The Influences of Parental Alcoholism on Socioemotional Outcomes of Emerging Adults: A Retrospective Approach to Healthy Development

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The influences of parental alcoholism on socioemotional outcomes of emerging adults: A retrospective approach to healthy development

by

Sarah Elizabeth Bickelhaupt

A thesis submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

Major: Human Development and Family Studies

Program of Study Committee:
Brenda J. Lohman, Major Professor
Kere Hughes-Belding
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Iowa State University
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ABSTRACT

Research has explored the negative environmental influences on the development of children of alcoholics (American Academy of Child and Adolescent Psychiatry, 2002); however, there is limited literature that explores the specific mechanisms that aid these children to successful development in emerging adulthood (Jaeger, Hahn, & Weinraub, 2000). There are known genetic, psychological, and social risks for children who have been raised by a problem-drinking parent (McKenry & Price, 2005). This study examined the parent-adolescent relationship; socioemotional behaviors (e.g. internalizing and externalizing behaviors); and social competencies of emerging adults who grew up in a family of alcoholism. Protective factors and barriers associated with parental alcoholism and healthy socioemotional obtainment as a young adult were also evaluated.

Methodologically, a retrospective qualitative inquiry research approach was utilized. This study provided a unique perspective through a healthy adaptive approach by evaluating emerging adults who were adult children of alcoholics and were successfully functioning (e.g. academically successful and psychologically healthy). The findings provide evidence that possessing protective factors such as innate drive to succeed and being involved in extracurricular activities can help a child of alcoholism overcome some of the most prominent barriers of growing up in an alcoholic home (e.g. an unpredictable environment and poor family communication). These findings indicated the importance of children of alcoholics needing to establish attachments beyond their parent-adolescent relationship.

It is also important to note that participants reported that both protective factors and barriers changed over time. Several of the participants shared that their attachment relationship with their drinking parent also changed over time. A final salient finding was
that their current romantic partner served as a source for learning more effective
communication patterns and building trusting relationships with others. This study revealed
the participants’ distinct interpretations of being raised by one or more parents who were an
alcoholic. By providing a greater understanding of what can be done to help this vulnerable
population in the U.S., human service providers can assist children of alcoholics in
overcoming some of the internal and external barriers outlined in this study in order to
become thriving healthy emerging adults.
CHAPTER 1. INTRODUCTION

Introduction

One in five youth in the United States will have lived with an alcoholic at some point during their childhood (American Academy of Child and Adolescent Psychiatry, 2002). This is a significant portion of the population that is considered at high risk of forming internalizing behaviors such as anxiety, depression, or suicidal thoughts and/or externalizing behaviors consisting of aggression, destructiveness, substance abuse, or self-harm (American Academy of Child and Adolescent Psychiatry, 2002). In addition to these behaviors an adolescent’s overall social competence including self-esteem and empathy may also be compromised (Ferreira & Bosworth, 1994). These possible negative consequences can impact an adolescent’s development well into adulthood (Black, 1981; Smith, Ireland, & Thornberry, 2005).

It seems apparent that some children of alcoholics experience worse developmental outcomes than others, but the pathways to overcoming the potential negative effects are not as clear (Roosa, Tein, Groppenbacher, Michaels, & Dumka, 1993). Of those families that exhibit mental health issues, such anxiety disorders, only 10% of them receive necessary services (Kataoka, Zhang, & Wells, 2002). Once an individual such as a child does receive some type of treatment or is able to tap into protective factors such as relational emotional support or having a sense of personal efficacy (Abela, Zinck, Kryger, Zilber, & Hankin, 2009), little is known regarding self-sustaining functional behaviors (Kim, Conger, Elder, & Lorenz, 2003). Furthermore, previous studies have alluded to the notion that a more comprehensive understanding of the relationship between self-esteem and developmental outcomes is warranted (Birndorf, Ryan, Auinger, & Aten, 2005).
Thus, it is important to try to discover and identify more protective factors that can help buffer some of the negative life experiences that children of alcoholics are likely to encounter. In short, the goal of this research was to uncover and add to the previously existing knowledge of specific items and/or avenues associated with children of alcoholics and healthy socioemotional obtainment as an emerging adult. Finally, this study enables researchers to understand more about what is inhibiting children of alcoholics from receiving or utilizing those possibly identified protective factors.

Three research questions encompassing the aforementioned ideas were addressed: 1. How does parental alcoholism influence adolescent socioemotional behaviors? 2. What protective factors are associated with parental alcoholism and healthy socioemotional obtainment as a young adult? and 3. What are the potential barriers associated with parental alcoholism and healthy socioemotional obtainment as a young adult?

Data was collected through a qualitative narrative inquiry research approach where the participants’ experiences were evaluated from their adolescence through current day as they perceived them to be from a retrospective viewpoint. Moreover, this research study was guided by Bowlby and Ainsworth’s attachment theories, which are described as an essential bond between a primary caregiver and a child (Thomas, 2005).

One underlying assumption regarding this study was that most if not all children of alcoholics exhibit some form of negative behaviors during their adolescence either through internal or external behaviors or the lack of positive social competence. Another assumption was that children of alcoholics lack the ability to obtain healthy socioemotional development without the presence of one or more protective factors, and that the more supports they had growing up, the better adjusted they would become as young adults.
The rationale for this proposed study was fueled by the desire to further support and discover the significant role of certain protective factors in the lives of children of alcoholics. This research helps to fill a developmental gap that inhibits service providers and other professionals such as teachers and social workers in creating more effective ways to help children growing up in alcoholic homes. It is important to establish protective factors to better arm and enable human service entities who work with children of alcoholics. In this way, these providers might be able to incorporate and ultimately implement these findings into their programming which would be able to more effectively assist these youth in becoming self-sufficient, responsible emerging adults.

**Definitions of Terms**

*Adult children of alcoholics.* Although adult children of alcoholics can be a subjective term, for the purposes of this study it was defined as those persons who were 18 years old or older and who came from a home where alcohol was abused by one or both parents (Adapted from Black, 1981). This conceptualization can be further explained by the assumption that the parental alcoholism was the central and primary developmental issue in the life of a child who was raised by one or more drinking parents (Gravitz and Bowden, 1985). Furthermore, in order to best represent the participants’ language in this study, problem-drinking parent and alcoholic parent were used synonymously.

*Socioemotional development.* Regarding the construct of socioemotional areas of adolescent development, it was broken down into three conceptual categories. The first is internalizing behaviors which was defined as experiencing anxiety, depression (Kim, et al., 2003), and suicidal thoughts (Klaus, Mobilio, & King, 2009). The second was externalizing behaviors which was defined as aggression, destructiveness (Kim et al., 2003; Saner &
Ellickson, 1996), substance abuse (Hill, Nord, & Blow, 1992), and self-harm (Klaus et al., 2009). The third, social competence was defined as self-esteem (Birndorf et al., 2005) and empathy which was characterized as a person’s ability to feel what another person is feeling (Eisenberg & Fabes, 1990).

*Risk and protective factors.* Other concepts worth providing operational clarity were risk factors, protective or buffering factors, barriers, outcomes, and healthy development. Risk factors were considered dimensions of development that display a warning to outside individuals that a person might be set up for poor and or detrimental outcomes (Saner & Ellickson, 1996). Protective factors were defined as variables that enabled an individual to accomplish their goals (Rosenthal, Wilson, & Futch, 2009). Barriers were obstacles that inhibited an individual’s ability to accomplish a given task (Ferreira, et al., 1994). Moreover when evaluating outcomes, they were defined as how an adolescent’s developmental path will turn out later in their adult years (Grimbos & Granic, 2009).

*Healthy development.* Finally, the concept of healthy developmental outcomes was also explored. For the purposes of this study, when evaluating healthy development in a broad context, it was simply characterized as experiencing low levels of negative internalizing and externalizing behaviors and exhibiting higher levels of self-esteem and empathy. On an individual level, healthy development was additionally recognized as someone who has an understanding that people possess self-worth, are responsible for their own actions, and acknowledge that feelings and individual differences are acceptable (Black, 1990).
CHAPTER 2. LITERATURE REVIEW

Theoretical Framework

In this study, Bowlby and Ainsworth’s attachment theories were utilized to provide the framework for understanding and explaining my research questions. Jaeger, Hahn, and Weinraub, (2000, p. 267) acknowledged this theoretical framework as useful for “understanding the process by which parenting in alcoholic families can affect adult emotional and interpersonal adjustment.” A detailed description of both theories and the application to this study are described below.

John Bowlby was greatly influenced by Darwin who was revolutionary in his ideas of evolution and the genetic influence on children and how parent-child relationships should be formed as a result (Thomas, 2005). Bowlby extended Darwin’s ideas a step further and began incorporating not only independent genetic development of an individual but how that genetic development was integrated with the intimate relationships surrounding an individual. This combined intellect of genetics and the interactions of those humans surrounding the developing child is why Bowlby’s attachment theory is recognized as both an ecological, literally meaning the study of habitat or the influence of the environment, and an ethological theoretical perspective; meaning an internal or genetic examination of what influences development (Bowlby, 1982).

Bowlby explained and discussed the importance of the caregiver attachment with their infants particularly with mothers and how that bond could/would help dictate future outcomes of those children (how successful internally and externally they could be) (Bowlby, 1988). He primarily focused on four phases of attachment during the first few years of life,
but it was another theorist, Mary Ainsworth, who moved his work beyond the formative years into adolescent and adult attachment outcomes (Ainsworth, 1984; Thomas, 2005).

Ainsworth was well known for her three specific attachment typologies. The first of which is called secure attachment where there is an initially clear preference for the caregiver over a stranger that is associated with secure attachments later in life (Ainsworth, 1978). The two remaining types of attachment are classified as different forms of insecure attachment. These insecure attachment styles include avoidant and ambivalent attachment (Ainsworth, 1985). A third type of insecure attachment was identified by Ainsworth and Carolyn Eichberg which is referred to as disorganized attachment (Ainsworth & Eichberg, 1991; Hesse & Main, 2000). Research has discovered that 35% of children show characteristics of at least one form of insecure attachment. More specifically, 85% of maltreated children fall into the disorganized attachment style and only 15% of maltreated children are found to have secure attachment later in life (Thomas, 2005). These statistics seem to be congruent with current research. One study recognized that not all children of alcoholics were found to be insecure; however, they found a higher prevalence of “fearful avoidant” attachment particularly among adult daughters of alcoholic fathers (Jaeger, et al., 2000). Other research has additionally found that children of alcoholics have a tendency of developing an ambivalent pattern of insecure attachment as an adult (Brennan, Shaver, & Tobey, 1991).

To explain further, in most cases children of alcoholics do not internalize a secure model of attachment where their needs and relationship expectations are met (Murray, 1998). According to Black (1981), parents who are considered to be alcoholic often leave their children feeling physically and emotionally abandoned. So it becomes imperative that children of alcoholics find secure attachments with other people in order to successfully
navigate through their adolescence and become self-sufficient young adults. Thus, some of those children are able to fill those feelings of emptiness when they have relationships and make attachments to peers and non-family individuals (Meyer & Phillips, 1990). A study conducted by Cavell, Jones, Runyan, Constantin-Page, and Velasquez (1993), showed that it is not uncommon for children of alcoholics to ultimately be less secure in their relationships if they had an “alcohol-dependent” father, compared to children of similar age who had “non-alcohol-dependent” fathers. Moreover, children who are noted as being secure in general have been found to have less anxiety and distress when measured against children who have been identified as being insecurely attached (Davies & Cummings, 1994).

Historically, Bowlby and Ainsworth’s attachment theories have been an influential and an integral part of helping researchers understand the parent-child bond and relationship. These grounded attachment theories have enabled both the parents’ and professionals’ ability to more adequately support and guide children and adolescents into creating healthy developmental outcomes. For example, therapy and self-help groups built on the premise of strengthening family bonds such as Al-ateen and Al-anon, provide children of alcoholics an opportunity to learn how to appropriately share their feelings and trust others (Black, 2001).

**Parent-Adolescent Relationships**

As described above, Bowlby and Ainsworth stressed the important effects of environmental influences on the parent-child relationship (Thomas, 2005). Roosa, Michaels, Groppenbacher, and Gersten (1993) further illustrated this idea by explaining that parental behaviors such as heavy usage of cigarettes, marijuana, and alcohol are factors that may subject a child’s environment to be at risk. One study reported that alcoholic dependent parents were more likely to have children who also became heavy drinkers (Hill et al., 1992).
Parental drinking problems were also associated with higher levels of environmental risk such as family-centered arguments, criticisms, and disappointments which resulted in lower parenting efficacy (Roosa, Michaels, Groppenbacher, & Gersten, 1993). More specifically, it was found that children who had alcoholic mothers were more frequently exposed to their parent’s alcohol abuse than those children who had alcoholic fathers. One possible reason for this was due to proximity; mothers have a tendency to drink at home, compared to fathers who typically drink outside of the home. Children with an alcoholic father might be less likely to experience their parent’s alcoholic behaviors (Roosa, Michaels, Groppenbacher, & Gersten, 1993). In contrast, Rangarajan (2008) suggested that it was the child’s attachment with a problem-drinking father that was more impactful than the attachment with a problem-drinking mother. This may have been due to children more readily seeking out their mother’s attention because of the normative caregiver expectations of mothers (Rangarajan, 2008). Regardless of the differences in abuse exposure, children’s negative experiences have been associated with a parent’s depressive frame of mind which was demonstrated to be related to parental irritability and discipline behaviors. Poor discipline was found to be directly linked to developmental outcomes (Conger, Patterson, & Ge, 1995).

