

Self-Esteem among Children with and without Alcohol Dependency Syndrome Parents

L. Prabhu¹, Lancy D'Souza^{2*}

ABSTRACT

Self-esteem is defined as "a favorable or unfavorable attitude toward the self." It refers to how much value individuals place on themselves, or the degree to which they feel worthy or unworthy. The comparison of self-esteem between children of parents with Alcohol Dependency Syndrome (ADS) and those with non-ADS parents highlights the detrimental consequences of growing up in an environment affected by alcohol abuse, as well as the importance of protective factors that may mitigate these effects. In the present study, a total of 360 children, equally distributed between the two groups -children with ADS parents and children with non-ADS parents were recruited. The Self-Esteem Scale (SESc) developed by Roopa and Sairabanu (2001) was used to collect data from the selected samples. The SESC-20 measured children's self-esteem across six domains: Personal, Social, Emotional, Academic, Intellectual, and Moral. A two-way ANOVA was employed to determine the influence of group (ADS vs. non-ADS) and gender on self-esteem scores. The results revealed that children of ADS parents had significantly lower self-esteem scores across all domains, compared to children of non-ADS parents, except for the Intellectual domain. Additionally, gender significantly influenced self-esteem scores; girls had higher self-esteem scores in all domains, except for the Intellectual and Moral domains. Furthermore, it was observed that boys of ADS parents had lower self-esteem scores than the other groups.

Keywords: Children of parents with ADS, Self-esteem, Alcoholic

Self-esteem refers to an individual's overall evaluation of their worth or value, encompassing feelings of confidence, self-respect, and self-worth (Rosenberg, 1965). It plays a crucial role in psychological well-being, influencing how individuals perceive themselves, their abilities, and their relationships with others. People with high self-esteem tend to view themselves positively, exhibit greater resilience to stress, and are more likely to engage in healthy social and emotional behaviours (Harter, 1999). Conversely, low self-esteem is often linked to a variety of negative outcomes, including anxiety, depression, and difficulties in interpersonal relationships (Baumeister, Campbell, Krueger, & Vohs, 2003).

¹Research scholar, Dept. of Psychology, University of Mysore- 570006. India, email: prabhu.mdy80@gmail.com

²Professor, Department of Psychology, Maharaja's College, University of Mysore 570005, India, email: lancyd@ymail.com

*Corresponding Author

Received: September 10, 2024; Revision Received: September 20, 2024; Accepted: September 30, 2024

Self-Esteem among Children with and without Alcohol Dependency Syndrome Parents

Self-esteem develops through interactions with significant others, particularly during childhood and adolescence, when relationships with parents, peers, and educators contribute to the formation of self-perceptions (Coopersmith, 1967). External feedback, such as praise or criticism, and environmental factors, such as the home and school environment, play critical roles in shaping self-esteem (Harter, 2012). Thus, fostering positive self-esteem during early developmental stages is essential for promoting lifelong mental health and well-being. A variety of internal and external factors contribute to the development and maintenance of self-esteem. Parental involvement, warmth, and responsiveness play a pivotal role in its development. Children who experience supportive and affirming relationships with their parents are more likely to develop high self-esteem (Coopersmith, 1967). On the other hand, overcritical or neglectful parenting can lead to low self-esteem. As children grow, the influence of peers becomes increasingly significant. Positive peer interactions and friendships contribute to feelings of acceptance and belonging, which can bolster self-esteem. Peer rejection, bullying, or negative social comparisons can undermine self-esteem, particularly in adolescence (Harter, 2012).

Cultural and societal expectations regarding success, beauty, and behavior also shape self-esteem (Baumeister et al., 2003). Successes and failures in various domains, such as academic performance, career advancement, or athletic achievements, can influence self-esteem. Self-esteem is closely tied to overall mental health and well-being. High self-esteem is associated with positive mental health outcomes, including greater life satisfaction, better stress management, and lower levels of anxiety and depression (Orth & Robins, 2014). In contrast, low self-esteem is a significant risk factor for a range of mental health problems.

Self-esteem is a vital aspect of psychological well-being, influencing how individuals view themselves, relate to others, and handle life's challenges. Its development is shaped by a variety of factors, including parental influence, peer relationships, cultural expectations, and personal achievements. High self-esteem is linked to better mental health and greater resilience, while low self-esteem can lead to emotional difficulties and poor social functioning. Understanding the factors that influence self-esteem and its impact on mental health is crucial for promoting positive psychological development and well-being.

