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Research Paper

Intergenerational Effects of Alcoholism: A Review of Parenting, **Attachment, and Psychological Outcomes**

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Alcoholism, as defined by the World Health Organization (WHO), is a chronic and progressive disorder characterized by the compulsive use of alcohol despite adverse consequences. While often viewed through a biomedical lens, its impact extends beyond the individual, influencing family dynamics and the developmental environment of children. This review explores the intergenerational effects of parental alcoholism with a focus on three domains: parenting behaviors, attachment formation, and long-term psychological outcomes in adult children of alcoholics (ACOAs). Alcohol-dependent parents often demonstrate

dysfunctional parenting practices, including emotional neglect, inconsistency, and sometimes abuse. Such deficits impair the child's ability to form secure attachments, a process critical for emotional development and relational stability. Drawing on attachment theory, this review discusses how insecure and disorganized attachment styles are common in ACOAs due to early relational trauma. Over time, these disruptions contribute to heightened risk for psychological issues such as anxiety, depression, low selfesteem, and post-traumatic stress symptoms. The review outlines how dysfunctional patterns emotional, behavioral, and relational—can be transmitted across generations through modeling, internalization of family roles, and unprocessed trauma. Despite these risks, protective factors such as a stable non-alcoholic caregiver or access to social support can buffer long-term effects. The review concludes by emphasizing the need for early identification and culturally sensitive support strategies to break the cycle of intergenerational dysfunction.

Keywords: Parental alcoholism, Adult Children Of Alcoholics (ACOAs), Intergenerational Trauma, Parenting Styles, Attachment Theory, Psychological Outcomes, Insecure Attachment, Emotional Neglect, Family Dysfunction, Protective Factor.



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1. INTRODUCTION

Alcoholism is a chronic and relapsing disorder defined by the World Health Organization (WHO) as a pattern of alcohol consumption that results in harm to an individual's physical or mental health, interpersonal relationships, and societal functioning. While the consequences of alcoholism on the individual are well-documented, there is increasing recognition of its profound effects on the family unit, particularly on children. Parental alcoholism has been identified as a significant risk factor for a range developmental, emotional. and relational difficulties in offspring. Children growing up in alcoholic households often experience environments marked by emotional instability, inconsistent discipline, neglect, and conflict (Sher, 1997). These experiences not only shape their immediate coping strategies but also leave a lasting imprint that persists into adulthood. As these children mature, many of them-now termed Adult Children of Alcoholics (ACOAs)continue to carry emotional scars, unresolved trauma, and maladaptive relational patterns acquired in their early years. Research over the past few decades has focused on understanding how these experiences lead to long-term psychological effects and how patterns of dysfunction are transmitted across generations. Studies have revealed that children of alcoholics more likely to experience insecure attachments, mental health issues such as anxiety, depression, PTSD, and may even develop substance use problems themselves (Hall & Webster, 2007; Chassin et al., 1996). This process of intergenerational transmission is complex and multifaceted, involving the interplay of parenting behaviors, emotional attachment, genetic predisposition, and environmental influences. This review aims to provide a comprehensive overview of the intergenerational effects of alcoholism by exploring how it impacts three interconnected domains:

- Parenting behaviors and styles
- Attachment patterns between parent and child
- Long-term psychological outcomes experienced by ACOAs

It also highlights potential protective factors that may buffer these adverse effects and calls attention to the need for early intervention strategies.

2. IMPACT OF ALCOHOLISM ON PARENTING STYLES

Parental alcoholism has a profound influence on parenting behaviors, often disrupting the development of a nurturing and consistent caregiving environment. According to **Baumrind** (1991), effective parenting involves dimensions such as responsiveness, warmth, and consistent discipline. However, in families where one or both parents are dependent on alcohol, these characteristics are frequently absent.

2.1 Inconsistency and Neglect

Alcoholic parents often exhibit inconsistent parenting, swinging between harsh discipline and permissiveness. Their behavior may be unpredictable, driven by intoxication or withdrawal symptoms, making it difficult for the child to anticipate consequences (Kelley et al., 2010). In such homes, basic emotional and physical needs are often neglected, creating an environment of chronic insecurity.

2.2 Emotional Unavailability

Many alcoholic parents struggle with emotional regulation and are less responsive to their children's emotional needs. Studies have shown that such parents are more likely to be emotionally unavailable, withdrawn, or irritable (Suchman&Luthar, 2000). This emotional disengagement deprives children of the secure base necessary for healthy development.

2.3 Hostile or Abusive Behavior

In some cases, alcohol use is associated with increased hostility or aggression. Children in these environments may be exposed to verbal abuse, physical violence, or witness domestic conflicts. According to Moos and Billings (1982), these stressors contribute to a chaotic family climate that undermines healthy attachment and psychological development.