This apparent bidirectionality between the parent-child relationships seems to be a highly enmeshed component of a child’s temperament and the behavior of the parent. Children’s dispositions have been shown to influence a parent’s type of parenting style. For example if a child is more impulsive, the parent may feel that their parenting is less effective which may lead to an increase in the parent’s substance abuse (King, Molina, & Chassin, 2008). In contrast, another study indicated that there was a stronger effect of parenting on the adolescent’s problem behaviors (Stice & Barrera, 1992). Furthermore, parental depression
has been related to symptoms of depression in children (Abela et al., 2009). Additionally, an alcoholic parent’s perceptions of their coping abilities seem to be highly connected with psychological and social factors (McKenry & Price, 2005). If this is the case, then it would make sense that problem-drinking parents who view themselves as only minimally contributing to the emotional support of their family would be related to elevated exposure to family stressful life events during adolescence such as family conflict (King et al., 2008). In other words, if an alcoholic parent thinks they are not contributing then this may give rise to more family negativity hence more reported episodes of family conflict. More severe forms of marital conflict such as those exhibiting physical and verbal aggression can be detrimental to the emotional bond and well-being of children. Those attachments act as a significant foundation for the emotional security of a child (Davies & Cummings, 1994).

**Internalizing Behaviors**

Family conflict also was highly associated with internalizing symptoms and depressive disorders (Birmaher et al., 1996). Recent research indicated that a negative environment leaves children and early adolescents vulnerable to depressive symptoms (Abela et al., 2009). Children of alcoholics can have psychological developmental gaps in their ability to trust others and to appropriately process and express their feelings (Black, 1981; Sher, 1997). This is a result of the inconsistent parenting usually experienced by children growing up in a home where drinking was a problem. Children of alcoholics often have a sense of feeling out of control that can lead to difficulties in the relationships they have with other people outside the home and depression (Black, 1981). Children from alcoholic parents are 30% to 50% more likely to develop depressive disorders (Anda, Whitfield, Felitti, Chapman, Edwards, Dube et al., 2002).
Other recognized predictive factors of internalizing behaviors have been a lack of parental warmth, rejection, and concurrent maltreatment such as in the instances of abuse and/or neglect (Birmaher et al., 1996). Within the milieu of an alcoholic home, a parent’s ability to respond and be there for their children is inhibited due to the central focus of the family revolving around the drinking parent (Rangarajan, 2008). When examining internalizing behaviors in general, girls have been shown to be more heavily affected by varying levels of parental warmth which has been connected to emotional distress. Girls who have experienced emotional distress were more likely to turn to their peers for support during times of family conflict than girls who did not experience emotional distress (Operario, Tschann, Flores, & Bridges, 2006). In one study, family poverty was also a determining factor of internalizing behaviors; however, this was only found in Caucasians and not in African American populations (Costello, Keeler, & Angold, 2001). Other literature suggests that this may be due to the idea that what Caucasian children interpret as harsh may hold a different meaning to a child who is African American where they might view more punitive parenting as normative (Deater-Deckard & Dodge, 1997).

Despite ethnic differences, children who were raised in an alcoholic home typically have a history of emotional abuse, and this may be combined with physical and/or sexual abuse (Black, 1981). The trauma from these experiences can extend well into adulthood (Black, 1981; Smith, Ireland, & Thornberry, 2005); however, one study found that the extent of the trauma was dependent on the amount of abuse and family dysfunction that was present in the home (Anda et al, 2002). Nonetheless, these challenges can make it difficult for these children to feel safe and secure. The children may believe they did something wrong to encourage their parent drink. As a result, they internalize feelings of blame, guilt, and shame.
associated with being in an alcoholic family (Black, 1981). In terms of gender differences of those adolescents who have experienced negative life events, girls tended to demonstrate more internalizing behaviors while boys expressed more externalizing behaviors (Kim et al., 2003; Eiden, Ostrov, Colder, Leonard, Edwards, & Orrange-Torchia, 2010).

**Externalizing Behaviors**

Parenting styles, coping ability, and stressful life events have also been associated with externalizing behaviors (Kim et al., 2003; Koegl, Farrington, & Augimeri, 2009). Children of alcoholics are particularly prone to aggressive and acting out behaviors in an attempt to cope with their often stressful environment (Eiden et al., 2010). Further, punitive or passive parenting, normally used to describe an alcoholic parent (Black, 1981), along with lack of supervision have been demonstrated to be contributing factors towards anti-social behaviors such as conduct disorder or oppositional defiant disorder (Koegl et al., 2009). Parental irritability was also indicative of children’s externalizing behaviors such as aggression (Jaser, Langrock, Keller, Merchant, Benson, Reeslund, et al., 2005). The level of distress an alcoholic parent experiences has been shown to directly influence behavior problems in children (Loukas, Piejak, Bingham, Fitzgerald, & Zucker, 2001).

Another contributing factor for externalizing behaviors is low parental support. For example, an individual who does not feel that they are supported by their parents might act violently toward other people by hitting them or verbally threatening to harm them (Saner & Ellickson, 1996) or they may decide to cause harm to themselves and act on their suicidal thoughts (Klaus et al., 2009). There are strong connections to drug abuse and suicide attempts in children of alcoholics especially when the mother is the drinking parent (Anda et al., 2002). These self-destructive behaviors are not uncommon consequences of a child who
have grown up in an alcoholic home (Meyer & Phillips, 1990); however, one study argued that this behavior was only indicative of children who have had three or more alcoholic family members in their lives (Barnow, Schuckit, Smith, Preuss, & Danko, 2002). Researchers have further supported this notion of self-destructive behaviors among children of alcoholics by finding that those who developed an insecure attachment with their parents were found to be at greater risk for becoming an alcoholic themselves later in life (Vungkhanching, Sher, Jackson, & Parra, 2004).

**Social Competence**

Those adolescents who struggle with internalizing and externalizing behaviors are more likely to have difficulties regarding self-esteem for themselves (Birndorf et al., 2005) and empathy towards others (Ferreira & Bosworth, 1994). Developmental assets associated with creating these individual qualities may include feeling safe in school and for boys, religiosity was important; however, it was explained that if those assets were established before the age of 14, it significantly increased the chance of an adolescent having higher self-esteem by 12th grade (Birndorf et al., 2005). When the problem-drinking parent was the father, children of alcoholics tended to develop feelings of unworthiness and low self-esteem. This may be related to mothers and children forming stronger levels of attachment bonds even though the relationship might be strained because of alcoholism (Rangarajan, 2008). Alternatively, another study examined alcoholic parents conjunctively and indicated that many children of alcoholics lose their internal identification that they matter as an individual (Meyer & Phillips, 1990). One study found that self views exhibited by children of alcoholics are influenced by the contradictory expectations of their parents (Kelley, Cash, Grant, Miles, & Santos, 2004). Children of alcoholics are constantly bombarded with mixed messages. One
parent might be telling the child that everything is alright when the child can clearly see
through the body language of the other parent that something is really wrong (Black, 1981).

Inconsistent with the gender differences in internalizing behaviors, girls in general
reported having higher levels of self-esteem overall when compared to boys the same age.
Ethnicity, however, was found to be more directly related to an adolescent’s self-esteem than
gender differences. Even though Hispanic adolescents scored higher in self-esteem when
compared to Caucasian adolescents, African American adolescents had the highest levels of
self-esteem overall (Birndorf et al., 2005). That being said, when confronted with parental
alcoholism, a majority of children regardless of ethnicity will typically think poorly of
themselves (Murray, 1998). Other research has shown that an adolescent’s attachment to
their parents is directly related to their level of self-esteem. This did not seem to be
associated with a particular gender (Laible, Carlo, & Roesch, 2004). In addition to the
literature on the effects of alcoholism on self-esteem, the research on empathy has currently
not found a direct link between exposure to parental alcoholism and empathy development;
however, research has recognized that empathy is an attribute related to healthy self-concepts
(Allen & Land, 1999) and can mediate a child’s overall social functioning (Zhou, Eisenber,
Losoya, Fames, Reiser, Guthrie et al., 2002).

Protective Factors

There are several ways in which a child who has been raised in a problem-drinking
home can move beyond survival in their challenging life styles or what is referred to in this
study as protective factors. First, the amount of social support one receives has been shown
to mediate or shield a child from the potential negative effects of parental alcoholism
(Rhodes & Lowe, 2009; Williams & Corrigan, 1992). One study illustrated that depression
and anxiety had been greatly reduced when there were sizable social supports present in the lives of adult children of alcoholics (Williams & Corrigan, 1992). Additional sources explained the importance of supportive parenting (Abela et al., 2009; Roosa, Tein, Groppenbacher, Michaels, & Dumka, 1993) and supervision as preventative factors associated with distress and internalizing and externalizing behaviors (Abela et al., 2009). These buffers are especially notable in children of alcoholics if that external support originates from the non-drinking parent (Werner & Johnson, 2004). Researchers have discovered that a secure parent-child attachment acted as a protective factor in families that did not possess a problem-drinking parent (Smith, Eisenberg, Spinrad, Chassin, Morris, & Kupfer, 2006). According to Werner and Johnson (2004), children of alcoholics who were predicted to have higher rates of becoming effective members of society as adults, demonstrated a significantly higher level of support systems compared to children from similar environments who did not exhibit the same number of support systems. For instance, children who had siblings and/or other extended family that were involved in their lives and/or children who had received some form of formal professional help were shown to have higher competency as adults (Werner & Johnson, 2004).

Professional buffering factors have been shown to help alleviate some of the pain associated with growing up in an alcoholic or otherwise abusive home environment through the implementation of therapeutic intervention. For example, some treatments such as Multisystemic Therapy (MST); (Grimbos & Granic, 2009) and Behavioral Couples Therapy (BCT); (O'Farrell & Feehan, 1999) have been found to improve family functioning and increasing a family’s ability to heal. MST displayed notably healthier developmental outcomes within the dimensions of limiting youths’ externalizing behaviors and decreasing
depression in mothers (Grimbos & Granic, 2009). Although not specific to families of alcoholism, BCT was shown to successfully target improvement in marital relations and connectedness along with reducing family stress and conflict (O'Farrell & Feehan, 1999).

Those individuals who intrinsically seek out the help that they may require to recover from their experiences with parental alcoholism, have been shown to also exhibit a reduction of internalizing and externalizing problems in early adulthood (Smith et al., 2006). Other known protective factors are a sense of self-efficacy or the confidence that one can achieve goals, an easygoing temperament (Werner & Johnson, 2004; Rosenthal, et al., 2009), and being male (Rosenthal, et al., 2009).

**Barriers to Healthy Developmental Outcomes**

Some of these individual differences also extend into the accessibility and availability of the resources that may act as protective factors or buffering agents in addition to the willingness of the participants to receive services. Mentoring was shown to assist youth through developmental transitions; however, it can be challenging to provide children who were considered at risk some of the necessary supportive services. Some of the possible reasons for this difficulty include; a family’s access to available services and the willingness of service providers to “genuinely connect” with adolescents who originate from neighborhoods with less than desirable neighborhood characteristics (Leventhal & Brooks-Gunn, 2000). Soucy and Larose (2000) explained that adolescents who do not have at least a minimal bond with their mother, are less likely to want other adults to be involved in their lives. Research has also found that maternal distress exacerbated the most unstable internalizing symptoms for an adolescent (Crawford, Cohen, Midlarsky, & Brook, 2001).
Another barrier to providing adequate services to children of alcoholics has been the importance of family communication as a protective factor. Often, family members who exhibit depression and/or anxiety disorders also struggle being able to effectively communicate (Kovacs & Devlin, 1998; Zahn-Waxler, Klimes-Dougan & Slattery, 2000); which can limit a family’s social functioning (Segrin & Menees, 1995). Research has also found that parents experiencing anxiety issues are less likely to allow another adult into their lives to provide support to their children due to not trusting them or feeling unsafe (Rhodes, 2002) and not being comfortable with service providers in general (Scales, 2003). At this time, the literature has not detailed barriers that are specific to children who originate from alcoholic parents.

**Summary and Limitations**

In summary, after extensive review of the above materials, there are many areas of research that have been encompassed, but there also appears to be considerable room for areas of further research. It is apparent that some children of alcoholics experience worse developmental outcomes than others, but the pathways to obtaining healthy developmental outcomes are not as clear (Roosa, Tein, Groppenbacher, Michaels, & Dumka, 1993). Further research in the area of healthy socioemotional outcomes during emerging adulthood for children of alcoholics is prudent and necessary. In short, previous research has explained that through extended exposure to maltreatment caused by poor parenting, adolescents’ stress management in general is limited, increasing the likelihood of antisocial behavior. These detrimental effects can last long into adulthood (Black, 1981; Smith, Ireland, & Thornberry, 2005). More specifically, the internalizing and externalizing behaviors displayed by adult children of alcoholics have been shown to exhibit a lack of internal functioning and an ability
to handle life circumstances in a mature and competent manner (Jaeger, et al., 2000). For example, alcohol-dependent parents were more likely to have children who also abused alcohol (Hill et al., 1992).

