



Contents list available <http://www.kinnaird.edu.pk/>

## Journal of Research & Reviews in Social Sciences Pakistan

Journal homepage: <http://journal.kinnaird.edu.pk>



### ROLES AND ASSOCIATED DEMOGRAPHIC FEATURES OF ADULT CHILDREN OF ALCOHOLIC FATHERS IN PAKISTAN

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#### Abstract

Alcoholism is one of those diseases that affects the individual and also the family. It has been clinically observed for many years that the children of alcoholics, regardless of age, are adversely impacted and in order to have some semblance of control they assume the roles of hero, mascot, scapegoat, or the lost child in the family. These roles continue even if the parental figure stops drinking. These roles give identity and lead to rigidity, therefore, dysfunctionality. The current study ascertains the relationship between key demographics and roles of the adult children of alcoholic fathers in Pakistan. For this purpose a correlational research design was used where N=400 with an almost equal number of participation across gender. A demographic questionnaire and Role Identification Scale was used to measure the variables. The results indicated that there is no difference between the roles across gender and number of siblings. Moreover, there is a moderate difference between most of the roles and two age groups and a significant difference was reported between the birth order and level of education across the roles. The results were discussed in the light of in relationship to the review of the literature.

#### Keywords

Alcoholics, Adult Children, Alcoholic Fathers, Family Roles, Demographics



## **1. Introduction**

Alcohol is one of the oldest addictions because it is intoxicating and causes euphoria yet is addictive (Heitzig *et al.*, 2010; World Health Organization, 2005). Being euphorically addictive, socially approved and readily accessible has made it one of the most commonly abused substances internationally (Lowinson *et al.*, 2005). Therefore, across the globe studies have been done to depict the prevalence alcoholism, for example in USA, 17.6 million adults showed alcohol dependence over other substance dependence (National Institute of Health, 2004). In Korea, 3.5 million civilians suffered from alcoholism (Jekarl, 2001). In Ireland, 1.35 million Irish adults are considered to be harmful drinkers (Alcohol Rehab Ireland, 2019). In Pakistan, approximately 1 million people are dependent on alcohol, in spite of alcohol being prohibited by law (Walsh, 2010) and alcohol-related diseases have risen by at least 10% in the past five years (BBC News, 2019). However, the gender of the person consuming alcohol may vary widely. In south Asian culture, women are discouraged to be outgoing and are generally kept in strict household environments. This might be the reason why there are less patterns of drug abuse observed in women as compared to men in Iraq and Afghanistan (Al-Hammiery *et al.*, 2017, Cottler *et al.*, 2017). Since alcohol is expensive, hence, household suffers financially, especially, if the breadwinner is alcoholic (Cruse & Wegscheider, 2012). The spouse and the children of alcoholic are adversely impacted as a result of alcoholism. Children of alcoholics regardless of age are reported to be at risk population in all aspects of life i.e., physical,

psychological, social, and professional (Braithwait & Devine, 1993). Many other researchers have pointed out that children may practice internalizing or externalizing problems (Eiden, Edward & Leonard, 2007). In order to deal with the effects of alcoholism it has been observed by clinicians that the children play certain roles in the family in an alcoholic household (Middleton-Moz & Dwinell, 2010). To manage stress, strain, unpredictability and chaos, roles are taken up which demonstrate rigidity, discretion and circumscription not only in the families but in all areas of life too, leaving a lifelong impact. Not only do these children adapt their personalities at home, the results of this begin to appear in all aspects of their lives (Potter & Williams, 1991). These lifelong impacted roles have their roots in the child's learnt response to the instability of their home's environment. To restore equilibrium in this environment, the children adopt roles that help them deal with the problems in the short term but lead to difficulties in later life (Bey & Bey, 2007; O'Gorman & Oliver-Diaz, 2012). The developmental needs of the children are compromised and unrealistic and age inappropriate expectations are imposed by parents (Eiden, Edward & Leonard, 2007; Black, 1981). Wegscheider identified four of these distinct roles. She termed them as the Hero, the Scapegoat, the Lost Child and the Mascot. Black termed them alternately as Responsible Child, Acting Out Child, the Adjuster, and the Placater (Bey & Bey, 2007; O'Gorman & Oliver-Diaz, 2012). The Heroes compensate by being over responsible in household work are often be over achievers in life and seek perfectionism