2.4 Role Reversal and Parentification

Children of alcoholics may be forced to adopt caregiving roles prematurely, managing household responsibilities or even taking care of younger siblings or the intoxicated parent. This process, known as parentification, places an emotional burden on the child and disrupts normal developmental trajectories (Chase, 1999).

3. ATTACHMENT PATTERNS IN CHILDREN OF ALCOHOLICS

Attachment theory, first proposed by John Bowlby (1969), emphasizes the importance of early emotional bonds between a child and their primary caregivers. These early experiences shape the child's expectations about relationships, their sense of security, and their ability to regulate emotions. In families where alcoholism is present, the ability of parents to provide a consistent, nurturing, and emotionally responsive caregiving environment is often impaired, which significantly disrupts the development of secure attachment.

3.1 Understanding Attachment Styles

Attachment styles are generally classified into four main categories: secure, anxious-ambivalent, avoidant, and disorganized (Ainsworth et al., 1978; Main & Solomon, 1990). Children with secure attachment typically experience consistent caregiving and are able to trust that their needs will be met. In contrast, insecure attachment—including anxious, avoidant, or disorganized styles—arises when caregivers are inconsistent, unresponsive, neglectful, or frightening.

3.2 Insecure and Disorganized Attachment in ACOAs

Children raised in alcoholic homes often exhibit insecure or disorganized attachment patterns. These children may become hypervigilant to cues in the environment because of unpredictable parental behavior (Kelley et al., 2010). The parent may be loving and caring while sober but neglectful, aggressive, or emotionally absent when intoxicated. This inconsistency confuses the child, leading to an internal conflict between seeking closeness and fearing rejection or harm.

Research by **Cermak (1986)** and others has shown that many Adult Children of Alcoholics (ACOAs) exhibit disorganized attachment, characterized by contradictory behaviors, fear of intimacy, and trouble trusting others. These early attachment disruptions often translate into difficulties in adult relationships, including fear of abandonment, emotional dysregulation, and overdependence or avoidance in intimate connections.

3.3 Emotional Dysregulation and Attachment Trauma

One of the core outcomes of poor attachment experiences is emotional dysregulation difficulty in identifying, expressing, or controlling emotions. Studies have found that ACOAs often struggle with managing anger, sadness, and anxiety, stemming from unresolved attachment trauma and inconsistent emotional support during formative years (Hall & Webster, 2007).

3.4 Long-Term Effects on Relationships

The attachment patterns developed in early childhood tend to influence romantic and interpersonal relationships in adulthood. ACOAs with insecure attachments may fear closeness, exhibit jealousy or possessiveness, and struggle to maintain healthy boundaries (Bekir et al., 1993). Many report feeling emotionally disconnected or unworthy of love, which impacts their capacity for intimacy and trust.

4. PSYCHOLOGICAL OUTCOMES IN ADULT CHILDREN OF ALCOHOLICS (ACOAs)

Growing up in an environment shaped by parental alcoholism leaves deep psychological imprints that often persist into adulthood. While some children develop resilience and coping mechanisms that allow them to lead functional lives, a substantial body of research indicates that many Adult Children of Alcoholics (ACOAs) experience a range of psychological issues, some of which stem from early trauma, attachment disruptions, and chronic emotional stress.

4.1 Anxiety and Depression

Anxiety and depression are among the most commonly reported mental health issues among ACOAs. These individuals often experience chronic worry, low self-esteem, feelings of hopelessness, and emotional numbness. Woititz (1983), one of the pioneers in the study of ACOAs, noted that these individuals may appear high-functioning externally but internally struggle with pervasive sadness and internalized self-blame. Studies suggest that exposure to parental substance use during formative years increases the risk of mood disorders in adulthood (Anda et al., 2002).

4.2 Post-Traumatic Stress Symptoms

Many ACOAs display symptoms consistent with post-traumatic stress disorder (PTSD), even if they do not meet the full diagnostic criteria. Exposure to domestic violence, emotional neglect. and verbal or physical abuse in the household can be deeply traumatic. Research by Hall and Webster (2007)found that traumatic symptomatology—including flashbacks. hypervigilance, sleep disturbances, and emotional prevalent detachment—is among especially those who grew up in highly chaotic or abusive homes.

4.3 Identity and Self-Esteem Issues

Due to erratic parenting and emotional invalidation, ACOAs often struggle with self-identity and low self-worth. They may internalize blame for their parent's drinking, leading to feelings of guilt and shame. Their sense of self is often shaped by trying to "fix" or "protect" the family, leading to overachievement, peoplepleasing tendencies, or emotional suppression (Black, 1981). These maladaptive coping strategies can persist into adulthood and affect personal and professional relationships.

