

THE EFFECT OF ALCOHOLISM ON THE DESTRUCTION OF RELATIONSHIP VALUES

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Abstract: The paper examines the impact of alcoholism on the values of family relationships and highlights the destructive consequences of alcohol abuse. The paper uses qualitative research methods and focuses on two distinct groups: middle-aged women from well-off families and children from children's homes who have experienced alcoholism from a family member. The paper reveals the pervasive consequences of parental alcohol abuse, such as low self-esteem, emotional instability and difficulties in establishing and maintaining healthy relationships. The findings highlight the urgent need for greater awareness and prevention efforts regarding the broader social and familial impacts of alcohol consumption. This research contributes to the understanding of relational dynamics in families affected by alcoholism.

Keywords: Alcoholism, Relationship values, Qualitative research, Parental alcohol abuse, Emotional stability, Social intervention, Children's home

1 Introduction

Alcohol, a widely available legal substance, can have a profound and lasting impact on human relationships and the quality of interpersonal relationships. The main aim of this article is to highlight how alcohol consumption by a family member impairs the ability to maintain healthy and functional relationships, not only for the individual affected by alcoholism but also for other members of the impaired family.

We worked with two groups of persons with experience of alcoholism among their immediate family members. In the first group, we analysed the experiences of adult well-off women with the alcoholism of a member of their families. The second group was made up of children living in a children's home whose parents have alcoholism. We introduce the paper by reviewing the current state of knowledge with emphasis on the severity of alcohol abuse in the Czech Republic. We will then introduce the two groups studied and, using a qualitative design, look for similarities in fates, behavioural patterns, and, above all, the relational patterns of these groups studied, linked by the hostile experience of a close alcoholic. Our results will show the severity of the impact of alcoholism on family members, and especially the disturbances in relational patterns that are evident in the individual long after the last contact with an alcoholic father, mother, husband, or other loved one. Based on our findings, it will be possible not only to modify social attitudes toward alcohol but, above all, to draw attention to the fact that alcohol not only destroys alcoholics themselves but demonstrably destroys their loved ones as well.

2 The Situation Related to Alcohol Use in the Czech Republic

As far as the Czech Republic is concerned, it has long been at the top of the alcoholic beverage consumption charts. Alcohol is the most widespread socially tolerated drug. In the Czech Republic, drinking alcohol is widespread and is one of the most common and common ways of spending leisure time and having fun. We can say that alcohol is an integral part of the fabric of Czech society. Alcohol consumption in the Czech Republic is a severe and society-wide problem. The Czech Republic is one of the countries with a high consumption rate, equivalent to 10 litres of pure ethanol per person per year, including children and the elderly. Between 6 and 10% of the adult population drinks alcohol daily, and this proportion has remained stable over the long term. Approximately 12% of the population admits to frequent heavy drinking, which is highest among young adults and decreases with age. In contrast, the proportion of daily drinkers increases with age. Among adolescents, there has been a significant decline in drinking since 2010, including regular consumption and risky forms of drinking, as confirmed by the 2022 studies. Nevertheless, the level of drinking among adolescents remains high in the European context. An estimated 1.3-1.7 million adults in the Czech Republic fall into the

category of hazardous drinking, of whom 720-900,000 show signs of harmful drinking. Annually, 6-7 thousand people die as a result of alcohol consumption, of which 2 thousand deaths are directly attributable to alcohol, and of these deaths, 500 are due to alcohol intoxication. Alcohol dependence has significant impacts on society and the health system, including injuries, traffic accidents and alcohol-related violence. People with alcohol dependence die on average 24 years earlier than the general population. Approximately 25-35,000 persons are in contact with services and treatment for alcohol dependence annually, with the most significant proportion in contact with mental health facilities, including outpatient and inpatient care (Chomynova et al. 2024).