(Black, 1981). Alternatively, Scapegoats are rebellious and practice acting out behaviors such as disobeying family values and causing disruption (Wegscheider, 1976). Attention taken away from the alcoholic and blame is shifted to scapegoat. The Mascot takes upon him/herself to mitigate the stress caused by alcoholism by humor (Black, 1979). They are crowned as the clown of the family. The Lost Child practices social withdrawal and prefer solidarity (Ackerman, 1983; Potter & Potter, 1991). These roles that the children of alcoholics may assume are seen as positive and negative depending on the impact on family. The positive category (Hero and Mascot) helps promote functionality; the negative category (Scapegoat and Lost Child) destructs functionality (Zastrow & Kirst-Ashman, 2012). In the long run, these roles remain rigid and greatly impact their lives (Bronfenbrenner, 1979). However, most of the research on Children of alcoholic parents has been conducted from the culture of the West. It is ethnocentric to generalize their findings to the diverse culture of east. Numerous social scientists and theorists emphasize upon the influence of culture on growth and development. It is noted that each child has peculiar dynamics in terms of family and their extended social circle (Fischer & Wampler, 1994). Furthermore, the parent's occupation, socioeconomic status, and the neighborhood can influence a child's growth uniquely. Similarly, alcoholism has a different effect on different cultures: In Pakistan, alcohol is banned; hence, drinking is discouraged and legally a crime. Additionally, it is even considered a taboo and the individual that is identified alcoholism is

marginalized (Braithwait & Devine, 1993). Caretaking by their spouse is romanticized and children are expected to reduce the stress. Divorce is stigmatized in a patriarchal society such as Pakistan's. Women are encouraged to stay in abusive marriages instead of considering separation. Moreover, there are no agencies for child protection in case of misconduct by the alcoholic parent. Not only is the alcohol affecting spouses and children directly within the home, the general culture in Pakistan adds a structure barrier, as well. However, these misogynistic believes are not limited to Pakistan, they extend to other south Asian countries as well. A study reported that 20% of women filed for domestic violence by the hands of drunk husbands (Bonu *et al.*, 2005). The same pattern of domestic abuse was observed in Afghanistan (UNODC, 2014). In the West, divorce or separation are comparatively easier to access. Care centers offer foster homes. Families are encouraged to go to self-help Alcoholics Anonymous (Al-Anon) groups. The absence of such plans in Pakistan make spouses and children suffer immensely during the entire process. Thus, it is imperative to assess the mental health functioning of the children and also to assess the roles that they assume in the family. This research investigates the relationship between the roles and the key demographics by the adult children of alcoholic fathers (ACOAF) in a culture like Pakistan. Additionally, it would analyze the implications of the role theory in a culture as unique as Pakistan's.

## **2. Method**

Participants were recruited from rehabilitation centres. The rehabilitation centers were approached

by setting an appointed time to meet the concerned person and the aims, objectives, and confidentiality were discussed. They were briefed that they will only have to fill the demographic questionnaire and the role identification scale. They were told how the questionnaire would take 40 minutes and were given the right to withdraw during the study. They were also told that there were no rights or wrong answers; only reliability mattered. Verbal consent was taken to minimize anxiety of signing a document in the participants. The forms were checked for missing values and participants were asked to mark them. If they had left, the item was discarded.

### **3. Research Design**

In order to ascertain a relationship between the roles and the key demographics of adult children of alcoholics a correlational research design was used. A positive correlational research design was expected of the data. One Way Analysis of Variance (ANOVA) will be used for assessing the results of Role Identification Scale across birth order.

### **4. Sampling Technique**

The sampling technique that was used for this phase was Purposive sampling which is a non-probability sampling technique. Purposive sampling was employed as the focus of the current study was on a population that was highly selective and specialized. Participants were recruited from rehabilitation centers. People willing participate and the aims, objectives, and confidentiality were discussed thoroughly with them.

### **5. Participants**

The sample in the present study consisted of  $N=400$ . Both genders participated equally; 202 males (50%)

and 198 females (50%) and 18-25 ( $M$  21.45,  $SD$  2.37) was the age range of the participants. Out of the 400 participants; 100 were firstborns, 225 were others, and 75 were lastborns. 65 had completed matriculation, 144 were intermediates, 133 were graduates, and 60 had completed their masters.

### **6. Demographic Questionnaire**

The demographic form consisted of the gender, age, education, birth order, and number of siblings. Moreover, the occupation and the years of being employed were also added along with some descriptive questions related to the parent's drinking.