4.4 Interpersonal Difficulties and Relationship Dysfunction

As discussed in the previous section on attachment, ACOAs often carry forward maladaptive relational patterns. They may find it difficult to trust others, fear abandonment, or become overly dependent. Some may recreate dysfunctional dynamics from their family of origin in romantic or social relationships. Studies by Bekir et al. (1993) and Haverfield&Theiss (2014) reveal that unresolved family trauma can contribute to communication difficulties, conflict avoidance, and poor emotional intimacy in adult relationships.

4.5 Substance Use and Behavioral Issues

Some ACOAs, despite witnessing the harmful effects of alcoholism firsthand, are at an increased risk of developing substance use issues themselves. This can be attributed to genetic vulnerability, environmental normalization of substance use, and attempts to self-medicate unresolved psychological pain. Chassin et al. (1996) found that children of alcoholics are significantly more likely to engage in alcohol and

drug use during adolescence and adulthood compared to peers from non-alcoholic homes.

5. INTERGENERATIONAL TRANSMISSION OF DYSFUNCTION

The intergenerational concept of transmission of dysfunction refers to how patterns maladaptive trauma. behaviors. psychological distress are passed from one generation to the next. In families affected by alcoholism, children not only grow up in a dysfunctional environment but may also unconsciously replicate the same maladaptive patterns in their adult lives, continuing the cycle of dysfunction. This transmission can occur through combination of genetic, behavioral, psychological, and environmental factors.

5.1 Modeling and Learned Behavior

Children raised in alcoholic households often model their behaviors after what they observe. If conflict, substance use, avoidance, or emotional suppression are frequent responses to stress in the family, children may adopt these same coping mechanisms. Bandura's (1977) social learning theory emphasizes the role of observation and imitation in learning behavior, which supports how familial dysfunction is perpetuated across generations.

5.2 Internalized Family Roles

ACOAs often unconsciously adopt dysfunctional family roles such as the hero, scapegoat, lost child, or mascot (Wegscheider-Cruse, 1981). These roles are survival mechanisms in a chaotic family system but may persist into adulthood, affecting personality development, relationship dynamics, and life choices. For instance, a "hero" child may grow into an adult who compulsively overworks to gain approval, while a "lost child" may struggle with emotional intimacy.

5.3 Epigenetics and Stress Response

Recent research in the field of epigenetics suggests that chronic stress, trauma, and environmental adversity in early life can affect gene expression related to stress regulation and emotional reactivity (Yehuda &Bierer, 2009). These changes may not only impact the child directly but can also be transmitted to the next

generation, increasing vulnerability to anxiety, depression, and PTSD.

5.4 Attachment Transmission

Attachment theory also highlights intergenerational effects. Parents with unresolved attachment trauma or insecure attachment styles often struggle to form secure attachments with their children. This creates a repeating pattern where insecure attachment is transmitted across generations, perpetuating emotional disconnection, fear of intimacy, and trust issues (Van IJzendoorn, 1995).

5.5 Transmission of Unresolved Trauma

Unresolved trauma in parents—especially trauma linked to addiction, abuse, or neglect—can be transmitted behaviorally, emotionally, and relationally. According to **Bowen's Family Systems Theory (1978)**, emotional processes are handed down through generations unless consciously addressed. A parent's unresolved emotional pain often becomes the emotional burden of their children, shaping their psychological framework and stress responses.

6. PROTECTIVE FACTORS AND RESILIENCE IN ADULT CHILDREN OF ALCOHOLICS (ACOAs)

While ACOAs are at increased risk for psychological difficulties, it is important to recognize that not all individuals exposed to parental alcoholism develop dysfunction. Many display remarkable resilience, demonstrating the ability to adapt, heal, and thrive despite adverse childhood experiences. Identifying the protective factors that promote resilience is essential for understanding how some ACOAs break the cycle of dysfunction and lead emotionally healthy lives.

6.1 Understanding Resilience

Resilience refers to the capacity to maintain or regain psychological well-being in the face of adversity. Masten (2001) described resilience as "ordinary magic," emphasizing that it is not an extraordinary trait but a set of adaptive systems and resources that exist in most people. In ACOAs, resilience emerges from both internal factors (such as temperament, optimism, intelligence) and external supports (like nurturing relationships and community engagement).

6.2 Individual Protective Factors

Self-awareness and Insight: Many resilient ACOAs develop the ability to reflect on their experiences, recognize dysfunctional patterns, and make conscious choices to behave differently.