3 The Current State of Knowledge

For a paper on the impact of alcohol on relational competence, a brief description of the relevant literature would be very extensive. We have therefore decided to describe in a manageable amount of detail all the available authors, focusing only on the most relevant ones for each area. Thus, we will begin with a brief insight into the relational domain, continue with the issue of the adverse effects of alcohol on health, and focus primarily on the impact of parental alcoholism on the healthy psychological and social development of the child. We will also take a brief look into the area of trauma.

Relational competence, i.e., creating and maintaining healthy and functional interpersonal relationships, is essential for an individual's psychological and social development. John Bowlby, the founder of relational attachment theory, emphasised that early relationships between children and their caregivers influence their emotional and social skills. Bowlby's theory states that children with a secure attachment to a caregiver can better regulate their emotions, have higher self-esteem, and have healthier relationships in adulthood. Conversely, children with an improperly formed attachment often suffer from anxiety, mistrust, and relationship problems (Bowlby 1999; Ainsworth 2015).

Zdeněk Matějček, a prominent Czech child psychologist, emphasised the importance of the family environment for the child's healthy development. According to Matějček, children must grow up in an environment where their emotional needs are met and feel safe and loved. Matějček emphasised the need for emotional security and support in early childhood, essential for developing trust and secure relational attachment. Negative influences, such as neglect or abuse, can lead to severe problems in relational competence, which manifests itself in adulthood in the inability to establish and maintain stable and healthy relationships (Matějček 2007). If Bowlby is seen as the father of research on relational issues, Matějček can be described as the Czech Bowlby.

The ideas resonating through the work of Bowlby and Matějček underscore how crucial early relationships are to an individual's life. Secure and stable early relationships are the foundation for healthy social functioning and psychological well-being (Iwaniec 2006). Conversely, the absence of these elements can lead to long-term problems that require therapeutic intervention and support. Understanding these dynamics is crucial for effective work with children and families in psychological and social practice. Early intervention and support can help prevent the negative consequences of maladaptive relational attachments and ensure that children grow into emotionally stable and socially competent individuals. Several authors have highlighted the negative impact of alcohol on child development. We have mentioned the Czech Republic's infamous top ranking in alcohol consumption. However, the Czech Republic is not only on the cutting edge of alcohol consumption but also on the cutting edge of alcoholism research with a long tradition of quality treatment (Miovisky et al. 2018).

One of the effects of a parent's alcoholism is damage to the child's physical health (Bjorkquist et al. 2010; Williams et al. 2015; Floyd et al. 2007). Alcohol has a devastating impact on the development of the child's organism (Pop-Jordanova and Demerdzieva, 2022). Alcohol is often the cause of family breakdown. Parental divorce is a severe trauma for a child (Çaksen 2021; Parker and Harford 1988). If the family does not break up, alcohol can disrupt the stable patterns of a family environment. Regular and excessive alcohol use can lead to the development of aggressive behaviour and decreased empathy and understanding, resulting in frequent conflict and an inability to solve problems constructively (Black et al. 1986; Blane 1988; Seilhamer et al. 1993; Şen-Aslan 2021).

Alcohol often acts as a catalyst in exacerbating existing relationship problems, resulting in loss of trust, increased alienation and isolation of partners or family members. Alcohol is present in violent behaviour patterns in families (Noh-Moo et al. 2023; Gallego et al. 2019; Velleman 2004). For a child, living in a family affected by a parent's alcoholism is a significant determinant of future educational and social difficulties (Brisby et al. 1997; Dore et al. 1995; Hodačová et al. 2017). In such families, a stable environment, so much for healthy child development, is absent (Iacopetti et al. 2021; Mayer and Black 1977; Murphy et al. 1991; Sovinova et al. 2001). There is no question that the experience of having a family member who has alcoholism is a highly traumatic affair. We sometimes forget that although alcoholism is a severe disease, the disease is downright toxic to family members of alcoholics. Trauma demonstrably impacts many areas of the affected individual's life (Anda et al. 2002; Maté 2012). To conclude this section, mention should be made of the groundbreaking work of Janet Geringer Woititz, whose work details the negative impact of a parent's alcoholism on a child's personal development, which is reflected in their behaviour throughout their life (Woititz 2020).