### **7. Role Identification Scale (RIS)**

Role Identification is a self-administered measure which has 97 items. This measure was used to assess the roles that the ACOAF assume to deal with the effect of alcoholism. It is scored on a 4-point scale from 0 to 3, 0 being "not at all" and 3 as "very much" (Samuel and Saleem, 2014).

### **8. Hypotheses**

There will be no significant difference between males and females on the four roles of Role Identification Scale.

There will be no significant difference between the two groups of siblings and the four roles of Role Identification Scale.

There will be no significant difference between the two age groups on the four roles as measured by Role Identification Scale.

There will be no significant difference between three birth orders (first, second and last) and the four roles RIS. All the children that were not the first or last fell in the others group.

There will be no significant difference among participants of four levels of education and the four roles of RIS.

## 9. Results

### Gender and Four Roles of RIS

**Table 1:** Means, Standard Deviations, t and p values of Male (n=198) and Female (n= 202) participants on Four Factors of RIS df=398

Roles	Gender	M	SD	T	P<
Hero	Males	47.26	30.93	.70	.48 (ns)
	Females	49.28	29.49		
Aggressive	Males	26.69	24.82	1.80	.06 (ns)
	Females	22.22	22.62		
Mascot	Males	19.63	16.18	.23	.81 (ns)
	Females	20.01	16.17		
The lost child	Males	22.63	17.46	.73	.46 (ns)
	Females	23.49	18.02		

The above table depicts there is no gender difference on roles assumed by ACOAF.

### Age and Four Roles of RIS

Two separate groups were made based on the descriptive analysis of the mean age of the participants (N=400). The first group comprised of

In order to study the above stated hypothesis, Independent Sample t-test was employed, where gender (M, F) is taken as independent variable and the scored on the four factors of RIS as dependent variable.

participants of 18-21 age range and the other group comprised of participants who were 21 or above. Independent Sample t-test was employed; age was the independent variable and the four roles of RIS were dependent variables.

**Table 2:** Means, Standard Deviations, t and p values of Age in Group of 18-21 (n=201) and a Group of 21+ (n= 199) Participants on Four Roles of RIS df=398\*\*\*p<0.001

Roles	Age in Groups	M	SD	T	p<
Hero	18-21	38.44	22.16	-6.93	.001***
	21+	58.28	33.83		
Scapegoat	18-21	21.70	21.70	-2.35	.019(ns)
	21+	27.29	25.55		
Mascot	18-21	26.09	19.00	8.49	.001***
	21+	13.48	9.01		
The lost child	18-21	25.92	20.43	3.02	.003**
	21+	20.61	14.05		

The two groups of age, 18-21 and 21+ are significantly different for the hero, mascot and the lost child. Hero is significantly higher on the group

(21+) as compared to the 18-21 age groups however; the roles of the mascot and the lost child are moderately higher on the group of 18-21. No

significant difference was found between the two groups on the role of the scapegoat.

**Siblings and Four Roles of RIS**

Two groups of siblings were formed based on the descriptive analysis of the mean number of siblings of participants (N=400). Two discrete groups were

formed one was based on 1-4 number of siblings and the other one was 4 and above. Independent Sample t-test was used; the groups of siblings were taken as independent variable and the roles of RIS were dependent variables.

**Table 3:** Means, Standard Deviations, t and p values of Categories of Number of Siblings, of 1-4 Years (n=189) and 4+Years (n= 211) participants on Four Roles of RIS df=398

Roles	Groups of Number of Siblings	M	SD	t	p<
Hero	1-4	47.65	30.69	-.410	.682(ns)
	4+	48.90	29.83		
Scapegoat	1-4	24.99	24.33	.403	.687(ns)
	4+	24.08	23.42		
Mascot	1-4	19.69	15.93	-.148	.882(ns)
	4+	19.93	16.39		
The lost child	1-4	24.13	17.72	.904	.366(ns)
	4+	22.52	17.75		

There is no difference in the two groups of number of siblings in terms of the four roles.

**Birth Order and Four Roles on the RIS**

Analysis of Variance was conducted.