- Emotional Regulation Skills: Those who learn to manage their emotions in healthy ways—through journaling, mindfulness, or therapy—are more likely to experience psychological well-being.
- ➤ **High Self-Esteem and Sense of Purpose:**A positive self-image and clear life goals can buffer against the negative impact of growing up in a dysfunctional home (Werner & Smith, 1992).

6.3 Interpersonal and Social Support

Strong, supportive relationships serve as one of the most powerful protective factors for ACOAs. This includes:

- Relationships with non-alcoholic caregivers or mentors (e.g., teachers, relatives, coaches) who provide consistency and emotional validation.
- Supportive peer relationships, which offer a sense of belonging and shared identity.
- Participation in support groups like Adult Children of Alcoholics (ACA), where individuals can process shared experiences and receive empathy.

According to Rutter (1987), the presence of at least one stable, caring adult relationship is a crucial buffer against adverse outcomes in children raised in dysfunctional environments.

6.4 Adaptive Coping Strategies

ACOAs who adopt adaptive coping skills such as problem-solving, seeking help, exercising, engaging in creative outlets, or practicing relaxation techniques—tend to manage stress more effectively than those who rely on avoidance or substance use. These skills promote long-term emotional stability and reduce vulnerability to mental health problems (Compas et al., 2001).

6.5 Breaking the Cycle: Conscious Change

Some ACOAs become "cycle breakers" individuals who consciously work to unlearn toxic behaviors and create healthy family systems of their own. This transformation often involves:

Therapeutic interventions to address unresolved trauma, Education and self-help resources about family dysfunction,

Intention to parent differently than their alcoholic parents, promoting emotional attunement and secure attachment for the next generation (Wolin&Wolin, 1993).

7. REVIEW OF LITERATURE

Raitasalo et al. (2018) conducted a retrospective population-based cohort study in Finland to investigate the impact of parental alcohol abuse severity on mental and behavioural disorders in children. The study titled "The effect of the severity of parental alcohol abuse on mental and behavioural disorders in children" utilized health care and social welfare registers, focusing on children born in 1997 and their biological parents. The aim was to examine whether varying levels of parental alcohol abuse (none, less severe, and severe) influence the incidence of mental and behavioural disorders in offspring up to the age of 15. The research found that 15.4% of boys and 9.0% of girls were diagnosed with such disorders during follow-up. Both less severe (HR = 1.36) and severe (HR = 1.29) maternal alcohol abuse significantly increased children's risk, while paternal alcohol abuse also showed elevated risk, particularly for severeabuse (HR = 1.16). The findings emphasize that even less severe parental alcohol misuse contributes to adverse mental health outcomes in children. The study concludes that attention should be given to all children exposed to parental alcohol problems, regardless of severity, highlighting the importance of early intervention and prevention efforts professionals working with vulnerable families.

Kashubeck (1994) conducted a study titled "Adult Children of Alcoholics and Psychological Distress" in the United States to explore the psychological well-being of adult children of alcoholics (ACOAs). The research aimed to examine whether ACOAs experience higher levels of psychological distress compared to non-ACOAs and to investigate the role of family environment as a contributing factor. Utilizing a quantitative research design, the study involved a sample of 491 college students, of whom 107 were identified as ACOAs. Participants completed instruments standardized measuring psychological distress and perceptions of family environment. The findings revealed that ACOAs reported significantly higher levels

psychological distress than their non-ACOA counterparts. Moreover, it was found that negative family environments, characterized by conflict, lack of cohesion, and poor communication, were more commonly reported by ACOAs and were strongly linked to increased psychological distress. The study concluded that the elevated distress observed in ACOAs was less a direct result of parental alcoholism itself and more a function of the dysfunctional family dynamics commonly associated with it. These findings underscore the importance of addressing family environment issues in interventions aimed at supporting ACOAs and highlight the need for mental health professionals to consider these contextual factors in their clinical work.

Suneel et al. (2022) conducted a study in Pakistan titled "Differences in perceived parental practices across attachment styles in adult children of alcoholic fathers" to investigate how adult children of alcoholics perceive parental practices based on their attachment styles. The primary aim was to examine the differences in perceptions of parental overprotectiveness, emotional warmth, and rejection across three attachment styles secure, anxious/ambivalent, and avoidant among adults whose fathers were undergoing treatment for alcoholism for the second time. The study adopted a correlational research design and involved 330 participants from nuclear family systems selected through purposive sampling. MANOVA results revealed significant differences in perceived parental practices across attachment styles [F(12, 632) =53.130, p < .001], with a large effect size (Pillai's Trace = 1.003, partial eta squared = .501). Specifically, individuals with different attachment patterns reported varying perceptions of both maternal and paternal behaviors. The study found that perceptions of the alcoholic father's behavior were more directly influenced by the alcoholism itself, while perceptions of the mother's parenting were more closely tied to the individual's attachment style. The research concluded that these insights are crucial for developing counseling and therapeutic interventions aimed at helping adult children of alcoholics better and cope with their familial understand experiences.