Another limitation to the current literature, Roosa, Michaels, Groppenbacher, and Gersten (1993) discussed low rates of pre-adolescents and young adolescents reporting parental alcoholism when a problem was not present, perhaps partially due to a lack of developmental maturity or understanding of alcoholism. In contrast, college aged students were more likely to understand the concepts of parental alcoholism in terms of an alcoholic parent and/or a parent who had a drinking problem (Roosa, Michaels, Groppenbacher, & Gersten, 1993). This should be a consideration when conducting further research in this area. In addition, researchers have yet to discover specific and individual protective factors for former children of alcoholics (Jaeger et al., 2000).

A child’s survival may depend on the presence or absence of available resources during this transitional developmental period of adolescence, and sometimes external supports are necessary such as certain protective factors in order to create the motivation to build successful socioemotional obtainment as an adult. Therefore, the present study provides information about additional ways to enhance an internalized sense of hope and purpose for adolescents that they may not normally acquire if they were simply on their own. By understanding and finding potentially new ways to help this vulnerable population in the U.S., it could be the next step in offering ancillary information to human service programs to more effectively aid these youth in becoming self-sufficient, productive emerging adults.
CHAPTER 3. METHODOLOGY

My Role as a Researcher

Alcoholism is a family disease; it affects everyone in the family (Black, 1981). There are psychological and social factors connected to alcoholism (McKenry & Price, 2005). The topics associated with parental alcoholism are particularly interesting to me because of my own family history. I represent the fifth generation of those affected by this family disease and have worked very hard to overcome my past and gain strength from it. Through therapy and the twelve-step support programs of Al-ateen and Al-anon, I have learned healthier coping skills, regained my self-esteem, and have finally learned that what I experienced as a child was not my fault.

I recognize that I have particular empathy and value for the study participants; however, that was only demonstrated through patience and respect during the interviewing process. Moreover, I was fortunate enough to have had available resources that aided in me and my family’s recovery process, but this journey is different for each child affected by alcoholism in their family. I think it is an important to discover more of those protective factors that create avenues of healthy socioemotional obtainment as an adult for those children affected by the influences of parental alcoholism. Furthermore, I feel that it is important to understand more about what is inhibiting children and adolescents from receiving those needed supports. Finally, these life experiences have enhanced my ability as a researcher to effectively decipher the constructed themes that have emerged from my research questions due to my familiarity with the subject material.
Overview of Methodology

Guided by the attachment theories of Bowlby and Ainsworth, I conducted a retrospective qualitative inquiry research study that examined the specific roles of perceived protective factors and barriers associated with healthy socioemotional outcomes of adult children of alcoholics. A qualitative research study provided a humanistic viewpoint where previous literature has been limited. This study was able to uncover a more accurate depiction of the study participants’ interpretations along with being able to truly reveal their perspectives regarding their experiences of being adult children of alcoholics (Murray, 1998). This study additionally provided a unique perspective through a healthy adaptive approach by evaluating emerging adult children of alcoholics who were physically and mentally successfully functioning.

Three research questions that were explored: 1. How does parental alcoholism influence adolescent socioemotional behaviors? 2. What protective factors are associated with parental alcoholism and healthy socioemotional obtainment as a young adult? and 3. What are the potential barriers associated with parental alcoholism and healthy socioemotional obtainment as a young adult?

Overview of the Collected Sample

The sample included 13 students who were currently enrolled and attending Iowa State University (ISU), aged 21 to 25 years old. These emerging adults were academically considered senior status, possessed a grade point average (GPA) of 3.00 or greater, were not currently using illegal drugs and/or abusing prescription drugs and had been affected by parental alcoholism in their biological family. Please note, one male participant indicated during his interview that he was adopted by his father as an infant but was his mother’s
biological child. There were not any noticeable differences between his experiences growing up with a problem-drinking parent when compared to the other participants and therefore the decision was made to include all of his data in the analytic process.

This selection process was conducted through specific purposeful sampling procedures as described by Merriam (2002) where there was deliberate selection of information rich cases. I felt that by collecting a sample of ISU academically categorized seniors it would be an indication of what most would intuitively recognize as successful because of their close proximity to graduation. This study was designed to illustrate a more accurate measure of sustainable healthy socioemotional outcomes. In other words, if success was additionally measured by high school graduation rates for instance, then a necessary requirement for college admission is for one to have acquired a high school diploma or GED. Furthermore, the criterion of a GPA of 3.0 or higher was to show that the participants have achieved some level of academic achievement in order to maintain a better than average GPA. According to Rangarajan (2008), if an individual has a positive representation of them self such as high levels of self-efficacy; it can be generalized in other areas of their life.

**Participants**

An introduction of my study participants aged 21 to 25, who so graciously decided to be a part of this body of research, is outlined below. One aspect to note is that for the purposes of maintaining confidentiality, all of the participants in this study were assigned pseudonyms. For a simple comparison of the participant demographics, please see Appendix A.
Kelly.

Kelly is a young woman who reported her ethnicity as Caucasian. She grew up with both of her parents drinking from the time she was seven years old. Her mother was controlling and was definitely the parent that she got along with the least. Her father was more relaxed about his drinking and did not create the same kind of conflict that her mother’s drinking caused. Her parents are still married and still drinking. She is the youngest of two girls. She and her sister have never been very close, but as they have gotten older they do try to look out for each other to some extent. The relationship she has with her mother, even though her mother is still drinking, is better now because Kelly does not live with her anymore. That being said, if her parents were divorced, she shared that she probably would not visit her mother anymore. Kelly is at the point in her life where she no longer feels that she needs her mother’s affirmation about her feelings, about her past, and about who she is today. The relationship she has with her father is still fine, and he expresses a desire to spend time with her. Kelly is a friendly and confident woman that is currently living with her boyfriend who she has known since she was sixteen. They have been dating for one and a half years and have an understanding and supportive relationship.

Rita.

Rita is a young woman who reported her ethnicity as Caucasian. She was raised by a problem-drinking mother. Her mother did not start drinking until Rita was thirteen years old. This, however, did not alter the negative effects alcoholism had on her life. This was partially due to her mother’s simultaneous addiction to prescription drugs. Her parents did end up getting a divorce, and her mother finally quit drinking; but then Rita shared that her mother is now addicted to methamphetamines. Rita does not currently have a
good relationship with her mother. Rita’s father was closer to her and seemed to help through some of the rough periods of her life. Rita is the oldest of three girls. She is still very close with her youngest sister but struggles with the relationship with her middle sister. Rita had a baby at the age of eighteen and is currently married to the child’s father. She explained that there were some challenging times with her now husband; however, they continue to strengthen their relationship. She has one step-daughter from her husband’s previous relationship. Rita is bubbly and has a great attitude about life in general. She is planning on attending graduate school and aspires to be a researcher or a teacher.

Amanda.

Amanda is a young woman who reported her ethnicity as Caucasian. She experienced both of her parents drinking since the time she was 12 years old. Her situation only worsened when her parents divorced. Amanda was forced to take over many adult responsibilities such as making sure the family’s bills were paid. There was a brief period when her mother was sober for two years when she was able to get closer to her. Currently, she does not have much of a relationship with either one of her parents. Amanda has an older half-sister that she does not really know and does interact with; however, Amanda also has one younger sister. She and her younger sister were not very close growing up, but that relationship has been strengthened over time. Amanda presently has a boyfriend who helps her to simplify her life and manage stress. They have been dating since she was sixteen years old. Amanda is a strong individual that tries to actively help others become more successful.

Henry.

Henry is a young man who reported his ethnicity as Caucasian. He also grew up with both of his parents drinking his entire life. He identified his father as being the
problem-drinking parent but shared that his mother was more out of control at times. He said that his father was not abusive but described how embarrassed he was especially when he would try to have friends over and his father was drunk. His father still has a problem with alcohol, and Henry’s relationship with him is strained as a result. Henry does not get along with either of his parents very well today. He has a younger brother who he has never felt close to and currently does not have a meaningful relationship with him. Henry has been dating his girlfriend for eleven months. Despite the somewhat short duration he is close to her and turns to her for emotional support. Henry is a personable individual who is working on trying to do a lot on his own as a young adult.

Patrick.

Patrick is a young man who reported his ethnicity as Caucasian. He experienced his father’s alcoholism growing up since he was 10 years old. His parents separated when he was in third or fourth grade and then divorced when he was in seventh grade. Patrick primarily lived with his mother, but spent time with his father every other weekend and every summer. When he was old enough to start working in high school, he went to his father’s house less frequently. Even though he would not have direct conflict with his father, he was not very close to him and did not like that he drank. Patrick is a middle child; he has two older sisters, one younger sister, and one younger brother. He used to bicker with all of his siblings, but he is definitely closer to his oldest sister. Patrick is a likable person who is adventuresome and seeks out opportunities to broaden his horizons. He does not currently have a romantic partner to confide in, but does have a large and close friend base.
Lily.

Lily is a young woman who reported her ethnicity as Caucasian. She experienced her father as a problem-drinking parent; however, the entire time she was growing up both of her parents used narcotic drugs as well. Her father eventually did become sober from drugs and alcohol as did her mother of drugs when she was a senior in high school. Her grandmother lived with the family and acted as the primary caretaker during that year while her parents were in and out of treatment facilities. Lily reported having a better relationship with her father than her mother growing up due to her mother trying to enforce the rules in the household. Lily currently has a good relationship with both of her parents, and they are still married. Lily herself has a boyfriend of four years. She described that she does not know where she would have ended up without him. Lily is a friendly and gregarious person. She is currently heavily involved in extracurricular leadership academic activities.

Karen.

Karen is a young woman who reported her ethnicity as first generation American from the Asian country of Laos. She reported that she has been affected by alcoholism all of her life. Her father was and still is an alcoholic. The relationship she had with her mother growing up was very protective. She stated that in Southeast Asian cultures, adults drink heavily. Her parents are still married and the relationship with her father is better primarily because Karen and her siblings do not currently reside in the household. Karen’s relationship with her mother is still fairly strong. Karen is a middle child of four children. She has an older brother, older sister, and younger brother. She is closest with her older sister which is partially due to the fact that they shared a room. As Karen grew older she started becoming closer to her brothers as well. She is also developing a relationship with her current
boyfriend. They have been dating for about eleven months, but she is enjoying being able to start having someone outside of her siblings that she can confide in and trust. Karen is friendly and has a relaxed nature.

**Josie.**

Josie is a young woman who reported her ethnicity as Caucasian. She was raised by a mother who was an alcoholic all of her life. Josie’s relationship with her mother when her mother was drinking was difficult. For a long time, she felt that her mother was choosing the alcohol over her and her family. Josie’s father, on the other hand, was supportive and took an active role in their family to try to keep the family together. Josie has an older brother, older sister, a twin brother, and a younger sister. The girls shared a room and the boys shared a room. Even though Josie is the closest to her older sister, when all of the children would come home from school and their mother was drinking they were all able to escape to their rooms and find company and companionship among each other. Josie’s mother stopped drinking when she was 16, and her parents remained married. Josie is a nice individual who has worked hard to rebuild the relationship between her and her mother. Josie does not currently have a romantic partner but takes comfort in the fact that her whole family is now a cohesive unit.

**Christina.**

Christina is a young woman who reported her ethnicity as Caucasian. She was raised by an alcoholic father her whole life. Even though her father was the problem-drinking parent, she was not close to her mother either. Her mother spent a great deal of energy trying to cover up her father’s alcoholic behaviors, so neither of her parents were available for her during her childhood. Her father is still drinking and has not improved his behaviors. Her
parents are still married, but Christina has limited interaction with her father. Christina reported getting closer to her mother as she has gotten older. Christina is the youngest of three with two older brothers. She was fairly close to her brothers growing up but that relationship has been strained as they have gotten older. Christina had a baby at the age of eighteen and is currently married to the child’s father. She explained that there have been some difficulties with her husband; however, they work on their communication and have gotten a lot closer. As time has passed, they continue to strengthen their relationship. Her husband is someone that she feels is a supportive part of her life. Christina is a positive and uplifting individual. She recently was accepted into graduate school and plans to take her career to the next level.

**Wesley.**

Wesley is a young man who reported his ethnicity as Caucasian. Wesley was adopted by his step-father and was exposed to his adopted father’s alcoholism from the time Wesley came into his adopted father’s life as an infant. When Wesley was about six years old his parents divorced and shortly thereafter married other people. For a long time he would spend evenings and every other weekend with his adopted father and step-mother until he was old enough to drive when the visits became less frequent due to the constant conflict in that household in particular. Presently, he has ceased most communication with his parents but will make an effort to go visit them even though he becomes frustrated with his adopted father for continuing to drink. He feels, however, that the current relationship he has with his mother is more loving, and he does talk to her once in a while. Wesley has 13 brothers and sisters all together through all of the marriages and combined families. That being said, he was the closest to his two youngest brothers who shared a room with him and lived with him.
in his mother and step-father’s household. He did his best to set a good example for those two younger brothers and still has a great relationship with them. Wesley currently has a girlfriend of three and a half years and feels that he is able to share things with her about his life. Wesley is a resilient individual who has a strong focus on his future endeavors.