Children of alcohol-dependent parents face numerous self-esteem challenges stemming from emotional neglect concept (Velleman & Orford, 1999), inconsistent parenting, self-blame, social isolation, and exposure to conflict (Lambie & Sias, 2005). These children often grow up in unstable environments where they are forced to take on responsibilities beyond their age, leading to feelings of inadequacy, guilt, and low self-worth (Werner & Johnson, 2004). A recent study found that Children of ADS parents experienced significantly higher shyness scores in all the domains than children of non-ADS parents (Prabhu & D'Souza, 2024). The long-term impact of these experiences can persist into adolescence and adulthood, affecting their emotional well-being, social relationships, and self-concept. Early intervention and supportive relationships can help mitigate some of these negative outcomes and foster healthier self-esteem development in children of ADS parents (Harter, 2012).

METHOD

Hypotheses

H1: Children with ADS and non-ADS parents differ significantly in their self-esteem.

H2: Gender will significantly influence self-esteem among children of ADS and Non-ADS parents.

Sample

The sample was drawn by using a stratified random sampling method. The total sample size of 360 children in both groups, namely ADS and non-ADS parents, was recruited for the present study. The ADS samples were drawn from De-Addiction Rehabilitation centers in and around Bangalore. Further samples without ADS parents were drawn from different schools around Mysore and Bangalore.

Tools used

The self-esteem scale (SES- Roopa K.S. & Sairabanu. D. 2001) The self-esteem scale was developed by Roopa and Sairabanu (2001). It consists of 78 items with agreeableness 5 point Likert scale and requires the subject to indicate his/her response by marking one of the options out of five given (Strongly agree to disagree strongly). The scale has six domains, namely personal (12 items), Social (13 items), emotional (15 items), academic (11 items), intellectual (14 items) and moral aspects (14 items). The reliability of the scale was reported to be 0.9148, whereas validity was found to be 0.9565.

PROCEDURE

The subjects in the children of ADS parents group were selected from De-Addiction Rehabilitation centers, where one of their parents was undergoing treatment for ADS. They were briefed about the study and asked to complete the informed consent procedure, followed by providing personal demographic information, and then completing the CSAT questionnaire. Considering the reading ability of younger children, the researcher read each item aloud and asked them to respond with their choice. For the children of non-ADS parents group, the researcher visited various schools. After establishing rapport, the children filled in their demographic information and completed the C-SAT questionnaire in a group setting. Participants read each item carefully and chose one of three possible responses ('Yes,' 'No,' or 'Cannot say') to indicate how true each statement was for them and how they felt or acted in the described situations. Once the data was collected, it was scrutinized, scored, and compiled into a master chart for further statistical analysis. Two-way ANOVA was employed to determine the differences between groups, as well as the effects of gender and age. Tables 1 and 2 provide detailed descriptive and inferential statistics.

RESULTS

Groups, gender and Self-esteem

Table 1 Mean Self-esteem scores (on various domains) of boys and girls subjects in **Children of ADS and Non ADS parents group** and results of 2-way ANOVA

Group	Gender	Domains of Self-esteem							
		Personal		Social		Emotional		Academic	
		Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Children of ADS parents	Boys	27.74	2.99	26.69	4.27	33.08	3.32	28.39	4.55
	Girls	29.25	4.44	29.88	5.56	33.88	3.82	29.61	4.84
	Total	28.53	3.87	28.34	5.21	33.49	3.60	29.03	4.73
Non-ADS parents	Boys	35.70	4.02	36.17	4.32	37.37	6.50	29.54	4.74
	Girls	36.00	4.39	35.31	5.90	39.47	6.50	31.43	4.52
	Total	35.88	4.24	35.65	5.34	38.64	6.56	30.69	4.68
Total	Boys	31.32	5.28	30.96	6.38	35.01	5.43	28.91	4.65
	Girls	32.89	5.55	32.81	6.34	36.89	6.10	30.59	4.74
	Total	32.20	5.48	32.00	6.41	36.07	5.88	29.86	4.77
F (Group) _{1,316}		F=259.072; p=.001		F=163.12; p=.001		F=69.163; p=.001		F=7.947; p=.005	
F (Gender) _{1,316}		F=3.944; p=.048		F=3.966; p=.047		F=6.001; p=.015		F=8.768; p=.003	
F (Int) _{1,316}		F=1.757; p=.186		F=12.065; p=.001		F=1.211; p=.275		F=.403; p=.526	

Table 1 cont'd: Mean Self-esteem scores (on various domains) of **Children of ADS and Non ADS parents group** by gender groups and results of 2-way ANOVA