Sher (1997), in his article titled "Psychological Characteristics of Children of Alcoholics" published in the United States, aimed

to explore the range of psychological and developmental problems faced by children of alcoholics (COAs) across different life stages. The purpose of the research was to synthesize findings from the alcohol-research community and critically examine the empirical support for concepts often discussed in the clinical literature. Though the article is primarily a literature review rather than an empirical study, it highlighted developmental risks observed in COAs, such as fetal alcohol syndrome in infancy, emotional disturbances and hyperactivity in childhood, behavioral and conduct issues in adolescence, and a heightened risk for alcoholism in adulthood. Sher pointed out that the existing literature is divided between clinical observations and scientific research, often leading to discrepancies in conclusions and interventions. He emphasized the need to bridge this gap by critically evaluating the empirical validity of clinical concepts. The article concluded that while COAs are indeed at elevated risk for various psychological difficulties, the understanding of these risks must be grounded in rigorous research rather than anecdotal clinical accounts. This review encourages integration between clinical insights and empirical findings for effective support strategies for COAs.

Simonič and Osewska (2023), in their titled "Emotional Experience Consequences of Growing Up in a Family with Alcoholism in Adult Children of Alcoholics" published in Slovenia and Poland, aimed to explore the emotional experiences of adult children of alcoholics (ACOAs) and the long-term consequences of growing up in a dysfunctional, alcoholic family environment. The study employed a qualitative research design using content analysis to examine 71 anonymous posts from a counseling forum dedicated to ACOAs. The directed approach to content analysis categorized the data into emotional experiences during childhood and perceived consequences in adulthood. The findings revealed that children in alcoholic families often experienced intense emotions such as fear, shame, sadness, and disgust, which frequently remained unresolved and unprocessed into adulthood. As adults, these individuals struggled with low self-esteem, anxiety, depression, difficulties in relationships, trust issues, and dysfunctional behavioral patterns. Many also faced challenges in parenting and coping with their own addictions. Despite

these negative outcomes, some participants acknowledged that their childhood adversity motivated them to build healthier and more meaningful lives. The study concluded that children of alcoholics are hidden victims who require continued psychosocial and therapeutic support well into adulthood, emphasizing the deep and lasting emotional impact of parental alcoholism.

El-Guebaly et al. (1993), in their article titled "Attachment among Adult Children of Alcoholics" published in Canada, explored the impact of parental alcoholism on adult attachment styles, particularly in the context of interpersonal relationships. The study was grounded in attachment theory, which posits that early experiences with caregivers influence later relational patterns. The research aimed to compare the attachment styles of adult children of alcoholics (ACOAs) with those of adult children of non-alcoholics (ACONAs) and to examine gender differences in these patterns. Using a crosssectional design, the study sampled 203 individuals from two sources: a short-term, hospital-based outpatient psychiatric program and community-based alcoholism treatment program. Findings revealed that female ACOAs exhibited a distinct dysfunctional attachment profile, indicating greater interpersonal difficulties, possibly stemming from their early familial environment. However, male ACOAs did not significantly differ in attachment style when compared to ACONAs or to male substance abusers. The study concluded that while attachment disruptions are evident among female ACOAs, the same is not consistently observed in males, suggesting gender-specific vulnerabilities in response to parental alcoholism. These results underscore the need for gender-sensitive therapeutic interventions and further investigation into how early familial dysfunction shapes adult relational behaviors.

Vungkhanching, Sher, and Jackson (2004), in their study titled "Relation of Attachment Style to Family History of Alcoholism and Alcohol Use Disorder in Early Adulthood," conducted in the United States, explored how paternal alcoholism relates to attachment styles and the risk for alcohol use disorder (AUD) in early adulthood. The study involved a cross-sectional analysis of 369 participants (46% male), with approximately 51% reporting a family

history (FH+) of alcoholism. The research aimed to determine whether insecure attachment styles mediate the intergenerational transmission of alcoholism. Using structured interviews and psychological assessments, the study revealed that FH+ individuals were significantly more likely to exhibit insecure attachment patterns, particularly fearful-avoidant and dismissive-avoidant styles. These insecure styles were themselves associated with a higher likelihood of developing AUD, even after adjusting for sex and family history, suggesting they are independent risk factors. However, the findings also indicated that attachment styles did not strongly mediate the link between paternal alcoholism and the onset of AUD in offspring. In conclusion, the study emphasized that while insecure attachment contributes to the development of AUD, it does not fully explain the familial transmission of alcoholism, highlighting the need for multifaceted approaches in understanding and addressing intergenerational risk.