Children of alcoholics often suffer from a wide range of problems. Low self-esteem, anxiety and depression are common problems experienced by these children. Children of alcoholic parents have an increased risk of developing mental disorders, including post-traumatic stress disorder. Children growing up in an environment with alcoholic parents often face problems in social relationships. These children tend to isolate themselves from their peers and may have difficulty forming and maintaining friendships. The lack of stable and positive family relationships often leads to difficulties in interpersonal interactions and trust issues. Emotional instability is another common phenomenon in children of alcoholic parents (West and Prinz 1987). These children often experience feelings of shame and guilt for their parent's behaviour. This emotional burden can lead to long-term problems with emotional regulation and self-concept. Children of alcoholic parents often experience difficulties in academic settings. Research shows these children have a higher risk of school failure, lower academic performance, and more frequent need for special education. Cognitive deficits may include problems with memory, attention, and executive function. Children growing up in families with alcoholic parents face many challenges that affect their psychological, social, and emotional development (Schuckit and Sweeney 1987; Woititz 2020; Röhr 2011).

4 Methods

For this paper, we worked with a qualitative research design based on a thematic analysis of information gathered from two groups of respondents. All respondents were affected by a family member's experience of alcoholism. This global group was stratified into two subgroups. The first group was middle-aged women from well-off families, and the second group was children from the children's home. Within these groups, we worked primarily with interviews. Interviews are one of the most important research tools for qualitative research (Wilson et al. 2000; Dejonckheere and Vaughn 2019). Interviews were recorded, converted into written text, and analysed further. All research participants were informed about the possibility of refusing to participate. We are aware of the ethical level of the

research. Therefore, all data is anonymised and presented in a way that maintains privacy and avoids the possibility of identifying those involved. Although our focus group had fewer respondents, this smaller number allowed us to have more intensive contact with respondents (Krueger and Casey 2015).

We used thematic analysis as the primary research tool. Thematic analysis is a qualitative research method often used to identify, analyse, and interpret themes in research data. Thematic analysis is popular due to its flexibility and ability to handle large volumes of data, making it suitable for a wide range of research questions and datasets. The process of thematic analysis can be divided into several primary stages. The research begins with a detailed familiarisation with the data. The data are then systematically coded, which involves identifying aspects of interest in the data that are relevant to the research question. The codes are grouped into potential themes. The identified themes are revised and refined. Themes are defined and named. Each theme is described in detail, highlighting its importance and relevance to the research question. The thematic analysis process is concluded by producing a final report that includes a detailed analysis of each theme and its relevance to the research question. This stage involves interpreting and presenting the results in the broader research context (Braun and Clarke 2006).

The thematic analysis offers several advantages contributing to its growing popularity in qualitative research (Attride-Stirling 2001). Thematic analysis is a highly flexible method that can be applied to various research questions and data types. It can be applied to data from interviews, focus groups, documents and other qualitative sources. This method allows researchers to capture the complexity and richness of qualitative data. As a result, deep and nuanced meanings can be identified that might be overlooked by other methods. Thematic analysis effectively identifies and analyses patterns (themes) in data. It allows researchers better to understand structured and unstructured data and its meaning. The thematic analysis procedures are relatively easy to understand and apply, making them easy to use even for researchers who are not experts in qualitative methods. Thematic analysis can be used in various disciplines and fields, including psychology, sociology, education, health, and others. It is suitable for basic research as well as applied and evaluative studies. Thematic analysis can be used in both theoretical and empirical research. It allows researchers to explore data within existing theoretical frameworks or develop new theories based on data (Nowell et al. 2017; Guest et al. 2012).