Tim.

Tim is a young man who reported his ethnicity as Caucasian. He grew up with a mother who was an alcoholic. When Tim was little his mother went to treatment and was sober from the time he was about six years old until he was about 15 years old. Then she became an active alcoholic again until he was 17 years old. At that time, she went to an in-patient treatment center, became sober again, and then his parents divorced during his senior year of high school. The hard feelings towards his mother created an internal struggle for him partially due to not knowing whether to blame the alcohol or the divorce on the family’s dysfunction. The relationship he has with his father, however, has always been good. There was some bitterness after the divorce, but they have since mended those animosities. His father acted as a support for him growing up including acting as his baseball team’s coach. As Tim got older his mother’s sobriety strengthened their relationship along with her diagnosis of breast cancer. Unfortunately, his mother recently lost her battle with cancer. He expressed that he was glad that he had been able to build a closer relationship with her before she died. Tim is not currently in a romantic relationship. He has a positive attitude about his life and wants to help and work directly with children who have gone through similar situations such as his own.
Mary.

Mary is a young woman who reported her ethnicity as Caucasian. She experienced growing up with an alcoholic father. When her father initially became sober her parents separated for two years, reunited, and remained married. Mary’s father stopped drinking when she was 10 years old; however, the effects from her father’s drinking on her life in addition to the established family’s behavior patterns remained the same through her adolescence. She was not able to start establishing a more positive relationship with her father until she became an adult. As an adolescent, Mary and her mother’s relationship was much closer than the one she had with her father. Growing up, Mary had one younger sister who she took care of. Their relationship has only recently started to shift to a sister-sister relationship as opposed to caregiver-child relationship. Mary is friendly and upbeat. She is learning not to bottle up her feelings and trust others. She has been married to her husband for three years now, but they have been together for a total of about five years. Her husband is someone who has definitely helped her healing process.

Robin.

Robin is a young woman who reported her ethnicity as Chinese. She stated that she has been affected by alcoholism since she was about 10 years old. She also discussed how in the Asian culture in order to succeed adult males must drink to advance in their areas of business. She talked about how alcoholism is not recognized in China, but she knew that her father had a problem because of how bad his behaviors made her feel. Growing up, Robin did not have a good relationship with her father. Her mother took care of her and supported her. Robin does not have any siblings because of the one child policy in China where the government of China does not allow the Chinese people to have more than one child. As a
result, Robin did not have anyone else around except for her mother for her father to direct his negative alcoholic behaviors. This made it very challenging for Robin as an adolescent, and she chose to leave her home country and study abroad in the U.S. for college. Her parents are still married and her father’s drinking has only worsened. The relationship with her father now is emotionally distant; however, Robin and her mother still share a close relationship. Robin is not currently in a romantic relationship. She is a kind and hard working individual who is determined to be successful regardless of the way she was raised.

**Procedures**

*Ethical considerations*

It is important to acknowledge the ethical treatment and considerations regarding human subjects as study participants. Before I began to acquire people who were interested in becoming a part of this research study, I submitted a detailed outline of my suggested ideas for further research to the Institutional Review Board (IRB); (see Appendix B). Upon approval from IRB, I began the study’s process as described below in the methods sections of this thesis.

Building a trusting relationship with the enrolled study participants required the honesty and respect of the primary investigator and other involved researchers. The research intentions of this study were broken down in the two letters of consent. The first informed consent document preceded the on-line eligibility survey (see Appendix D) where an electronic signature was obtained. The second informed consent document was designed for the face-to-face interviews (see Appendix F) and was presented for respondents to sign concerning their rights to privacy and anonymity throughout the research process prior to any data collection. I then asked the participants to thoroughly read and sign the informed consent.
consent document. I then gave them a copy of this form and retained the signed copy for the research records. A detailed description of the recruitment process is outlined below.

Other transparencies of this study were demonstrated through an explanation that the participants’ engagement in the research study was strictly voluntary, that they had a clear understanding that they may leave the study at anytime without reason, and that if they desired, the transcribed data was openly shared with them following the initial interviewing process in a subsequent meeting. It is in this way that the quality and integrity of the study was originally apparent in addition to being maintained throughout the progression of the research process. Several steps were used to assess the most purposeful sample. These steps are discussed in the following sections below.

**Recruitment process**

First, following IRB approval a recruitment email was sent (see Appendix C) to all currently enrolled academic seniors at Iowa State University (ISU). This email list was obtained from the ISU’s Registrar’s Office for a fee of $20.00 and ISU’s Solution Center sent the solicitation for a fee of $26.00. Second, all of the interested study participants who responded to the recruitment email were then asked to take an eligibility survey that contained both demographic information questions in addition to a mental health assessment. Due to the healthy developmental lens by which this study was conducted, the purpose of including the mental health assessment was to screen for individuals that may possess an underlying mental health problem. The reason for this was because one of the roles that a child of alcoholism may internalize is that of the over responsible child (Black, 1981). In doing so, that child can portray an outward appearance of doing very well in school and other
activities while at the same time be suffering from negative internalizing behaviors as a result of being raised by an alcoholic parent.

To account for this possibility, the study participants were asked to complete the next phase of the study’s eligibility requirements by completing the Behavioral Symptom Inventory (BSI-18); (Derogatis, 2001) as an online survey set up through SurveyGizmo. The BSI-18 was comprised of 18 questions that asked questions such as, “How much have you been bothered by feelings of worthlessness?” and “How much have you been bothered by thoughts of ending your life?” A likert scale was used to measure the degree of those feelings ranging from (1 = Not Feeling like the Description At All to 5 = Extremely Feeling like the Description); (see Appendix E for a complete list of all 18 questions). Each participant who took the survey was given an identification pin number to enter at the start of the survey. Even though their names would be attached to the final results of the survey, by assigning a pin number it was designed to improve the response reliability in addition to enhancing the security and confidentiality of the participants.

Next, a standardized scoring sheet was used to determine whether or not the participants scored above the cut off for mental health eligibility for this study. The scores were added to a database, standardized scores were computed, and those who fell above the cut off were considered ineligible. Due to the fact that I am not an individual who could professionally refer them to mental health services if they did not meet the mental health eligibility requirements, a self-referral debriefing statement was included in the survey. This statement was added in the hope that if the participants were not mentally healthy that they would use the information enclosed and contact a mental health professional to receive services.
Of the 6809 emails that were sent, 30 students responded with initial interest in becoming a part of the interviewing process. This was only a fractional .04% response rate. Of those 30 interested students, two did not complete the eligibility survey and nine were determined to be ineligible due to various reasons such as participating in illegal drug use, drinking beyond the allotted amount set by the National Institute for Health for healthy moderate drinking (National Institute on Alcohol Abuse and Alcoholism, 2003), and/or not meeting the mental health requirements for this study. Then once participants were eligible for the face-to-face interviews, four of them did not respond for further interest, left town for an extended period of time, or moved out of town before we were able to conduct the interview. The final number of participants that were interviewed was 13 students or a 43% eligible response rate from interested individuals.

**Interviewing process**

Third, for those emerging adults who met the demographic and mental health eligibility criteria, I asked to meet with them to conduct face-to-face in-depth and information rich interviews. I examined the participants’ experiences as they perceived them to be from a retrospective viewpoint. I developed 16 interview questions that I used for interviewing the participants; (see Appendix G for a complete list of the interview questions). These questions were used in a semi-structured fashion as a guild in order to tap into the necessary areas of the study. Some study participants required more probing questions than others such as, “Can you tell me more about that?” or “You mentioned this earlier, would you share more about that experience?” or “What other things were you involved in as a teen?” The following is an example of four of the questions used during the interviewing
process and how they were related to my three research questions and the study’s theoretical framework (see Table 1 below).

Table 1. Example of Interview Questions and how they relate to my Research Questions and/or Theoretical Framework

<table>
<thead>
<tr>
<th>Related RQ or Framework</th>
<th>Example of Interview Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Question 1</td>
<td>1. Tell me about how you handled those experiences you described during your teen years?</td>
</tr>
<tr>
<td>Research Question 2</td>
<td>2. Was there anything specific during that time period in your life that you remember being particularly helpful to you?</td>
</tr>
<tr>
<td>Research Question 3</td>
<td>3. Was there anything specific during that time period in your life that you felt got in the way of your growth and maturing from an adolescent in to a young adult?</td>
</tr>
<tr>
<td>Theoretical Framework</td>
<td>4. How would you describe your relationship with your parents now?</td>
</tr>
</tbody>
</table>

The interviews were conducted in a private area of ISU’s Parks Library, the Ames Public Library, a private office on campus, and for two participants, we conducted the interview in their place of residence. I used a digital audio recording device to document the interviewing sessions which plugged directly into a password protected computer. Brief field notes, that I wrote as soon as possible following each interview, were also used as an additional data source that were kept in a file cabinet in a locked office (see Appendix H). The use of multiple data collection or triangulation ultimately increased the trustworthiness of this study (Glesne, 2006). The interviews lasted approximately 30 to 90 minutes. Following the completion of these interviews, the study participants received an incentive of a $10.00 gift certificate to Wal-Mart for their much appreciated donation of time and
information. This funding was made possible by the Thesis Competitive Research Award distributed by the Department of Human Development and Family Studies at ISU.

**Analysis**

After the collection of the digital audio recordings and brief field notes from the interviews, my analytic process began by transcribing the recorded interviews. I used those transcriptions and brief field notes to conduct a constant comparison method of data analysis. I transcribed the text, appropriately coded or named areas of interest relevant to this study and categorized them according to the distinguished observable emergent themes associated with my three research questions (Bloomberg & Volpe, 2008) and theoretical framework. The coding process involved going through each transcript line-by-line using auditory and visual methods. I listened to the digital audio recordings two and sometimes three times to begin the coding process. I manually entered initial codes on the computer using a colored font while simultaneously keeping a written journal of my thoughts and feelings through this process (see Appendix I for an example of this journaling). Journaling is a way to practice reflexivity to additionally increase the trustworthiness and rigor of this study (Glesne, 2006). The transcripts were then printed and again viewed line-by-line where I added additional codes by hand and altered codes as patterns and emergent themes arose within the data (Litchman, 2010). All of the codes were placed into appropriate themes and categories located in a codebook in an excel workbook; from which I was able to conduct further analysis regarding data frequencies and pattern syncracy. An example a frequency table and an example of how the categories and themes were formulated from the codes in the transcripts can be found in Appendix H.
In order to further demonstrate transparency and enhance trustworthiness and rigor, during initial data analysis my major professor, as an outside observer, confirmed my analysis of the data and directed me to continue with the remaining analyses. Additionally, the participants were given the opportunity to evaluate the transcription summaries and the preliminary coding sequence during a subsequent meeting. Out of the 13 emails I sent out to all of the participants, five agreed to meet with me again and conduct a member check of the initial analyzed data. Two male and three female participants met with me individually for approximately 60 to 90 minutes in a private area of ISU’s Park’s Library to discuss the preliminary findings. All of the participants I met with for a second time agreed that the preliminary findings were accurate, and they were able to clarify any minor questions that I had regarding their data.

Moreover, being able to meet with some of the participants again gave me the opportunity to not only ensure that I was interpreting the data correctly but to also improve the process by which I ultimately portrayed the results of this study. For example, during the first member check, it was somewhat difficult to explain the preliminary findings to the participant. As a result, I constructed a sketched model of the findings to represent the data in a more meaningful way and showed this model to the remaining four participants who conducted the member checks. By doing this, it enabled me to better convey their data and how it related to everyone else’s data. Member checks also provided the participants a chance to reflect on what they had talked about in the interview. Although one participant, Robin, had agreed that I interpreted her data correctly, said that going over everything, “…made me feel uncomfortable.” I believe it was because it was the first time she had ever seen a representation of her experience growing up as a child of alcoholism. It was
overwhelming and uncovered some negative feelings from her past. Because of this, I thanked her for her honesty and reiterated how appreciative I was that she was willing to meet with me again and continue participating in the study. Also as a result, I chose to send those five participants the self-referral information again that was located on the informed consent document they signed to conduct the interviews. Another participant, Wesley, however, communicated to me that, “You did a good job of articulating the meaning I put behind my words.” He also mentioned that viewing the data and interpretations as a whole, “…is very validating.” For other examples of these member checks, see Appendix H.
CHAPTER 4. FINDINGS

Description of Findings

The purpose of this qualitative inquiry study was to explore with a sample of Iowa State University academic seniors aged 21 to 25, the specific roles of perceived protective factors and barriers associated with healthy socioemotional outcomes of emerging adult children of alcoholics in connection with their attachment relationships over time. A better understanding of these concepts elucidates more protective factors that help buffer children of alcoholic’s possible negative life experiences that they may have encountered growing up with one or both of their parents who were considered to be an alcoholic. Furthermore, this study enables researchers to understand more about what is inhibiting children of alcoholics from receiving or utilizing those possibly identified protective factors.