DiLorio, McCarty, and Dahlen (1987) conducted a study in the United States titled "Alcoholic Parents and Later Risk of Alcoholism and Depression." The research aimed to investigate the association between having alcoholic parents and the subsequent development of alcoholism and depression in their adult children. Employing a retrospective survey research design, the study analyzed data from a national sample of 1,030 adult participants. These participants were categorized based on whether they reported having at least one alcoholic parent and were assessed for lifetime prevalence of alcoholism and major depressive episodes using structured diagnostic tools. The findings revealed a significantly higher risk of both alcoholism and depression among individuals with alcoholic parents compared to those without. The risk was particularly elevated for individuals who had two alcoholic parents. Additionally, the research identified a pattern of comorbidity, where adult children of alcoholics (ACOAs) were more likely to experience both disorders concurrently. The study concluded that parental alcoholism serves as a critical risk factor for the intergenerational transmission of both substance use and mood disorders, highlighting the importance of early identification and intervention in families affected by parental alcohol abuse.

Farrell (1991) investigated post-traumatic stress syndrome (PTSS) among adult children of alcoholics (ACAs) at the Pacific Graduate School of Psychology, Palo Alto, using a sample of 335 participants categorized as ACAs or non-ACAs through the Children of Alcoholics Screening Test (CAST). The study aimed to assess whether ACAs exhibit higher PTSS levels and to identify contributing factors such as the severity of parental alcoholism, age of onset, and traumatic events. Utilizing the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) comprehensive parental behavior questionnaire, Farrell found that PTSS levels were not significantly higher in ACAs compared to non-ACAs. However, the presence of physical abuse, financial difficulties, and early exposure to parental alcoholism showed strong correlations with PTSS symptoms. The study concluded that while parental alcoholism alone does not predict PTSS, additional stressors such as abuse and financial hardship significantly contribute to its development. These findings highlight the importance of interventions that address not only the effects of alcoholism but also the broader context of childhood adversities.

Lieb. Merikangas, Höfler, Pfister, Isensee, and Wittchen (2002) conducted a community-based longitudinal study in Germany titled "Parental Alcohol Use Disorders and Alcohol Use and Disorders in Offspring: A Community Study," published online by Cambridge University Press on February 5, 2002. The study aimed to examine the association between parental alcohol use disorders and patterns of alcohol use and DSM-IV alcohol use disorders in their offspring. Drawing on data from the Early Developmental Stages of Psychopathology (EDSP) study, the research followed a sample of 2,427 individuals aged 14-24 years at baseline, with a 4-year followup period. The Munich-Composite-International-Diagnostic-Interview was used to assess alcohol use and related disorders in the respondents, while parental data were collected through family history report sand direct interviews with one parent for participants aged 14–17. The findings indicated that while parental alcohol use disorders had little influence on non-problematic drinking in offspring, they were significantly associated with the progression to hazardous drinking, alcohol abuse, and dependence. Notably, maternal alcoholism was linked to early initiation of regular alcohol use, whereas paternal alcoholism was associated with increased risk for hazardous drinking. The study concluded that parental alcoholism is a strong predictor of early onset and escalation of alcohol use disorders in both male and female offspring.

8. IMPLICATION OF THE REVIEW

The findings from this review have significant implications across multiple domains—clinical practice, education, policy formulation, and societal awareness. The review highlights that adult children of alcoholics (ACOAs) are often overlooked in mental health services, and their unique psychological struggles may be misattributed or undiagnosed. Understanding the long-term impact of parental alcoholism is crucial for developing effective strategies for prevention, support, and intervention.

8.1 Clinical Implications

Mental health professionals must be equipped to recognize the subtle and often internalized effects of growing up in an alcoholic family. ACOAs may present with symptoms of anxiety, depression, low self-worth, or relationship difficulties without explicitly linking them to their childhood experiences. Therefore:

- Therapists and counselors should include questions about family substance use history during assessments, even in adulthood.
- Therapeutic approaches should be traumainformed, taking into account the attachment wounds, emotional neglect, and hypervigilance that many ACOAs experience.
- Psychoeducational interventions can help clients understand how their upbringing influences current behaviors and thought patterns.

8.2 Educational Implications

- ➤ Educational institutions—especially colleges and universities—can serve as important platforms for early identification and support for ACOAs:
- Mental health awareness programs should include content on family dynamics, substance abuse, and its psychological consequences.