Group	Gender	Domains of Self-esteem					
		Intellectual		Moral		Self-esteem Total	
		Mean	S.D	Mean	S.D	Mean	S.D
Children of ADS parents	Boys	35.12	6.45	34.53	6.62	185.55	16.89
	Girls	35.52	5.42	33.76	7.03	191.90	20.79
	Total	35.33	5.92	34.13	6.83	188.84	19.22
Non ADS Parents	Boys	35.70	6.55	35.67	8.12	210.14	22.51
	Girls	37.53	7.55	34.73	6.37	214.47	23.73
	Total	36.81	7.21	35.10	7.10	212.77	23.28
Total	Boys	35.38	6.48	35.04	7.33	196.61	23.08
	Girls	36.60	6.71	34.28	6.68	204.07	25.05
	Total	36.07	6.63	34.62	6.97	200.81	24.45
F (Group) _{1,316}		F=3.018; p=.083		F=1.782; p=.183		F=96.266; p=.001	
F (Gender) _{1,316}		F=2.236; p=.136		F=1.171; p=.280		F=4.944; p=.027	
F (Int) _{1,316}		F=.916; p=.339		F=.010; p=.919		F=.178; p=.674	

Personal domain: Two-way ANOVA revealed a significant mean difference in Self-esteem scores between children of ADS parents and non-ADS parents (F=259.072; p=.001). From the mean values, it is clear that children of ADS parents had lower self-esteem scores than

Self-Esteem among Children with and without Alcohol Dependency Syndrome Parents

children of non-ADS parents (mean values 28.53 and 35.88, respectively). The gender-wise comparison revealed a significant mean difference between boys and girls ($F=3.944$; $p=.048$), indicating that girls had higher social self-esteem scores than boys (mean scores 32.89 and 31.32, respectively). The interaction effect between groups and gender was found to be non-significant ($F=1.757$; $p=.186$), indicating a similarity in the self-esteem pattern among boys and girls, irrespective of their group.

Social domain: In the social domain, children of ADS parents had lesser Self-esteem scores than children of non-ADS parents (mean values 28.34 and 35.65, respectively). F value of 163.123 was found to be significant at the .001 level. Boys and girls differed significantly in their Self-esteem scores ($F=3.966$; $p=.047$), indicating that girls had higher social self-esteem scores than boys (mean scores 32.81 and 30.96, respectively). ANOVA also revealed a significant interaction effect between groups and gender ($F=12.065$; $p=.001$), indicating that boys of ADS parents had lower self-esteem scores than the rest.

Emotional domain: Two-way ANOVA revealed a significant mean difference in Self-esteem scores between children of ADS parents and non-ADS parents ($F=69.163$; $p=.001$). Children of ADS parents had lower self-esteem scores than children of non-ADS parents (mean values 33.49 and 38.64, respectively). The gender-wise comparison revealed a significant mean difference between boys and girls ($F=6.001$; $p=.015$), indicating that girls had higher emotional self-esteem scores than boys (mean scores 36.89 and 35.01 respectively). The interaction effect between groups and gender was insignificant ($F=1.211$; $p=.275$).

Academic domain: In the academic domain of self-esteem, children of ADS parents had lesser self-esteem scores than children of non-ADS parents (mean values 29.03 and 30.69, respectively). F value of 7.947 was found to be significant at the .005 level. Boys and girls differed significantly in their self-esteem scores ($F=8.768$; $p=.003$), indicating that girls had higher academic self-esteem scores than boys (mean scores 30.59 and 28.91, respectively). The interaction effect between groups and gender was insignificant ($F=0.403$; $p=.526$).

Intellectual domain: The children's age did not significantly influence Self-esteem scores in the intellectual domain ($F=3.018$; $p=.083$). The gender-wise comparison revealed a non-significant mean difference between boys and girls ($F=2.236$; $p=.136$). The interaction effect between groups and gender was found to be non-significant ($F=.916$; $p=.339$), indicating a similarity in the self-esteem pattern among boys and girls, irrespective of their group.

Moral domain: The children's age did not significantly influence self-esteem scores in the moral domain ($F=1.782$; $p=.183$). The gender-wise comparison revealed a non-significant mean difference between boys and girls ($F=1.171$; $p=.280$). The interaction effect between groups and gender was found to be non-significant ($F=0.010$; $p=.919$), indicating a similarity in the self-esteem pattern among boys and girls, regardless of the group to which they belong.

Total Self-esteem scores: In total Self-esteem scores, children of ADS parents had lower Self-esteem scores than children of non-ADS parents (mean values 188.84 and 212.77, respectively). F value of 96.266 was found to be significant at the .001 level. Girls had significantly ($F=4.944$; $p=.027$) higher self-esteem scores than boys (mean values 204.07 and 196.61, respectively). ANOVA showed a non-significant interaction effect between groups and gender ($F=0.178$; $p=.674$).