Thus, we worked with two sets of information that we collected during our research activities. We filled these two baskets of information primarily with the help of interviews, which we supplemented by observing respondents' reactions during interviews and analysing available documents. We then processed the captured findings using the thematic analysis method. This allowed us to identify common themes that emerged when coding data from two very different research settings. Thematic analysis is a robust and versatile method that allows for deep and meaningful exploration of qualitative data. Its flexibility and ability to reveal hidden patterns in data make it an essential tool for researchers in many disciplines.

4.1 Study Group 1

The first group studied consisted entirely of middle-aged women who had undergone past alcohol treatment. We were familiar with the fact that the fathers of the respondents had severe alcohol problems. Respondents were from well-off backgrounds, financially secure, and well-educated.

Respondent 1, female, age 32

Conduct during the interview: she speaks readily, digresses, loses context, talks in great detail, and shows emotion. The father was an alcohol addict; he never paid attention to the family. His alcohol binges were full of aggression, arguments with his mother, crude insults, violence, and attempted rape of his daughters. The respondent married very soon, leaving with

her husband to another town. Her sister included her with reproaches for having abandoned her and stopped protecting her against her father's attacks. Her mother cried into the telephone and begged her to come home, saying that they could not manage without her. At that time, the respondent began to seek help in alcohol. She went into treatment, successfully abstaining. The reason she relapsed was the tragic death of her husband, who was a great support to her. She underwent further treatment and is now abstinent.

Respondent 2, female, age 33

Conduct during the interview: she speaks coolly, without emotion, even about the worst experiences; nothing is taboo. She answers briefly, rather tersely, without thinking. From early childhood, she experienced her father's alcohol intoxication. Rough to brutal behaviour was the order of the day, all before her eyes. Her father ruled with a heavy hand, her mother had no say, she would not leave her father. When she found out that her daughter was sleeping with a knife under her pillow to defend herself against possible sexual assaults by her father, she began to lock her in her room, not to protect her child, but out of fear that her daughter would hurt her husband. From the age of 16, after her brother left the family, the respondent began to consume alcohol to a greater extent in order to survive everything. She is currently undergoing treatment for alcohol dependence. She also has problems with anorexia nervosa.

Respondent 3, female, age 34

Conduct during the interview: she speaks very willingly, is calm, and composed. Father addicted to alcohol. Childhood initially happy, parents devoted themselves to her and her sister, father often played with the children. The situation changed when the father moved to another job. He frequented the pub and returned home drunk. He often talked about suicide. There were arguments, remorse and crying in the family. The mother tried to seek professional help, but the father refused. The family was desperate. The father committed suicide. The respondent had undergone treatment, was married and had two children.

The interviews were conducted in a safe environment, and the respondents consented to them. We asked the following six key questions, and for our paper, we offer an accurate record of the most significant responses from all three respondents. This is an exact recording of direct speech; we have not edited the grammar.

- Q1: Did your father ever receive treatment for alcoholism?
 Q2: Has he ever regretted what he did in an alcoholic haze?
 Q3: How did your childhood affect you from your point of view?
 Q4: How do you feel about your father today?
 Q5: What contact do you have with your family?
 Q6: What is your relationship with men?

Q1: Did your father ever receive alcoholism treatment for alcoholism?

- Respondent 1: He didn't get treatment. No way, because he claimed that he was not an alcoholic.
 Respondent 2: He did not. He never admitted he had a drinking problem
 Respondent 3: He did not. He never wanted to seek professional help, even though his mother begged him many times.

Q2: Has he ever regretted what he did in an alcoholic haze?

- Respondent 1: Never.
 Respondent 2: Never.
 Respondent 3: He was always feeling sorry for himself and talking about what a burden he was to us. He didn't want to live.

Q3: How did your childhood affect you from your point of view?