- Peer support systems and campus counseling services can play a crucial role in helping ACOAs adjust, cope, and build resilience.
- Educators and student mentors should be trained to recognize behavioral or emotional red flags that may indicate a troubled family background.

8.3 Implications for Social Work and Community Programs

Community-level interventions are vital, particularly in under-resourced or rural areas where awareness about alcoholism and its psychological impact is limited. Social workers and NGOs working in these settings must be trained to:

- > Address the stigma associated with alcoholism and promote open conversations about its impact on children and families.
- Develop support groups for ACOAs, where they can safely share experiences and access emotional validation.
- Facilitate parenting programs that teach emotionally intelligent and non-abusive parenting to break the cycle of dysfunction.

8.4 Policy and Prevention Implications

This review underscores the need for inclusive mental health policies that address the needs of ACOAs, not just individuals with substance use disorders. Policy makers can:

- ➤ Allocate funding for preventive programs in schools and communities that focus on children of substance-using parents.
- Advocate for the inclusion of ACOAs as a vulnerable group in national mental health and child welfare policies.
- Support research and development of culturally adapted assessment tools and intervention models tailored to the Indian context.

8.5 Societal and Cultural Implications

In cultures like India, where alcoholism is often stigmatized and considered a private matter, many ACOAs grow up in silence and shame. This review highlights the urgent need to break cultural silence and normalize seeking help. Media, public awareness campaigns, and religious/community leaders can play a powerful role in:

- Reducing stigma associated with being a child of an alcoholic parent,
- Promoting healthy coping and communication strategies,
- > Encouraging intergenerational healing within families.

9. NEED FOR FUTURE RESEARCH

Although extensive literature has established the negative consequences of parental alcoholism on adult children, important gaps in knowledge still remain. There is a growing recognition that the existing research is predominantly concentrated in individualistic cultures, leaving out the nuanced experiences of ACOAs in collectivist, familycentered societies like India. The psychosocial outcomes of ACOAs may be significantly shaped by cultural, religious, economic, and familial norms, which are often underrepresented in current empirical studies.

9.1 Cultural Gaps in Existing Literature

Most studies on ACOAs have been conducted in Western countries, where open discussions around mental health and family dysfunction are more normalized. In contrast, cultures like Indiatend to promote family honor, privacy, and obedience, making it difficult for individuals to report or even acknowledge parental substance use. Therefore, there is a need for:

- Culturally contextualized research that explores the lived experiences of ACOAs in societies where alcoholism is heavily stigmatized or denied.
- Studies examining how collectivist values, family interdependence, and gender roles affect the coping mechanisms and resilience of ACOAs.

9.2 Lack of Longitudinal and Developmental Studies

Current research often relies on crosssectional designs, which provide a snapshot of psychological issues but do not capture their development over time. There is a lack of:

➤ Longitudinal studies that track ACOAs from adolescence into adulthood to observe how their mental health, relationships, and coping evolve.

Research identifying critical developmental windows (e.g., adolescence, early adulthood) where targeted interventions could be most effective.

9.3 Limited Exploration of Resilience and Positive Outcomes

Most research on ACOAs tends to focus on dysfunction, pathology, and trauma. However, there is a growing need to understand why some ACOAs demonstrate remarkable resilience and go on to lead emotionally healthy lives. Future studies should:

- ➤ Investigate protective and moderating variables (e.g., spirituality, mentorship, community belonging) that help buffer against adverse outcomes.
- ➤ Explore strength-based narratives and post-traumatic growth among ACOAs who consciously break the cycle of dysfunction.

9.4 Gender and Birth Order Differences

There is also a lack of comprehensive research exploring how gender identity and birth order influence the psychological responses of ACOAs. For example:

- ➤ Do female ACOAs experience more emotional burden due to caregiver roles?
- Are first-borns more vulnerable to parentification and emotional enmeshment?
- ➤ How does sibling dynamics affect the coping strategies of ACOAs?
- These questions remain underexplored and could offer deeper insight into the psychological diversity within this population.

9.5 Research in Non-clinical and Community Settings

Most existing studies rely on clinical populations, such as individuals who have already sought therapy. This leaves out a large number of ACOAs who are undiagnosed or unaware of the impact their upbringing has had on them. Hence, future research should also:

- Focus on non-clinical populations such as college students, working adults, and homemakers.
- ➤ Use community-based sampling to capture the silent struggles of ACOAs who have never accessed formal support systems.

By addressing these gaps, future research can contribute to a more inclusive, culturally sensitive, and developmentally comprehensive understanding of the ACOA experience. This knowledge can help design better prevention strategies, psychoeducation programs, and therapeutic interventions tailored to diverse populations.