This chapter presents the key findings obtained from the 13 face-to-face interviews that were conducted with the study participants. The interpretive analysis of these research findings were also provided through the discussion and interpretation section following the key findings. The themes that best frame the study participants’ experiences and contexts were broken down and categorized according to my three original research questions.

Child of an alcoholic. First, however, to frame the later findings, it is important that I discuss how the participants expressed what it meant to them to be a child of alcoholism and how they described alcoholism itself. The participants’ definitions of a child of alcoholism primarily centered on being defined as a child who has been “sent...down a different path” (Henry), is “avoidant of conflict” (Kelly), and who has dealt with a parent who “drinks more than they should” (Tim). This could mean having grown up with a parent “who especially misses out on important parts because they were drunk and just wasn’t there to be a parent”
(Josie) and/or having to deal with more conflict within the household compared to another child who has not been raised by a parent who was alcoholic. Wesley illustrated this by saying, “You have a lot more yelling and just parents not getting along and whatnot.”

When the participants provided insight about alcoholism in general, they shared that alcoholism is more than just social drinking; it encompasses much deeper issues such as “drinking to feel better” (Lily) and drinking “alcohol to the point that’s interfering with your life; either your social life or your work or family” (Christina). Alcoholism was also described as “being irrational” (Patrick) and making it so people “don’t act the same” (Karen). Other characteristics participants shared about a person who is an alcoholic included: being deceptive towards other family members; being controlling; not being able to maintain stability within the household; and that alcoholism is usually the most central focus of the family’s daily functioning.

*Research question 1: How does parental alcoholism influence adolescent socioemotional behaviors?*

Four major themes were identified when emerging adults discussed how parental alcoholism influenced their adolescent socioemotional behaviors. 1. All of the participants indicated that they dealt with negative experiences with the parent who they identified as the drinking parent which in some cases meant both of the parents were drinking parents. 2. The overwhelming majority of the participants identified that growing up with their parent’s alcoholism was a significant part of their life. 3. All of the participants described internalizing behaviors associated with the way they were raised by both the drinking and the non-drinking parent. 4. An overwhelming majority of the female participants expressed becoming empathetic toward the drinking parent as their level of understanding regarding
their family’s alcoholism became apparent. None of the male participants directly talked
about feelings of empathy for their drinking parent nor did they make any statements about
understanding how others in general felt during their adolescence. In-depth illustrative
examples support these four themes and are detailed below.

Research question 2: What protective factors are associated with parental alcoholism
and healthy socioemotional obtainment as a young adult?

The study participants indicated a large array of internal and external protective
factors. Nine major themes evolved when emerging adults discussed what protective factors
in their lives as an adolescent were associated with healthy socioemotional obtainment as a
young adult. 1. All of the participants indicated having an innate drive and motivation to
become successful. 2. A majority of the participants reported an independent personality has
aided in their ability to be resilient. 3 A majority of the participants stated that their
knowledge and awareness of what alcoholism is in relationship to their part in their family’s
alcoholism was a beneficial factor in helping them become the healthy young adults that they
are today. 4. Over half of participants commented that they often used denial or emotional
avoidance to help them deal with the behaviors of the drinking parent. 5. Most of the
participants who identified having a single drinking parent expressed that they experienced
protective effects from the non-drinking parent. 6. All of the participants indicated that they
had someone else in their life with whom they were able to form attachments with to help
buffer the effects of parental alcoholism. 7. A majority of the participants discussed how
being able to relate to someone else was an important part of assisting them through their
adolescence. 8. A majority of the participants stated using physical avoidance strategies to
remove themselves from their drinking parent’s behaviors. 9. A vast majority of the
participants were able to identify that extracurricular activities enabled them to focus on more positive life attributes which in turn helped buffer the potentially negative effects of parental alcoholism. In-depth illustrative examples support these nine themes and are detailed below.

**Research question 3: What are the potential barriers associated with parental alcoholism and healthy socioemotional obtainment as a young adult?**

Six major themes emerged when study participants discussed internal and external barriers that got in the way of their growth and maturing into the emerging adult that they are today. 1. Most of the participants indicated a need for normalcy or a need to feel and act like other peers who did not have a problem-drinking parent. 2. Almost half of the participants reported that a form of co-dependency towards the drinking parent was apparent in their lives as an adolescent. 3. Over half of the participants discussed the environment that they grew up in was unpredictable and/or inconsistent. 4. All of the participants reported closed and poor communication patterns within their family. 5. Most of the participants stated frequent incidences of social barriers between themselves and peers as a result of the drinking parent’s alcoholism. 6. Most of the participants indicated that they struggled with adultification or the feeling that they were forced to grow up too quickly. In-depth illustrative examples support these six themes and are detailed below.

**Changes over Time**

It is important to note that as the study participants discussed their experiences across their lifespan. It became apparent that there were some protective factors and barriers that changed over time. Several of the participants shared that their attachment relationship with their drinking parent also changed over time. As a result, three themes evolved that required
further analysis. The first of which was emotional detachment, acceptance, and trust. Many participants discussed how their internal working model of alcoholism also changed as they became older. By changing this internal representation of alcoholism, it assisted them in their ability to cope more effectively with their family’s history. For example, the more some of the participants understood what alcoholism was, the more they were able to let go, accept, and/or even forgive their drinking parent’s behaviors. Moreover, those participants who indicated that they used denial or recognized that they would emotionally avoid their drinking parent’s behaviors further described that this left them with difficulties as an emerging adult to be able to communicate well and trust others. Denial and/or emotional avoidance as an internal protective factor, as an adolescent, changed into an internal barrier as an adult. Almost half of the participants described how these factors were currently related to not being able to trust another person enough to share their feelings with them.

The second theme involved the participants’ current relationship with their drinking parent. Several of the study participant’s relationship with their drinking parent changed over time depending on whether or not their parent was still drinking. If their parent was still drinking the participants expressed that the relationship did not change. Except in the case of the participants no longer living with them and/or the participants feeling like they have more control over their relationship now. If their parent was not drinking anymore there was a significant improvement in their relationship and those participants felt closer to their parent. The one participant whose parent stopped drinking and the relationship did not improve, was due to their parent supplanting their use of alcohol with the use of methamphetamines.

The third theme encompassed the participants’ current relationship with a romantic partner. This final salient finding was that in all cases that involved the participant currently
having a romantic relationship, their now romantic partner served as a person that taught them or is teaching them how to communicate and learn to trust others. In-depth illustrative examples support these three themes and are detailed below. Appendix H further illustrates how all of the discussed emergent themes were derived.

**Conceptual Framework**

Through the process of analyzing the data for this study, a conceptual model was developed. The model provides a visual representation of the research findings described above (see Model 1 below). This model was adapted from the ABC-X Model of Family Crisis (Hill, 1958). During the analytic process, this model emerged as an appropriate way to scaffold the data. Each letter in the original model represented a contributable element that aided an individual’s ability to adapt to a crisis (Hill, 1958; McKenry & Price, 2000, pp. 5-13). The breakdown of these components are as follows: A was signified by a life event; B denoted the available resources that an individual had to cope with event A; C described the perception an individual had of event A; and X represented the level of stress the individual was dealing with in regard to a crisis while taking into account B and C (Hill, 1958; McKenry & Price, 2000, pp. 5-13).

In the current model, first, event A was broken into two parts: 1. Parental alcoholism and the relationship between the study participant and their drinking and non-drinking parent as an adolescent; and 2. How the participant dealt with those relationships as an adolescent. Second, the component B signifies the internal and external protective factors that were present in the participants’ lives to deal with the relationship they had with their drinking and non-drinking parent as an adolescent. The third component C represents the internal and external barriers that made it challenging for the participants to obtain healthy
socioemotional outcomes as emerging adults. Finally, X was the participants’ overall socioemotional outcomes with regard to how their relationships are today with their romantic partner, the drinking parent, and the non-drinking parent. These parental relationships are dependent on whether the drinking parent is still drinking or whether they are no longer drinking. To see how this model was derived, see Appendix K.
The following is a discussion of the findings with rich explanation of the complex layers of the developed themes. I have chosen to outline the above findings through the descriptive stories of the study participants. Illustrative quotations from the interview transcripts will guide the reader through this study’s findings and help to gain a better understanding of the reality of the research participants.

**Research question number 1: How does parental alcoholism influence adolescent socioemotional behaviors?**

**Theme 1. Negative Experiences:** All (13 of 13 [100%]) of the participants indicated that they dealt with negative experiences with the parent who they identified as the drinking parent which in some cases meant both of the parents were drinking parents.

The exploration of this theme begins by understanding the complex parental attachment relationships these emerging adults had by trying to understand the reality that the study participants lived in growing up with one or both of their parents being alcoholic. The participants described how challenging and difficult this experience was for them. The negative encounters participants had with their drinking parent varied. Some participant’s drinking parents verbally and physically abused them. Other participants expressed that their experiences were not as overtly negative, but nonetheless they were exposed to some negative effects from their parent’s alcoholic behaviors. For instance, Henry described his interactions with his father as, “I know that he was drunk, and it was embarrassing because he would become more and more talkative and want to talk to my friends.” One participant explained this experience in the following way:

“Sometime she (his mother) would be drunk and sometimes she was fine…One time she was saying that she couldn't even get the bottle open. She asked me to open the
bottle for her once, and I was like, “No you don't need that”. Then she kept trying to get me to open the bottle, and I would start yelling at her.” *(Tim)*

Other participants went on to describe more specifically how their relationship with their drinking parent was strained and how their drinking parent was not completely there for them growing up physically or emotionally. Rita described the relationship she had with her drinking mother as a, “Never ending roller coaster with her…her mood was never stable enough to be able to confide in her.” Other participants recalled their reflections on their drinking parent as follows:

“I don't think he (drinking parent) was really anyone that I could talk to. He was definitely not a confidant. I think he was more the person I would go to ask, "Can I go over to my friend's tonight"; definitely not somebody who I would have trusted at all. It was just too many years of being hurt by that person to be able to trust that person…Seeing my dad drink wasn't really a huge thing for me; it was more the experiences that came after. He would pass out and we couldn't wake him up and scary situations arose that really created the person that I've become. I think it's more the experiences that come out of what the alcoholism causes that makes a difference in how people adapt to that.” *(Mary)*

“I felt like it wasn't quality time; like it was just him (father) drinking and then bickering with his wife and little kid basically. He’s been my dad, but I see myself as not really having that ideal father figure. I basically grew up, well I don't want to say without one, but…no I don't want to say without a dad…definitely wasn't…ideal…” *(Wesley)*
“Well, it was basically like I didn't have a parent when she was drinking because my mom did get kind of drunk. She would get to the point that she was completely incoherent and basically not there at all. She would drink like that for probably three to four days straight and then be sick in bed for three to four days straight. So it was like seven to eight days at a time that I pretty much didn't have her there at all.”

(Josie)

**Theme 2. Alcoholism Significance:** All (13 of 13 [100%]) of the participants identified that growing up with their parent’s alcoholism was a significant part of their life.

Most study participants directly identified their family’s alcoholism as a significant part of their life. Participants discussed how their family’s functioning directly or indirectly revolved around their parent’s drinking patterns. Wesley described that the influence his father’s drinking had on him was, “Kind a being self-aware of his drinking. You know, realizing that every time I saw him, he was drunk.” Other participants shared about the direct effect of alcoholism by the following comments:

“Dad’s alcoholism was a huge part of my life…It was just a huge part of our life…I would say like seven or eight, from then on until I graduated from high school and moved out, it was every single day… she (non-drinking parent) was so much more focused on my dad’s alcoholism and trying to deal with that…that she didn't have the mental energy to fill with raising kids.” (Christina)

“Especially when I was younger, my dad (drinking parent) worked during the day and mom (non-drinking parent) worked at night. So when my dad came home he would just start drinking and often like pass out on the couch. So I had to be
responsible for making dinner, making sure that my homework got done, my sister’s got done, that things look nice at the house.” (Mary)

The indirect effects from some of the participants’ drinking parent’s behavior were a frequent occurrence. These effects surfaced by participants, such as Kelly saying that, “Mom was intoxicated like every night…mom didn’t really care much,” and Patrick indicated that, “Like when my parents first split up, I guess which was the result, I guess I’m just kind of assuming that the drinking had a lot to do with it.” In another interview, Josie discussed dealing with her mother’s drinking:

“When she wasn’t drinking she was a very good mom, but when she was drinking she just wasn’t a mom at all…It got to the point where I just, even when she wasn’t drinking I didn’t want to talk to her…I didn’t feel comfortable around her.”

**Theme 3. Internalizing Behaviors:** All (13 of 13 [100%]) of the participants described internalizing behaviors associated with the way they were raised by both the drinking and non-drinking parent.

All of the participants expressed other internal emotions that paralleled being raised in a home with a problem-drinking parent. These emotions ranged from hurtful feelings of frustration, anger, embarrassment, fear, worry, and abandonment. Feelings of resentment towards the drinking parent and feeling guilty were other emotions that were discussed among participants.

