problem behaviors in children of alcoholics. Presence of comorbid psychiatric illness with alcoholism in parents puts their children at a greater risk as compared to those whose parents do not have comorbid disorders. Mental health of parents significantly affects the psychology of children regardless of their alcohol use. Studies have reported that the presence of maternal depression in families with alcoholic fathers increased the risk of development of internalizing problems in children.

In a study by Hussong et al. [58] three types of families: antisocial alcoholic families, depressed alcoholic families, and alcoholic only-families, were compared. It was concluded that children from both antisocial-alcoholic families and depressed-alcoholic families showed increased risk above that shown by children in alcoholic-only families [58].

In conclusion, these vulnerability and protective factors can be useful in development of preventive strategies and interventions for children of alcoholic parents. This may help in reducing the impact of negative outcomes and promoting emotional well being in them.

## **13. Summary**

Alcoholism is a prominent problem in today's world and alcohol misuse is a common lifestyle-related cause of physical and mental disorders. Problem drinking is a serious problem in itself but it also affects other people as those who engage in



drinking are parents and family members to others. Parental alcoholism negatively affects their children not only directly but also indirectly due to the associated behaviors contributing to inconsistent pattern of parenting, neglect, abuse and violence. Children of those with comorbid psychological or psychiatric disorders along with alcoholism are seen to be more at risk. Children are vulnerable to the deleterious effects of such environment, acutely during their growing up years and also chronically until adulthood. Genetic factors are also implicated in contributing to development of risk-personality and future alcoholism. Children of alcoholics are reported to show more internalizing and externalizing symptoms during childhood. As they grow, these symptoms and traits crystallise to form maladaptive patterns of behavior.

Although, a homogenous group of personality traits have not been reported, several traits have been associated with children of alcoholics. Impulsivity, disinhibited behavior and negative emotionality are the most commonly associated subtypes seen in children of alcoholics. Evidence also suggests that common genetic factors may underlie the development of both the personality traits and alcoholism. They have poor self-regulation in childhood and later self-control, inability to deal with negative emotions and higher levels of aggression as compared to children of non-alcoholic parents.

Research focusing on these characteristic personality traits as endophenotypes in alcoholism should provide with better preventive strategies.

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