DISCUSSION

Major findings of the study

- Children of ADS parents experienced significantly lower self-esteem scores in all the domains than children of non-ADS parents except for the Intellectual domain.
- The children's gender significantly influenced their self-esteem scores; girls had higher self-esteem scores in all the domains of self-esteem except for intellectual and moral domains.
- Boys of ADS parents had lowest self-esteem scores than the rest of the groups like girls of ADS and non-ADS parents and boys of Non-ADS parents

This study highlights significant differences in self-esteem across various domains between children of ADS (Alcohol Dependence Syndrome) parents and non-ADS parents. Children of ADS parents had lower self-esteem in personal, social, emotional, and academic domains, consistent with earlier findings on the adverse psychological impact of parental alcohol dependence (Moe et al., 2007; Peleg-Oren & Teichman, 2006). Gender differences showed girls generally scored higher than boys, reflecting greater resilience in interpersonal and academic contexts (Harter, 2012; Eccles & Wigfield, 2002).

Boys of ADS parents were particularly vulnerable, scoring the lowest in social and emotional domains, aligning with studies on their heightened sensitivity to social stigma and emotional suppression (Johnson & Leff, 1999). No significant group or gender differences were found in intellectual and moral domains, suggesting these may be influenced more by external factors like school and culture (Steinberg, 2001). HENCE, Hypothesis 1 is accepted completely and hypoythesis 2 regarding gender difference is accepted for all the domains except for intellectual and moral domains.

The findings underscore the need for targeted interventions to support self-esteem development in children of ADS parents, especially boys, and emphasize the importance of gender-sensitive approaches. Future research should explore gender-specific mechanisms and external support systems to buffer these adverse effects.

CONCLUSION:

In conclusion, the findings highlight the significant impact of parental Alcohol Dependency Syndrome (ADS) on children's self-esteem, with lower scores observed in children of ADS parents across most domains, except for the intellectual domain. Gender differences were also evident, with girls generally demonstrating higher self-esteem than boys in most domains, except for the intellectual and moral domains. Additionally, boys of ADS parents were identified as the most vulnerable group, showing the lowest self-esteem scores. These results emphasize the need for targeted interventions to support the psychological well-being and self-esteem development of children from ADS families, with a particular focus on gender-specific needs and providing additional support for boys. Addressing these disparities could contribute to fostering resilience and improving outcomes for these children.

REFERENCES:

- Baumeister, R. F., Campbell, J. D., Krueger, J. I., & Vohs, K. D. (2003). Does high self-esteem cause better performance, interpersonal success, happiness, or healthier lifestyles? *Psychological Science in the Public Interest*, 4(1), 1-44.
- Coopersmith, S. (1967). *The antecedents of self-esteem*. W. H. Freeman.
- Eccles, J. S., & Wigfield, A. (2002). Motivational beliefs, values, and goals. *Annual Review of Psychology*, 53(1), 109-132.

Self-Esteem among Children with and without Alcohol Dependency Syndrome Parents

- Harter, S. (1999). *The construction of the self: A developmental perspective*. Guilford Press.
- Harter, S. (2012). *Self-perception profile for adolescents: Manual and questionnaires*. University of Denver.
- Johnson, V., & Leff, M. (1999). Children of substance abusers: Overview of research findings. *Pediatrics*, 103(5), 1085-1099.
- Lambie, G. W., & Sias, S. M. (2005). Children of alcoholics: Implications for school counselors. *Journal of Counseling & Development*, 83(1), 52-62.
- Moe, J., Johnson, J., & Wade, W. (2007). Family dynamics and their impact on adolescent self-esteem. *Journal of Child and Family Studies*, 16(2), 105-115.
- Orth, U., & Robins, R. W. (2014). The development of self-esteem. *Current directions in psychological science*, 23(5), 381-387.
- Peleg-Oren, N., & Teichman, M. (2006). Young children of parents with substance use disorders: A review of the literature and implications for social work practice. *Social Work*, 51(1), 73-83.
- Prabhu, L., & D'Souza, L. (2024). Shyness in children of parents with and without ads- a comparative study, *Mukth Shabdh Journal*, 13 (10), 611-622
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton University Press.
- Roopa K.S., & Sairabanu, D. (2001). *The self-esteem scale (SESc)*. Psychotronics, Bangalore.
- Steinberg, L. (2001). We know some things: Parent-adolescent relationships in retrospect and prospect. *Journal of Research on Adolescence*, 11(1), 1-19.
- Velleman, R., & Orford, J. (1999). Risk and resilience: Children of alcoholics and substance abusers. *Cambridge University Press*.
- Werner, E. E., & Johnson, J. L. (2004). The role of caring adults in the lives of children of alcoholics. *Substance Use & Misuse*, 39(5), 699-720.

Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: L. Prabhu & L. D'Souza (2024). Self-Esteem among Children with and without Alcohol Dependency Syndrome Parents. *International Journal of Indian Psychology*, 12 (3), 3450-3456. DIP: 18.01.337.20241203, DOI: 10.25215/1203.337