“I just completely resented her (drinking parent) because she was missing so much of our lives and putting a strain on our family…I felt like she was picking drinking over us kids. So I felt like that she thought that drinking was more important than all of us.” (Josie)
During the interview with Amanda, she made it very clear how harmful holding onto negative feelings can be on a person’s physical health:

“I was really struggling…I internalized a lot of things...so a lot of it took stress out on my body…I just kept it in…I build up so many walls…I was hospitalized for almost two weeks because I had ulcers…I was vomiting blood.”

Other participants talked about holding onto all of those negative emotions as a way to deal with their home environment:

“I was going through tough times…Definitely hurt at the time with that the divorce and the drinking and everything…I did bottle things up…to be honest, that was one of my problems; I just kind of bottle a lot of stuff up which obviously didn’t always work out the best.” (Patrick)

“I was like a pre-teen; I didn't handle things very well. I internalized a lot and trying to keep it all to myself, and it only made things worse as far as not letting your emotions out is a really bad thing I learned…you become very angry. I became very depressed.” (Mary)

Some (5 of 13 [38%]) of the participants did exhibit externalizing behaviors. The described externalizing behaviors included partying with friends, drinking, smoking pot, yelling, being controlling, pulling their hair out, skipping school or doing poorly in school, becoming pregnant at an early age, or other anti-social behaviors. There was limited information from those participants who shared their externalizing behaviors. One participant, however, did talk about how his externalizing behaviors were an effort to fill an attachment void in his life:
“It was like I was trying to, to meet a need that wasn’t being fulfilled. I sought alcohol as my doorway to that need. I wanted something and some weird connection in my brain said, “If I drink, maybe that will happen.”…I’ll be more social with my friends and I’ll develop more friendships…the whole thing that was missing never, the hole was never filled. I eventually realized my drinking could actually make it worse; I could hurt my relationships with my friends…it wasn’t a beverage, it was a tool.” (Henry)

**Theme 4. Empathetic Regard:** An overwhelming majority (8 of 9 [89%]) of the female participants expressed becoming empathetic toward the drinking parent as their level of understanding regarding their family’s alcoholism became apparent. In contrast, none of the male participants directly talked about feelings of empathy for their drinking parent nor did they make any statements about understanding how others in general felt during their adolescence.

The female participants who discussed the topic of empathy expressed feeling bad for their drinking parent because of negative events that had occurred in the drinking parent’s life that may have brought on the need to cope in unhealthy ways, and as a result became addicted to alcohol. For example, the participants discussed these issues in the following ways:

“He (drinking parent) never had a father figure too. So, it was just his mom and like he had 3 brothers and a sister. I think after everyone was able to grow up and take care of themselves he, that was like his time to rebel. Like that's when he like started drinking and smoking and stuff like that… I always feel bad for my dad, but it's like my mom went through a lot of hardships too but she's like a powerful, strong woman.
I don't feel as bad for her, but I think I should, but I don't understand why I feel worse for my dad, but I do; and I realized that growing up.” *(Karen)*

“She (drinking parent) had a very traumatic childhood...she's been through this and that's why she is how she is. It's hard for her to cope and this is what she's doing to cope with it and like just realizing that for me.” *(Josie)*

**Research question number 2: What protective factors are associated with parental alcoholism and healthy socioemotional obtainment as a young adult?** The study participants indicated a large array of internal and external protective factors that they possessed as an adolescent.

**Theme 1. Innate Drive:** All (13 of 13 [100%]) of the participants indicated having an innate drive and motivation to become successful.

The study participants’ perceptions of how they chose to internally evaluate their past were instrumental in their ability to move forward and become healthy functional emerging adults. They decided to embrace what they have been through as a child of alcoholism and gain strength from those experiences and succeed regardless of how they were raised as adolescents. Some participants used phrases such as “I don’t want to give up” *(Rita)* or “I am going to actively review my life, constantly be engaged in my life” *(Henry)* and “I don’t think it’s (his background) going to hold me back in any way from what I want to get done” *(Patrick)*. While other participants elaborated on this concept:

“I've always had the focus, and I've always been well driven. So if I want something, I'm gonna work for it. I'm gonna get it. I don't rely on them (her parents) to do it. Like I'm paying for school. I'm paying for my apartment. I've got it all separate...and I
really thank them for kind a showing me what not to do when it comes to parenting and how I want to set up my life.” (Lily)

“That's (conflict and alcoholism) what I don't want to do when I have kids…Basically what I strive not to do. So I kind of learned from all of this negative experience, and I want to be the opposite of that… I've always had kind of a drive to be successful. I don't know if it's just because I was born that way or if it was, you know, me trying to spite everything that's happened to me…I want to do things the right way… I just really tried to kind a take it all as a learning experience I guess and kind of better myself in that regard. I mean I'm really focused on what I want to do.” (Wesley)

As illustrated by these participants, that innate drive to succeed was definitely a positive attribute that assisted in giving them the power they needed at a time when their emotional reservoir was not being abundantly replenished growing up with an alcoholic parent.

Theme 2. Independent Personality: A majority (10 of 13 [77%]) of the participants reported that an independent personality has aided their ability to be resilient.

Although some (3 or 13 [23%]) of the participants described possessing an easygoing personality, a majority (10 of 13 [77%]) of the participants indicated that having an independent personality helped them get where they are today. If the participant had siblings, this finding seemed to be apparent regardless of birth order. Those participants provided insight into this way of thinking by saying they are “very independent” (Tim) and “more independent” (Robin). One participant particularly elaborated in the following way:

“I'm the kind of person that thinks things through, like things that lead up to other things…Individually I'm very strong, like I'm really independent… I don't like need a
lot of help from other people...I can take care of myself...I'm very independent.”

(Josie)

There was one participant who stated having attributes of both personality traits. She expressed being, “self-sufficient” and “I’m going to go be independent” along with saying, “not a like to be in charge kind of person” and “background operator” (Kelly). Both personality characteristics seemed to serve her in different ways which may suggest that depending on the circumstance she was able to adapt to what behavior was necessary to be most successful in a given situation.

Theme 3. Alcoholism Awareness: A majority (10 of 13 [77%]) of the participants stated that their knowledge and awareness of what alcoholism is in relationship to their part in their family’s alcoholism was a beneficial factor in helping them become the healthy young adults that they are today.

A majority of the participants described this awareness as understanding that they were not the cause or to blame for their parent’s alcoholism. This seemed make them feel like they had more control in what was going on around them which empowered them to move beyond the family alcoholism and work on what they needed to work on to become a healthy emergent adult. Some participants articulated this them well:

“My dad (non-drinking parent) would actually sit down and talk to us about it (their mother's alcoholism), like what was going on with mom because especially since most of us were pretty young. Like I didn't understand what was going on and having him sit us down and saying like, "She has a problem. We need to get help but first she needs to accept this help"…and saying things like that. And just telling us that it's gonna get better. We just have to be there for each other until this happens and telling
us if things don't change then things will be changing around here. Like just basically letting us know what was going on...It helped me especially him (non-drinking parent) trying to explain because unless you're an alcoholic or something like that you don't really understand how that brain works...it's a problem; it's not easy for her (drinking parent)...we realize it's a little deeper than her just choosing alcohol over me. I think that was the most helpful.” (Josie)

“I guess his (drinking parent) influence on my teen years would be, you know, kind a being self-aware of his drinking. You know realizing that every time I saw him, he was drunk…my mom (non-drinking parent) started kind a pointed things out as we got older because he (drinking parent) would always come over and try to pick us up and go over to his house, and he was obviously drunk.” (Wesley)

“I'd say I'm even more aware of like how I'm feeling to be able to express it better (now). I think it's just allowed me to trust people more and to be more of a part of like the mainstream of people and to be ok with that; because it was really hard to be able to trust people in general.” (Mary)

**Theme 4. Emotional Avoidance:** Over half (8 of 13 [62%]) of participants commented that they often used denial or emotional avoidance to help them deal with the behaviors of the drinking parent.

Over half of the participants discussed how emotionally separating themselves from their negative environment of being raised with an alcoholic parent was beneficial to them. With alcoholism frequently being the central focal point of a family where problem-drinking is present, many participants indicated that distancing themselves emotionally was helpful. By doing this, it made it possible for the participants as adolescents to focus on other aspects
of their lives. Two of the participants described emotional detachment in this way, “I almost kind of just ignored it (the alcoholism). At least I acted that way I guess…there was always conflicts…I stayed out of everything; just kind a stayed silent, kept doen what I was doen” (Wesley).

“Just us being I guess in our (she and her siblings) own little world compared to what was going on downstairs…I pretty much blocked it out…Remain oblivious; I think that was my life goal back then. Oblivious can't hurt you…I was safe in my own little bubble despite, I knew what was gone on, I just refused to accept it.” (Lily)

**Theme 5. Buffering Effects:** Most (7 of 10 [70%]) of the participants who identified having a single drinking parent expressed that they experienced protective or buffering effects from the non-drinking parent.

Of those participants who identified having one but not both of their parents who were alcoholic, they described experiencing protective effects from the non-drinking parent. To explain further, the non-drinking parent’s behaviors guarded against some of the drinking parent’s negative behaviors. This was evident in the data in several forms such as the non-drinking parent being more emotionally and/or physically available to them. When talking about her mother (non-drinking parent) being there for her Mary said, “My mom and I became very close, and I think a lot of that had to do with, just my dad (drinking parent) wasn't there so I was my mom's confidant. So we became very close.” Another participant expressed these ideas sharing in the following way:

“There's five kids in my family and it was basically…my dad (non-drinking parent) had to be at work to support… I had a really good relationship with my dad. We were very close; and he coached my softball team; and he coached oh basically all of our
teams for stuff… He tried to take over as much of the role of my mom (drinking parent) as he could but working; he was still working 8-5pm so he could only do so much of it.” (Josie)

It was alternatively evaluated if there was a similar effect regarding those participants who experienced both of their parents exhibiting alcoholic behaviors. Out of those participants who reported that both of their parents drank (3 of 13 [23%]) most (2 of 3 [67%]) of the participants described one drinking parent’s behaviors worse than the other drinking parent’s behaviors. Despite this occurrence, only one participant (1 of 3 [33%]) stated that their other parent’s behavior did act as a protective agent. For example Kelly said that she and her mother’s relationship was, “not so good…my mom would just get in fights…huge yelling match” whereas she said that her father, “actually wanted to do things… I've never like not gotten along with my dad… dad has always been the one that we (she and her siblings) call and are like, mom's being crazy or mom's being kind a nuts.” This was in contrast to Amanda who shared that her relationship with her mother was “very bad…very stressful” and that her father was, “very abusive so that didn't help anything.”

**Theme 6. External Attachments:** All (13 of 13 [100%]) of the participants indicated that they had someone else in their life with whom they were able to form attachments with to help buffer the effects of parental alcoholism.

All of the participants enthusiastically discussed other individuals that they were able to fill annulled attachment relationships from one or both of the problem-drinking parents. These extended attachment relationships involved biological siblings, a half-sibling, friends, extended family members, romantic partners, a high school counselor, a teacher, and/or other caring adults. Of those participants who had siblings (12 of 13 [92%]), a majority (9 of 12
of the participants indicated that those sibling relationships were protective in some form to them growing up in an alcoholic home. The expression of those sibling relationships are illustrated in the following comments:

“We (she and her siblings) were all really close, and I think part of my mom drinking made us even closer because we were always kind of taking care of each other and looking out for each other; especially like us three sister were very close and then my two brothers were very close with each other…we all (the girls) shared a room so a lot of that (closeness with her sisters due to their mother's alcoholism) especially. The girls shared a room, the boys shared a room; and a lot of when you'd come home and mom's drinking, you go straight to your room. So we all hung out in there and played together in there. I think that's part of why we got so close in those two different groups.” (Josie)

“I was decently close to my oldest brother. He was probably like the most, the person I consider most like family especially during the teen years…when I was younger, we were obviously living together so we were around each other all the time, and we kind of looked to each other for support within the family…We were kind of the only people we had…couldn't really turn to our parents.” (Christina)

“Me and him (older half brother) have a really, really good relationship…He kind of looked over me a lot and still does. I actually lived with him my senior year of high school…I was welcome at his house anytime. I could talk to him about anything. He used to come to all of my baseball games and everything and all of my football games…I remember one night my mom was drunk…for some reason I couldn't drive
the car, so I actually called him to come pick me up, and then he gave me a whole lecture, you know, made me feel better…my brother really helped me a lot.” (Tim)

To elaborate on how important it was for the participants to have those outside connections, a majority (10 or 13 [77%]) the participants stated that having and spending time with friends, whether they were cognizant of their family’s alcoholism or not, was a great asset to them as adolescents. A couple participants framed the need to have friends by the following statements:

“All of us (she and her siblings) would just try to remove ourselves from the situation a lot and try not to be home a lot, go to friends’ a lot. I think I did that a lot because then I could still be a kid unlike home where I had to be the mom and be watching over my younger sister and things like that.” (Josie)

“We (him and his siblings) spent a healthy amount of time with friends, and we had a good amount of them…we weren't really challenged in that way…If we wouldn't have had friends then we would have had the parent trouble on top of that and whatnot. I think it might have been just too much (to deal with without friends).” (Wesley)

“I had a best friend in high school, and once we established our friendship there's a lot we, you learned about a best friend, girlfriend in high school. So I was really willing over time to talk to her, and I think having that outlet really helped me learn how to express myself better.” (Mary)

Furthermore, almost half (6 of 13 [46%]) of the participants discussed how having another caring adult around was helpful to them during their adolescence. There were various comments that illustrated the benefit these external people had on their lives:
“I had an English teacher in high school that I loved. He was my savior… he became a big mentor to me… I would spend all my study halls in there. After I graduated, I'd go and just hang out in his classroom… knowing that I had somebody that I could go in and say look what happened… so that was really good.” (Rita)

“My boyfriend's family was very helpful. His parents, they just kind a took me under their wing, and they've been my family… I think it helps a lot having a significant other who has a good family.” (Amanda)

“There used to be a man in our community that would come to our house and take my sister and I to Sunday school every Sunday. It was kind of a nice way to get out and be out of the home and just think about something else for a couple of hours; and he always like treated us to breakfast on the way and brought us back and we'd have lunch. So it was just really a nice time, and it was just nice to know that someone else outside our home was interested in what we were doing and who we were and kind of understood our situation. I think that definitely was one of the things that really helped.” (Mary)

**Theme 7. External Relatability:** A majority (10 of 13 [77%]) of the participants discussed how being able to relate to someone else was an important part of assisting them through their adolescence.