- Respondent 1: I'm a terrible emotional person; I cry all the time, I don't trust myself, and I underestimate myself.
 Respondent 2: I'm an addict; I always underestimate myself; I don't believe in myself.
 Respondent 3: I couldn't cope with the stressful situation. It wasn't until treatment that I found many issues and problems that I was holding in. Fortunately, the treatment helped me to deal with them.

Q4: How do you feel about your father today?

- Respondent 1: He's my father, but he hurt us a lot, and I'll never forgive him for that.
 Respondent 2: He's a stranger to me.
 Respondent 3: I still think about him. I know today that his death was not my fault, but sometimes I ask myself if it could have been prevented after all. I did, and, in fact, I still love him.

Q5: What contact do you have with your family?

- Respondent 1: I love my mother very much, she comes to see me often.
 Respondent 2: I only see my mother, I love her, but I have never forgiven her for not protecting me against my father.
 Respondent 3: No answer

Q6: What is your relationship with men?

- Respondent 1: (respondent is crying) I lost the man of my life. I don't know if anyone will be able to replace him. I want him back.
 Respondent 2: I don't like men, it took me a very long time before I could establish a relationship with a man. I feel that men are an inferior race, that you can't lean on them, rely on them. I'm an advocate of feminism.
 Respondent 3: I have a wonderful and tolerant husband. He had to go through a lot of hard times with me, and our marriage has endured. I am grateful for his help and support.

4.2 Study group 2

The second group studied consisted of children living in a children's home setting who had experienced parental alcoholism. We use the term child because this is an established convention for the children's home setting, but the study group was composed of minors and young adults, two girls and one boy. Children's homes are for children whose families cannot function (Daněk et al. 2023). All members of the study group came to the children's home from pathological family backgrounds. A pathological environment is the primary cause of a child's arrival in a children's home environment (Daněk 2022; Daněk 2023). It is important to emphasise that although we knew which respondents had alcoholic parents, we always waited for this information to be heard from the child. Only then did we initiate the interviews, of course, with maximum consideration for the vulnerability of the respondents. Compared to study group 1, the interviews took place over a more extended period, and we could also corroborate the respondents' statements with additional information obtained from the educational records. Because we had the opportunity to have long-term contact with the respondents, it was preferable to use unstructured interviews. We only framed the interviews thematically around the parents' alcoholism.

Respondent 1, female, age 21

From the documentation, we found that both parents had an alcohol problem in the original family. In early childhood, the father committed suicide. The college-educated mother gradually fell through the labour market into menial labour positions. Currently, the mother lives in a hostel, refuses treatment, and denies alcohol problems. The respondent speaks about her mother's difficulties with obvious shame, often using the

following codes: shame, shame. She condemns alcohol. In her own words, the respondent cannot establish any relationship because she feels inferior. Attempts at a relationship regularly end after a very short time. Although psychological intervention has been repeatedly recommended to her, the respondent refuses it. School performance is somewhat below average. She maintains contact with her mother, and they visit each other frequently. After each visit, the respondent's psychological state deteriorates sharply, and recently, we have noticed an increase in psychosomatic difficulties.

Respondent 2, male, age 18

The respondent came to the children's home from a background where his parents divorced because of his father's alcoholism, and his mother found a new boyfriend who also has significant problems with alcohol. The father had repeatedly undergone alcohol treatment but usually left before the end of treatment. The mother is unskilled and uneducated, and she and her current boyfriend do not have stable housing. They work as temporary workers. The respondent has constant conflicts with his father, citing him as the cause of the problems that brought the respondent to the children's home. Like respondent 4, she has difficulty establishing, especially maintaining, a partner relationship. Also included in the relational dimension is the respondent's unbalanced relationship with his siblings. They are significantly younger and not yet fully aware of the context of their father's alcoholism. They glorify the father and claim that the father does not drink, that this is a purposeful lie told by the mother's current boyfriend. This contradiction introduces serious conflict in sibling relationships, with siblings accusing each other of lying. During interviews, a code was often heard: fatigue, pressure. Alcohol is frowned upon. The respondent is currently undergoing evaluation for post-traumatic stress disorder.