**Table 4:** One Way Analysis of Variance for Four Factors of Role Identification Scale Across Birth Order

Factors	Birth Order						F	Sig
	First (n=100)	Other (n=225)	Last (n=75)	M	SD	M		
Hero	83.38	34.83	41.98	26.55	17.97	167.80	.001***	
Scapegoat	10.61	33.86	14.84	27.13	12.78	50.57	.001***	
Mascot	17.18	15.75	35.57	15.48	16.49	56.34	.001***	
The lost child	15.45	27.84	20.05	18.95	18.37	20.22	.001***	

\*p< 0.001, between groups df=2, within groups df=397 and groups total df= 399

There is a significant difference between the four roles, the hero, the scapegoat, the mascot and the lost child across the birth order. The Post Hoc analysis using Least Significant Difference (LSD) method indicated that first and the last birth order were

significantly higher than the other birth order on the role of the hero (p<0.001). No significant difference is found between the other and the last birth order. For the role of the scapegoat the other birth order is significantly higher (p<0.001). There is no

significant difference between first and the last birth order. Moreover, on the role of the mascot the last birth order is significantly higher than the first and the last birth order ( $p < 0.001$ ) and there was no significant difference the first and the other birth order. For the last role, the other birth order was significantly higher than the first and the last

( $p < 0.001$ ). There was no significant difference between the first and the last birth order.

### Education Level and Four Roles of RIS

Four different levels of education were selected; matric, intermediate, graduation and masters. Four educational levels and the four roles on RIS, Analysis of Variance was carried out to assess mean difference.

**Table 5:** One Way Analysis of Variance for Four Factors of Role Identification Scale Across Education Level

Factors	Education Level								F	Sig
	Matric		Intermediate		Graduation		Master			
	(n=65)		(n=144)		(n=131)		(n=60)			
	M	SD	M	SD	M	SD	M	SD		
Hero	34.78	19.30	35.81	23.84	54.56	33.38	79.30	16.98	47.99	.001***
Scapegoat	29.49	24.72	27.00	25.10	24.78	24.38	12.35	12.18	6.98	.001***
Mascot	26.76	18.37	23.50	19.23	14.09	10.41	15.96	9.50	14.44	.001***
The lost child	21.83	17.29	24.25	19.36	26.41	17.95	15.70	9.89	5.49	.001***

\*\*\* $p < 0.001$ , between groups  $df=3$ , within groups  $df=396$  and groups total  $df= 399$

There is a significant difference on the roles of the hero, the scapegoat, the mascot and the lost child across education level. The Post Hoc analysis using the LSD method revealed that on the role of the hero, masters and graduation was significantly higher in comparison to matric ( $p < 0.001$ ). However, no significant difference between the matric and the intermediate were found. Matric was significantly higher as compared to matric on the role of the scapegoat ( $p < 0.001$ ) and significant difference was not found between the graduation and intermediate as compared to the matric and also between graduation and intermediate. Moreover, on the role of the mascot the matric and intermediate was significantly higher as compared to the graduation and masters ( $p < 0.001$ ) and no significant difference was found between matric and intermediate on the

role of the mascot. Moreover, no significant difference was found between graduation and masters. On the role of the lost child, the graduation was significantly higher in comparison to masters. No significant difference was found between matric in comparison to intermediate, graduation and masters. No significant difference was found between intermediate and graduation.

### 10. Discussion

Alcohol has been banned in Pakistan since the beginning of organized religion impositions; however, it is consumed immensely by different citizens of diverse socioeconomic backgrounds (Mir, Ahmed, and Razzak, 2012). It has shown to impact the mental health of the consumer and their family members (Braithwait & Devine, 1993). This research explored the relationship between

demographics and the roles that children of alcoholic fathers assume to cope up with the stress of daily life. Results show that children of alcoholics take up roles irrespective of gender. The attributional characteristics of a gender do not shape an individual into one of the roles specifically, hence; it can be said that the individuality of an experience shapes the role a person chooses to take up. However, it can only be assumed, not concluded, since the personality type could determine a role, such as the traits of a Type A personality (highly status-conscious, impatient, anxious, proactive, and outgoing) and Big Five Personality Traits (agreeableness, openness, conscientiousness, and neuroticism). Heroes scored significantly more on the age group 21+. This could have been a result of the responsibilities, and struggles for self-betterment that they have to go through. As mentioned earlier, unrealistic and age inappropriate expectations are set by the parent (Braithwait & Devine, 1993). However, it is worthy of note that such parental expectations are extremely prevalent in south asian cultures (Sheriff and Merali, 2007). They are required to grow up faster than they should (O’Gorman & Oliver-Diaz, 2012). However, one could argue that maybe these roles could also act like transitional to make peace with the situation and see what fits best, hence; mascot and the lost child are in the lower age range, a gateway to hero. A longitudinal study could offer an insight into this theory as it will identify the extent to which childhood effects of alcoholism in the family influence the person’s roles in school, in work, in life as an adolescent and into adulthood. The first and the last birth orders scored higher on the role of