10. FUTURE DIRECTIONS

Building upon the identified research gaps, this section outlines key future directions to deepen and broaden our understanding of the psychological impact of parental alcoholism on adult children. These directions aim to move beyond pathology toward a holistic and strength-based exploration of the ACOA experience.

10.1 Incorporating Cultural Sensitivity in Research

Future studies should prioritize culturally relevant models that take into account societal values, family structures, and social expectations unique to specific regions such as India. Research must avoid directly transplanting Western frameworks and instead:

- ➤ Develop culturally validated assessment tools for measuring attachment, trauma, and resiliencein ACOAs.
- Examine how cultural stigma, family honor, and community silence around alcoholism influence psychological outcomes.

10.2 Expanding Qualitative and Narrative- Based Research

Quantitative data alone may not capture the complex emotional and interpersonal experiences of ACOAs. Hence, qualitative research methods such as in-depth interviews, life histories, and thematic analysis can:

- Provide rich, firsthand accounts of emotional struggles, family roles, and adaptive strategies.
- ➤ Highlight subjective meanings and identity construction among ACOAs, especially in relation to shame, guilt, and self-worth.

10.3 Focusing on Resilience and Post-Traumatic Growth

Rather than solely emphasizing risk factors and dysfunction, future research should investigate how some ACOAs emerge as emotionally resilient, empathetic, and socially competent individuals. Future studies could:

- Explore the processes and turning points that lead to healing, self-reflection, and personal growth.
- ➤ Identify support systems—such as mentors, extended family, faith, or creative outlets—that foster resilience.

10.4 Longitudinal Tracking and Life Course Perspectives

To understand how the impact of parental alcoholism unfolds over time, long-term longitudinal studies are needed. These should:

- > Follow individuals from childhood into late adulthood.
- Examine how early experiences affect milestones such as education, career, relationships, parenting, and mental health.
- > Analyze patterns of intergenerational transmission or disruption of dysfunction.

10.5 Broadening Populations and Settings

To ensure inclusivity and generalizability, future research must move beyond clinical and therapy-seeking populations. It is essential to:

- ➤ Investigate ACOAs in non-clinical environments such as colleges, workplaces, and community groups.
- ➤ Conduct studies in rural and semi-urban areas, where both alcoholism and its psychosocial impacts are underreported.

10.6 Integrating Interdisciplinary Approaches

A more comprehensive understanding of ACOAs can be achieved by integrating perspectives from psychology, sociology, social work, and public health. Collaborative research efforts can:

- > Address not only individual psychological symptoms but also social, familial, and structural dynamics that perpetuate trauma.
- ➤ Inform policy-level changes and preventive frameworks to intervene earlier in the lives of children in alcoholic homes.

These future directions can pave the way for a more empathetic, inclusive, and actionable understanding of ACOAs. They also reinforce the importance of shifting from a purely deficit-based model to a trauma-informed and strengths-based perspective that values resilience, healing, and transformation.

11. SUMMARY AND CONCLUSION

This review aimed to explore the psychological consequences of parental alcoholism on adult children, with particular focus on parenting patterns, attachment disruptions, and long-term emotional outcomes. Drawing from theoretical models such as attachment theory and trauma frameworks, the review established that adult children of alcoholics (ACOAs) often grow up in environments marked by unpredictability, emotional neglect, and dysfunctional family roles.Alcoholic frequently exhibit parents impaired parenting characterized bv inconsistency, emotional unavailability, and, at times, verbal or physical abuse. These factors significantly impact the developing child's sense of safety and emotional regulation. As a result, many ACOAs experience insecure attachment styles from anxious to avoidant or disorganized—which continue to affect their adult relationships, self-worth, and ability to trust others.

Furthermore, the review highlighted how unresolved trauma in ACOAs often manifests as chronic stress, anxiety, depression, difficulties in emotional expression, and interpersonal conflict. The concept of intergenerational transmission emerged as a key concern, emphasizing how trauma, dysfunctional coping mechanisms, and maladaptive parenting patterns are often passed down, leading to recurring cycles of emotional harm. Despite these challenges, the review also acknowledged the resilience observed in some ACOAs. Factors such as supportive relationships, therapy, spirituality, and personal insight can enable these individuals to develop healthier coping strategies and foster emotional growth.

Overall, this review underscores the need for increased clinical attention, culturally sensitive research, and systemic support for ACOAs. There is a pressing need to raise awareness, implement early interventions, and create inclusive mental health frameworks that recognize the silent struggles of those raised in alcoholic households. By addressing both the vulnerabilities and strengths of ACOAs, future work can contribute to breaking cycles of trauma and fostering psychological well-being across generations.

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