Respondent 3, female, age 19

The respondent came to the children's home from a broken family environment, which included a substance-abusing mother and a father who had significant alcohol problems. The father is currently serving a prison sentence. During interviews, the respondent repeatedly stressed that she was disappointed with the entire male population, which her father represented. Her father was brought to prison for criminal activity linked to alcoholism. The father relativises his wrongdoing, and the respondent claims a future together awaits them after his release. The respondent has been under psychological pressure for a long time, and because of this information, it was necessary to seek psychological support. She cannot establish a solid relationship, feels inadequate and, in her words, lacks self-confidence. She condemns alcohol. She escapes into the virtual world and describes her future after leaving the children's home as uncertain and threatening.

We would see similar stories with the vast majority of children in children's homes. Surprisingly, there is no accurate count of the number of children who came to the children's home as a result of the alcoholism present in their original families. This can be explained by the fact that alcohol is comorbid in a range of pathological behaviour patterns. For example, a child placed in a children's home because of domestic violence will cite domestic violence as the primary reason, but this may be accelerated by alcohol. Alcoholism as the main reason for placement in a children's home thus remains somewhat hidden. This area will be the subject of our further research.

5 Results

The main aim of our paper was to investigate to what extent a parent's alcoholism impacts the relational competence of the alcoholic's family members. Although we conducted the research in different settings, the results are identical. All of our respondents had significant relationship difficulties due to the alcoholism of their relatives. When we compare the results for Research Group 1 and Research Group 2, we find that each of

the respondents was significantly affected by the parent's alcoholism. The most significant codes for all respondents are low self-esteem, distrust of others, disappointment, and failure.

All of the respondents in Research Group 1 had significant alcohol problems themselves at some stage in their lives. All of the respondents in Research Group 2 condemn alcohol. However, we have to ask why should a child from a children's home be more resistant to the risk of alcoholism than the respondents in Research Group 1, i.e. well-off middle-class individuals? In terms of relationships, respondents repeatedly identified difficulties in establishing and maintaining relationships. For Research Group 2, we noted compensation for the absence of relationships in the form of escape into virtual space. When we consider the impact of the institutional environment on the individual, compounded by the negative experience with an alcoholic parent, the issue of parental alcoholism on children in the children's home takes on a deeper dimension.

6 Conclusion

Our small research study highlighted a big problem. Our work focused on the impact of family member alcoholism on family members' relational competence. And we found that the impact is enormous. We sought to use a comparison of two small groups of individuals affected by a parent's alcoholism to highlight the devastating impact on a child's ability to establish a fulfilling relationship. We have tried to highlight that this issue is current in all strata of society. Among college students, the unemployed, the financially secure, the young, the old, men and women. Each of our respondents had demonstrably impaired relational competence, and the cause was the alcoholism of a family member. Although our study group was small and we could not make general conclusions, we stated a question supported by our research rather than a conclusion.

Can a stable and harmonious individual ever grow up in an environment where an alcoholic is present? At the beginning of the article, we mentioned 720-900 thousand people in the Czech Republic showing signs of harmful drinking. Therefore, we operate with 720-900 thousand fathers, mothers, and family members. Suppose their harmful drinking negatively affected a single member of their family. In that case, we are talking about 720-900 thousand individuals who will show similarly disturbed relational competence as we described in our paper. Unless society realises the gravity of the situation, we cannot expect spontaneous improvement. Prevention activities at the state level will need to be significantly strengthened. It will be necessary to appeal to the media so that the space devoted to presenting trendy alcoholic beverages is dedicated to promoting healthy lifestyles. It will be necessary to recognise that the culturally established welcoming attitude towards alcohol needs to be reconsidered. We hope that our small article will contribute to a much-needed change.

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Primary Paper Section: A

Secondary Paper Section: AM