This finding is an apparent facet of attachment with an additional person in the participants’ lives, but this topic of relatability was so significantly discussed that it warranted its own theme. A majority of the participants described how helpful it was to not only have an external person in their life to share time with, but it was especially important that the participants were also able to relate to them in some fashion particularly if that meant
the other person understood alcoholism and what they were going through as an adolescent. Some participants described this theme by stating, “I found a group of friends that were likeminded” (Henry) or “Somebody who understands the situation” (Kelly). While other participants shed light on this concept in following ways:

“We all (she and her siblings) went to Al-ateen (a support group for adolescents who have been affected by alcoholism)...it was really nice because you get to hear other people's stories. You realize there's other people who are just like you and who are going through the same things as you. And like especially, that was when my mom was new into sobriety. There were kids there whose parents had been sober for five years, 10 years...things like that. Like being able to talk to them...mostly just knowing that there were other people going through the same things as you.” (Josie)

“I had actually had another friend whose mom was alcoholic. She didn't hide it from anybody. I was over there a lot and saw it a number of times. So I kind a let her in on it, on my life too because we had something in common...and my friend's situation, we did kind of know what was going on in each other's life, and we did know what it was like so it was easier to talk to and easier to figure out...how they deal with it and, you know, the similarities and differences in our lives.” (Tim)

Also regarding this area of attachment, Tim expands about why he chose not to go to a counselor. He said, “My dad (non-drinking parent) would always suggest like a counselor or something, and my attitude was always that this person doesn't know me; so I don’t want to...to tell me what to do or how I should feel.” These examples illustrate that for children of alcoholics, the path to connecting with others is complex and is not merely comprised of having someone around that will listen to them. A majority of the participants expressed that
the individual who they felt comfortable confiding in needed to be someone who would be able to relate to their situation.

Theme 8. Physical Avoidance: A majority (10 of 13 [77%]) of the participants stated using physical avoidance strategies to remove themselves from their drinking parent’s behaviors.

A majority of the participants described the need to physically remove themselves from the negativity that occurred as a result of their problem-drinking parent’s behaviors. The participants found various ways to get away such as going to their room or a friend’s house. Some participants stated that they could escape when they went to their job or a sporting activity. Other means of physical detachment were trying to be asleep by the time their drinking parent returned from work, simply not going over to the drinking parent’s home anymore if their parents were separated, graduating from high school early so they could leave the house, and seeking opportunities such as going to study abroad for school. A few participants were explicit in explaining these ideas: “I would lock myself in the room all day and just try to stay out of it (the parental alcoholic behaviors)…I mostly tried to escape…and turn my music as loud as I possibly could” (Christina). Wesley said, “If there was the option of going outside, definitely would have done that; like if we were doing something in the garage, out in the garage and, you know, maybe fix the bike tire.”

“When I didn't have anything after school, I just really didn't want to go home or be home. So I would just kind of go home throw my backpack in and find somewhere else to go…friend's house…I tried to escape it (the family alcoholism)...get out of the house, get away from it.” (Tim)

Theme 9. Extracurricular Activities: A vast majority (11 of 13 [85%]) of the participants were able to identify that extracurricular activities enabled them to focus on more positive
life attributes which in turn helped buffer the potentially negative effects of parental alcoholism.

As an extension of the previous theme, extracurricular activities emerged as a salient independent theme. A vast majority of the participants shared how being able to be involved in activities that took them out of the house was beneficial in dealing with the parental alcoholism they experienced as an adolescent. For example, many of these extracurricular activities included being involved in sports such as football, baseball, soccer, swimming, choir, band, math competitions, reading, and drawing. This was especially illustrated by a couple of the participants in the following statements:

“I liked staying after for like afterschool for programs and stuff. Well, it was like, in middle school it was a girls program. Like in, on…I remember it was Wednesdays after school, it was like empowerment “Woman Empowerment” and then when I’d go home, I would just focus on my homework or stuff like that. And then in high school I did sports like Tennis and like I got a job. Oh, getting a job helped a lot too. It’d get me out of the house and just like, in other opportunities. And I could talk to other people.” (Karen)

“I’ve always been really, I don’t want to call myself athletic, but I, I’ve, been generally successful at sports…football, basketball, baseball basically, and I like swimming in the summer too. I’ve always done that. Yeah, that was basically high school…I was pretty busy with sports. They take up a lot of time so I, the times I saw my dad (drinking parent) really kind a got chopped down.” (Wesley)
“I always study. I participated in a lot of class, like computer science class and a banking and a handwriting (Chinese calligraphy)…I study a lot in middle school. When I feel bad I will just study…I feel relaxed when I study.” (Robin)

Research question number 3: What are the potential barriers associated with parental alcoholism and healthy socioemotional obtainment as a young adult? The study participants discussed many forms of internal and external barriers that got in the way of their growth and maturing into the emerging adult that they are today.

**Theme 1. Needed Normalcy:** Most (9 of 13 [69%]) of participants indicated a need for normalcy or a need to feel and act like other peers who did not have a problem-drinking parent.

About two thirds of the participants reported a need to feel and act normal among their friends and peers. This need for normalcy emerged as an internal barrier to the participants’ growth and maturing into the healthy emerging adults that they currently reported identifying themselves as today. Their need for normalcy was expressed by them outwardly being cognizant of the distinction between the way the participants’ families functioned and the way their non-problem-drinking peers’ families functioned. The participants indicated this by sharing the following comments:

“I love him (boyfriend as an adolescent and today) dearly…I have no idea where I'd be without him. Especially in like the beginning there…he's kind a the one normal thing. You know, I'd come home to grandma and almost kids and it was just…yeah, it's…he was the normal…how normal he makes me feel.” (Lily)

“It wasn't their (his friends’) business, so I didn't really want them to be in mine. I just kind a wanted to, you know, see me from the outside; like they always had growing
up. Just be the same kid that I always had been…I don't really like people feeling bad for you… I just wanted to be like everyone else had seen me growing up…just hanging out. Just carefree…not really taking things too seriously I guess.” (Tim)

Some (4 of 9 [44%]) of the participants who were included in this theme described what it would have been like to have had a typical family situation as an adolescent. One participant articulated this in the following way:

“I would see a typical parent relationship as like your parents should be someone that you're comfortable talking to about problems… I feel like a normal relationship would be that you could go to your parent with a problem and trust them to help you through it… the parent should provide a model for what the child should grow up to be like.” (Christina)

Theme 2. Co-dependent Tendency: Almost half (6 of 13 [46%]) of the participants reported that a form of co-dependency towards the drinking parent was evident in their lives as an adolescent. By this the participants indicated that they tried to take on some of the responsibilities of the drinking parent. The participants shared that this internal barrier affected them by saying, “We’ve (she and her sibling) tried getting my mom to stop drinking” (Kelly) or “I would try and tell him that you shouldn’t be doing this, you shouldn’t be drinking” (Christina). Rita added that she comforted her mother (drinking parent) all the time and another participant said that, “Making sure that she (drinking parent) paid her bills…didn’t change anything” (Amanda).

Theme 3. Unpredictable Environment: Over half (8 of 13 [62%]) the participants discussed that the environment that they grew up in was unpredictable and/or inconsistent.
Over half of the participants described that the environment that they were raised in was challenging because of its various forms of instability. This inconsistency was either brought on by the drinking parent, the non-drinking parent, or in some cases both parents contributed to the environmental unpredictability. For example, one participant shared this by saying, “We wouldn't know when we were away (she siblings and her) at school that our mom would be drinking all day. So you wouldn't know what you were going to walk into” (Josie). Another participant’s descriptions of these parental behaviors were particularly telling:

Well, like in the instance of I think it was six or seven at night, my sister and I had a swing set out back. And we were just playing and then we’d already eaten dinner and my mom (non-drinking parent), her rule is usually, come in when the street lights come on. And I think it was like summer so it would’ve been like nine or so; and then he (drinking parent) just, he’s like, “You need to come in, no more playing!” “You need to come in, go to bed”...you know it’s like 7 o’clock. So, I think like the thinking there...for my dad when he was drinking, his thinking was more irrational. He’d tried to still be the parent but like, it was off; like his timing was off in that instance or like he’d want to be your friend as opposed to being the dad in some circumstances. I mean he would be like buddy-buddy and then kind of switch roles quickly. (Lily)

**Theme 4. Poor Communication:** All (13 of 13 [100%]) of the participants reported closed and often poor communication patterns within their family.

Poor communication patterns were apparent across all of the participants within their families growing up as a child of alcoholism. This theme emerged as an external barrier that
got in the way of their growth and maturing into the healthy emerging adults that they currently reported identifying themselves as today. These communication patterns were represented by the participants as yelling or screaming in general between family members; fighting, arguing, and/or swearing between the participant and the drinking parent; complete conflict avoidance by the participant not talking to their drinking parent; arguing among the drinking and non-drinking parents; and the participant not feeling like they could talk to the drinking or in some cases the participant was not able to talk to either the drinking parent or non-drinking parent. Three of the participants’ comments heavily illustrated some these poor communication patterns: “I probably wouldn't go to my dad (drinking parent). He'd probably would make fun of me or tell me to do something completely different. So like if I was having real problems, I'd still go to my mom” (Lily).

“I just don’t really wanna be in a yelling match; I’m like, I would just rather go outside and hang out and come back when you’ve (drinking parent) calmed down ‘cause I mean…she gets very animated and very like emotional when she drinks so talking to her can be extremely difficult mostly because you try to make rational points and she’s being irrational…We just didn’t get along at times…but there were just days where it was just like, we’re just not gonna talk today, ‘cause it was just like, you’re grouchy, I don’t wanna deal with you.” (Kelly)

“There was never any problem discussion…never really talked about it (the family alcoholism).…there was always conflict between my mom and my dad. He'd show up drunk, try to pick us (participant and his siblings) up and then they'd have a conflict; and then if we left we'd get over to his house and then they (drinking parent and step-
mother) would have a conflict there…basically just scream at each other all the time…always complain…it was constantly.” *(Wesley)*

**Theme 5. Social Barriers:** Most (9 of 13 [69%]) of the participants stated frequent incidences of social barriers between themselves and peers as a result of the drinking parent’s alcoholism.

Most of the participants reported struggling with social barriers that impeded their ability to share time with friends or participate in some school activities. This theme emerged as an external barrier that got in the way of their growth and maturing into the healthy emerging adults that they currently reported identifying themselves as today. Some participants described these social barriers as misinterpreting the drinking choices of others who are not alcoholic, not feeling like they could really talk to anyone who would understand what was going on in their home, and/or not talking to other people because they did not want others to know what was going on in their home. For example, Robin said, “I don’t want to other people know that my father drink alcohol that frequently. I don’t want them to notice. Yeah, but if they know, I will feel bad.” It was also expressed by one participant by making the following comment:

“When I would see people drinking I'd be like, "Oh my gosh their alcoholics". I would have a negative impression of them because of that even though I knew who they were. Once I knew that they drank, it would be like a slap in the face like, oh they must be this different person; but it was nothing like that.” *(Karen)*

Other expressions of social barriers that were apparent among participants included missing out on scholarship opportunities and school activities or not feeling safe enough to
have friends come over to their house. One participant provided specific insight into these social barriers by describing his experience in the following way:

“When I would have friends over…and he’d (drinking parent) be walking around drunk….I, I knew that he was drunk and it was embarrassing…even at my grad party where like there was no alcohol being served, there was no open bar, but he was walking around with a beer, and it got to the point where like he got drunk and then...It, it got to the point where I was embarrassed to have people at my house. I always wanted to go to other people’s houses so that I wouldn’t have them around and…my dad wouldn’t be drunk around them...ya I was just very hesitant to have people at my house and then when people were at my house I, I, it put me in a bad mood when he would be around drunk like I would react negatively to the embarrassment.” (Henry)

**Theme 6. Adultification Tendency:** Most (9 of 13 [69%]) of the participants indicated that they struggled with adultification or the feeling that they were forced to grow up too quickly.