being a hero. This indicates that COAF’s first and last born take upon themselves to fix the situation by working on themselves the most. This makes sense since the heroes act out to be responsible. The last born, looking up to the first born might imitate the firstborn’s strategy to restore peace in the house by acting responsible as well (Wegscheider, 1976). The role of the scapegoat falls more under the other birth orders. Middle children are often, if not treated equally, ignored. Scapegoat is just a role that gives the space to act out and gather attention towards themselves instead of the alcoholic father (Black, 1979). Lastborns are also more likely to be mascots, according to the results, which show that when they do not mimic the firstborn’s strategy, they choose their own, since they already do get most of the attention; they try to use it wisely and keep a friendly environment (Ackerman, 1983). Furthermore, in South Asian culture, humour has a history of being used as a psychological rebellion for many generations, including the colonial era, hence, the adaptation of a mascot can merely be predicted as a translation of absence of emotional expression into humour (Holoch, 2012). The role of hero scored significantly higher on masters and graduation, which makes sense since heroes focus on high achievement since the start (Wegscheider, 1976). This makes them more likely to succeed in their life and enjoy education with privileges. However, scapegoats scored higher on matric, which could have been a result of the way they purposely self-destruct to ward off attention from the alcoholic parent (Black, 1979). According to the results, mascots scored higher on intermediate and matric. This could have been because their role requires

them to diffuse a serious situation with humour. It could have been that they used this strategy at every part of their life, hence, probably warded off academic failures with humour as well. Another explanation could be that they simply could not focus on education while they had to keep up with their role to promote stability in the family environment (Ackerman, 1983).

## References

- Ackerman, R. J. (1983). *Children of Alcoholics* (2<sup>nd</sup> ed.). Holme Beach: Learning Publications.
- Alcohol Rehab Ireland |Treating Alcoholism Symptoms of Alcoholism. Addiction Treatment. Retrieved: 2019-05-07.
- Al-Hemriy N, et al., Self-reported substance use in Iraq: findings from the Iraqi National Household Survey of Alcohol and Drug Use, 2014. *Addiction*. 2017 Aug;112(8):1470-1479. doi: 10.1111/add.13800. Epub 2017 Apr 7. PMID: 28238214.
- BBC. (2013, September 16). Pakistan battles growing alcohol addiction. BBC News. Retrieved September 24, 2021, from <https://www.bbc.com/news/world-asia-24044337>.
- Bonu S, Rani M, Peters DH, Jha P, Nguyem SN. Does use of tobacco or alcohol contribute to impoverishment from hospitalisation costs in India? *Health Policy Plan*. 2005;20:41–9
- Bey, D., & Bey, D. (2007). *Loving an Adult Child of Alcoholic*. Maryland: The Rowman & Littlefield Publishing Group, Inc.
- Black, C. (1979). Children of alcoholics. *Alcoholic Health and Research World*, 4, 23-27.
- Black, C. (1981). *Children of Alcoholics: It will Never Happen to me*. New York: Ballantine
- Braithwait, V., & Devine, C. (1993). Life satisfaction and adjustment of children of alcoholics: The effects of parental drinking, family disorganization and survival roles. *British Journal of Clinical Psychology*, 32(4), 417-429. doi:10.1111/j.2044-8260.1993.tb01076.x
- Bronfenbrenner, U. (1979). *The Ecology of Human Development*. Cambridge, MA: Harvard University Press.
- Cottler LB, Ajinkya S, Goldberger BA, Ghani MA, Martin DM, Hu H, Gold MS. Prevalence of drug and alcohol use in urban Afghanistan: epidemiological data from the Afghanistan National Urban Drug Use Study (ANUDUS). *Lancet Glob Health*. 2014 Oct;2(10):e592-600. doi: 10.1016/S2214-109X(14)70290-6. PMID: 25304635.
- Cruse, J. & Wegscheider, C. S. (2012). *Understanding Codependency, Updated and Expanded: The Science behind it and how to Break the Cycle*. Deerfield Beach Florida: Health Communications, Inc.
- Eiden, R. D., Edwards, E. P., & Leonard, K. E. (2007). A conceptual model for the development of externalizing behavior problems among kindergarten children of alcoholic families: Role of parenting and children's self-regulation. *Developmental Psychology*, 45(5), 1-21. doi: 10.1037/0012-1649.43.5.1187

- Fischer, J. L., & Wampler, R. S. (1994). Abusive drinking in young adults: Personality type and family role moderators of family-of-origin influences. *Journal of Marriage and Family*, 56(2), 469-479. doi: 10.2307/353113
- Haider W., & Chaudhry, M. A. (2008) Prevalence of alcoholism in the Punjab, Pakistan. *Biomedical*, 24, 80-84. Retrieved from <http://thebiomedicapk.com/articles/143.pdf>.
- Heitzeg, M., Nigg, J., Yau, W., Zucker, R., & Zubieta, J. (2010). Striatal dysfunction marks pre-existing risk and medial prefrontal dysfunction is related to problem drinking in children of alcoholics. *Biological Psychiatry*, 68(3), 289-295.
- Holoch, Adele Marian (2012). "The serious work of humor in postcolonial literature." PhD (Doctor of Philosophy) thesis, University of Iowa.
- Jekarl, J. (2001). Survey on drinking habits of Koreans, Seoul, Korea. Korean drinking Culture and Alcohol Research Foundation.
- Lowinson, J., Ruiz, P., Milman, R., & Langford, G. (2005). *Substance Abuse: A Comprehensive Textbook*. Philadelphia: Lippincott, Williams and Wilkens.
- Middelton-Moz, J., & Dwinell, L. (2010). *After the Tears: Helping Adult Children of Alcoholics Heal their Childhood Trauma*. Deerfield Beach, Florida: Health Communications, Inc.
- Mir, M. U., Khan, I., Ahmed, B., & Razzak, J. A., (2012). Alcohol and marijuana use while driving—an unexpected crash risk in Pakistani commercial drivers: A cross-sectional survey. *Bio Medical Central Public Health*, 12:145-152. doi:10.1186/1471-2458-12-145
- O’Gorman, P., & Oliver-Diaz, P. (2012). *Healing Trauma through Self Parenting: The Codependency Connection*. Deerfield Beach, Florida: Health Communications, Inc.
- Potter, P.S., & Potter-Efron. R. T. (1991). Anger as a treatment concern with alcoholics and affected family members. *Alcoholism Treatment Quarterly*, 8(3), 31-46. doi:0.1300/J020V08N03\_03
- Potter, A. E., & Williams, D. E. (1991). Development of a measure examining children’s roles in alcoholic families. *Journal of Studies on Alcohol*, 52, 50-77.
- Shariff, A., Merali, N. (2007). Predictors of parenting stress among South Asian immigrant families. *Canadian Journal of Counselling*. 2009, Vol. 43:1Dataset. doi:10.1037/e705412007-001
- Samuel, Suneel Ivan, Mahmood, Z., & Saleem, S (2014). The development of role identification scale for adult children of alcoholic fathers. *Pakistan Journal of Social and Clinical Psychology*.
- UNODC. (2014). Impacts of drug use on users and their families in Afghanistan. Retrieved April 2014, from [https://www.unodc.org/documents/data-and-analysis/Studies/Impacts\\_Study\\_2014\\_web.pdf](https://www.unodc.org/documents/data-and-analysis/Studies/Impacts_Study_2014_web.pdf).

- Walsh, D. (2010). Alcoholism booms in “dry” Pakistan. *The Guardian*. Retrieved from <http://www.theguardian.com/world/2010/dec/27/alcoholism-boom-pakistan>
- Wegscheider, S. (1976). *The Family Trap: No One Escapes from a Chemical Dependent Family*. St. Paul. Nurturing Networks.
- World Health Organization. (2005). Promoting mental health: Concepts, emerging evidence, practice. Retrieved from [http://www.who.int/mental\\_health/evidence/MH\\_Promotion\\_Book.pdf](http://www.who.int/mental_health/evidence/MH_Promotion_Book.pdf)
- Zastrow, C. & Kirst-Ashman, K. K. (2012). *Understanding Human Behavior and the Social Environment* (9<sup>th</sup> ed). Australia: Thomson Brooks/Cole.