Most of the participants stated that they were forced to grow up too quickly and experienced feelings of over-responsibility for other family members and household tasks. This characteristic of adultification was another salient external barrier that emerged as a theme that participants shared getting in the way of their growth and maturing into the healthy emerging adults that they currently reported identifying themselves as today. The participants were descriptive regarding how challenging this particular experience was for them growing up with a parent who was an alcoholic. This meant that the participants who experienced adultification were often forced to care for their younger siblings in a way that a parent would care for them such as getting them up in the morning, making sure that their
daily routines were done properly, and/or making sure that they were able to sleep at night. Other duties that the participants described as not being age appropriate were working to try and make sure that their family’s rent was paid on time, trying to keep a drinking parent from going to jail, and/or cooking the family’s meals. Two participants framed their external struggle regarding adultification in the following ways:

“It was basically all of us (she and her siblings) parenting ourselves and looking out for each other; and cooking meals when we weren't really old enough to know what we were doing cooking meals… I think I missed out on a lot of that middle ground of where you just slowly mature. I was forced to just jump straight from being very young to having to be an adult.” (Josie)

“I ended up being more mature than a lot of my peers because I had to be more responsible at home because I was kind of taking that other parent role especially with my sibling…to take over whatever my father (drinking parent) wasn't doing, so I took a lot of responsibility on…In the mornings, he (drinking parent) was the one that was supposed to get us off to school and so I would have to wake him up to get us ready to go to school. He would eventually come around to it; and we taught him how to put a ponytail in my sister's hair. That was about the best we could do.” (Mary)

**Changes over Time**

As the study participants’ progressed into young adulthood, many of them were still dealing with the repercussions of their past from growing up with a parent who had a drinking problem. There were a few salient points that needed further analysis regarding the aforementioned major themes that emerged from this research which included the following three themes: 1. Emotional detachment, acceptance, and trust; 2. The participants’ current...
relationship with their drinking parent; and 3. The participants’ current relationship with a romantic partner.

**Theme 1. Emotional Detachment, Acceptance, and Trust**

A majority (10 or 13 [77%]) of the study participants shared that as a young adult they have been able to internalize some form of healthy emotional detachment from their past family’s history of alcoholism. Of those participants, a higher majority (8 of 10 [80%]) of them discussed how their internal working model of alcoholism changed as they became older. They described that by understanding more about what alcoholism was they were able to detach and accept their past, or even forgive their drinking parent’s behaviors. A couple of participants expressed this by saying, “move past…let it go” (Kelly) and “wasn’t worth it…moved on” (Wesley). One participant summed up these ideas in the following statement:

“I think today, I've accepted it (her family's alcoholism) and it's really not a big deal. It's a huge part of who I am. It's created me into the young woman I've become…It doesn't bother me…It's kind of been a process to become the person I am, as far as being involved and being like putting myself out there, putting my feelings out there and it's just been a process of pretty much through the stages of my dad's alcoholism.” (Mary)

Moreover, the external barrier of closed or poor family communication patterns seemed to remain a barrier for those participants who reported using denial as a form of emotional avoidance to protect themselves as an adolescent growing up in a family of alcoholism. To explain further, the use of denial that was an internal protective factor as an adolescent has transcended into an external barrier as an emerging adult. Almost half (6 of 13 [46%]) of the participants described how these two themes were related to their current
struggle with not being able to trust others. More specifically, the participants described not being able to trust another person enough to share their feelings with them. Two of the participants shared this experience in the following ways:

“I feel like a lot of times, I set myself up for disappointment when I’m with people, or if I expect someone to do something so I just don’t like to ask people. I like to do my own things and just like finish it myself. Like, even simple tasks, I feel like if I ask someone else to do it, like they’re not going to do it or they’re going to hold it off or something like that. Kind of like if I ask my dad (drinking parent), “Can you do this for me?” He’ll say, “No” or hold it off; so I just, I wouldn’t like wait, I’d just do it myself and kind of depend on myself…cautious to ask them for help. (Karen)

I guess I don’t really trust people at all…I guess that would be probably the big thing is just I'm really…hard to…I keep all my feelings inside. I don’t tell people when I'm angry with them or anything like that…I’ve developed like these personality traits from my upbringing (growing up as a child of alcoholism). They wouldn't have happened if I had more of a calm upbringing…I've never really been able to communicate with people…well about anything that really mattered.” (Wesley)

Theme 2. Current Drinking Parent Relationship

Furthermore, regarding the study participants’ current relationship with their drinking parent, all of the participants who identified their parent as still drinking (10 of 10 [100%]) expressed that their parent-adolescent relationship did not significantly change over time. Some (4 of 10 [40%]) of the participants did indicate that the relationship with their drinking parent is better now; however, it simply due to the participant no longer living with the parent and therefore do not need to have contact with them unless they desire it. Participants
who felt that they were able to have more control over their relationship now has helped them view the relationship with their drinking parent differently. One participant, Kelly, said that when she goes to visit her mother (drinking parent) she will, “plan to pack for two days but may need to leave sooner because of not knowing her mood.” She goes on to say, “It’s a lot better now that I don’t have to live with her.” Another participant provided insight to this perspective:

“I don't have to interact with my dad if I chose not to. It is very easy to shut him out if he's drinking… If he's sober, I'm totally willing to talk to him… but if he's drinking I can basically just kind a act like he doesn't exist…I still kind of think of him as not really my dad. I never think of my dad as like a father figure…I mean really the relationship isn't there at all.” (Christina)

Of the participants who’s parent is not drinking anymore (5 of 13 [38%]) a higher majority of those participants (4 of 5 [80%]) described significant improvement from their parent-adolescent relationships and felt a lot closer to them now. The one participant, whose drinking parent stopped drinking where the relationship did not improve, stated that it was due to her parent replacing their drinking with the use of methamphetamines. The participants whose parent had stopped drinking reported having a better relationship with the parent and elaborated on these improvements in the following ways:

“I feel like I'm closer now. He (former drinking parent) jokes a lot more now…We grew closer in like a more mature healthy way… I feel like now it's just more mature and loving…It's more of a cohesive unit now than it ever was before. Even though I don't live there, I still feel like every thing's kind of moving on in its own course and leaving the bad stuff behind.” (Lily)
“We're all extremely close now (her whole family); and I really don't know if we would've been that close if we hadn't dealt with all of the things we dealt with; but I think it helps that my mom did actually quit and she's completely done with it (drinking); and she's apologized to us all over and over again about the things that we had to deal with; like she's a very different person than she was then… now it's just like she admits she has her faults and her flaws, and she deals with them, and she's a lot happier. She can laugh, and she can talk about it (her mother’s former drinking).”

(Josie)

Theme 3. Current Romantic Partner Relationship

A final salient finding was that in all cases that involved the participant currently having a romantic relationship (9 of 13 [69%]), their now romantic partner served as a person that taught them or is teaching them how to communicate effectively and how to build trusting relationships with others. This finding was evident across all of these participants regardless of relationship duration or whether or not they were married. When Wesley was describing his current romantic relationship he said, “I actually do talk to her…probably took a while…I can talk to her. She's someone I can talk to. Probably the first person I ever really talked to.” Other participants reported this by stating these self-improvements in the following ways:

“Like we (she and her boyfriend) had a heart-to-heart like our second month, and it's really easy to talk about anything with each other and so it's different. Like I always expect to be disappointed but like I mean that was something different…having someone that I have to rely on kind a thing.” (Karen)
“I think seeing how my parents interacted when I was younger and the struggles that they had, because of alcoholism in their marriage, it made it really scary for me to want to be in a very serious relationship. He (her husband now) really put up with a lot of that; the fear that I had and he really was very patient, and he's very considerate of how I felt; and I think that's one of the things that makes our relationship so wonderful is that he listens really well. He's kind of been that person that I really lean on and depend on and I think we have a really strong relationship.” (Mary)

**Summary of Findings**

In conclusion, when evaluating the findings as a whole, the findings of this research showed evidence that several protective factors were essential components in overcoming the most prominent barriers of living in an unpredictable environment as a child of alcoholism. Of those protective factors the most salient encompassed possessing an innate drive to succeed, being independent at an early age, learning and understanding alcoholism itself, having a caring and understanding person in their life, and being involved in extracurricular activities to promote physical detachment from the problem-drinking parent. Furthermore, the most prominent barriers included having to grow up too fast, moving past co-dependent behaviors, having poor family communication, and being faced with other social barriers outside of the home. These findings would suggest the importance of children of alcoholics establishing attachments beyond the normative parent-child relationship in order to thrive as healthy emergent adults.
CHAPTER 5. DISCUSSION AND IMPLICATIONS

Discussion

The aim of this qualitative narrative inquiry research, with a sample of 13 academic seniors aged 21 to 25, was to evaluate the parent-adolescent relationship; socioemotional behaviors (e.g. internalizing and externalizing behaviors) and social competencies of emerging adults who grew up with a parent who was an alcoholic. Protective factors and barriers that enhanced or impeded healthy behaviors in emerging adulthood were also assessed from a healthy developmental perspective. This study highlighted three research questions. 1. How does parental alcoholism influence adolescent socioemotional behaviors? 2. What protective factors are associated with parental alcoholism and healthy socioemotional obtainment as a young adult? and 3. What are the potential barriers associated with parental alcoholism and healthy socioemotional obtainment as a young adult?

The findings from these research questions were extensive; therefore, in this chapter, only the most salient themes will be discussed in more detail. Two major themes emerged from the first research question which encompassed the influences of parental alcoholism on socioemotional behaviors. Five overarching themes emerged pertaining to the second research question regarding protective factors; and five main themes surrounded the third research question associated with the barriers that the emerging adults encountered growing up with a parent who they identified as alcoholic. Furthermore, the inclusion of a romantic partner in the participants’ lives today was a final leading theme. Following the discussion of the major findings and conclusions drawn from this study, the study’s limitations, implications, and areas for future research will be addressed.
Previous research has explored the negative environmental influences on children of alcoholics (American Academy of Child and Adolescent Psychiatry, 2002); however, limited research has investigated the mechanisms that aid these children to be healthy and productive young adults (Jaeger et al., 2000). It is clear that children of alcoholics are vulnerable to several negative outcomes such as substance abuse, anti-social behavior, depression, anxiety disorders, low self-esteem, and impaired family relationships; nonetheless, individual differences can also play a role in a child’s development (Harter, 2000). It needs to be recognized that in most cases some external means are necessary such as specific protective factors mentioned in these findings (e.g. independent personality), to promote higher levels of internalized strength that a child of alcoholism may not otherwise have in order to create the motivation to build a healthy developmental outcome.

The findings from this study are consistent with earlier literature on children of alcoholics regarding family relationships and attachment as a theoretical framework (e.g. the important role of external attachments); however, this research also adds to the current literature by unveiling specific protective factors and barriers associated with being a child of alcoholism. It is also important to note that participants reported that both protective factors and barriers changed over time. Several of the participants shared that their attachment relationships also changed over time. A final salient finding was that their current romantic partner served as a source for learning more effective communication patterns and assisting them to build trusting relationships others.
**Interpretation**

*Parent-Adolescent Relationship*

The two major themes that emerged from the first research question were that negative parenting actions conducted by the drinking parent were a significant part of the adolescent’s internal functioning as an adolescent. Moreover, as the participant’s level of understanding regarding their family’s alcoholism grew, this awareness promoted the development of empathetic feelings toward the drinking parent’s behaviors.

Parent-adolescent attachment was a considerable part of the participants’ lives. This was displayed through their home environment growing up by not having strong cohesion primarily with the problem-drinking parent. For those participants whose parent began drinking later in their childhood, between three years up to 13 years for example, did not appear to have the same prevalence of denial or emotional avoidance as an adolescent compared to those children of alcoholics whose parent started drinking before they were born. As an adolescent if the participants were able to ignore any negativity in their environment then perhaps what they did not acknowledge was not able to harm them at the time (Black, 1981). Segrin and Menees (1995) support this by saying that children of alcoholics do experience more “denial of feelings” compared to children who do not grow up in a problem-drinking home. A majority of the participants did stress, however, that as they became older that letting go or emotionally and/or physically detaching from their drinking parent, if that parent was still drinking, was an essential part of being able to move forward and form trusting relationships with others as an emerging adult.

In regards to the apparent empathetic feelings toward the drinking parent’s behaviors, this was a particularly interesting finding because some literature has suggested that children
who have been raised in an insecure (Weinfield, Sroufe, Egeland, & Carleson, 1999) or negative environment have a tendency to struggle as adults to establish a level of empathy for others (Black, 2001). In this study, it was especially interesting that all of the participants who identified experiencing empathy toward their drinking parent were female. This may have been due to females naturally being able to more readily express their emotions (Hoffman, 1977) even though other research has alluded to there not being any gender differences in experiencing empathy (Karniol, Gabay, Ochion, & Harari, 1998).

**Protective Factors**

The five key themes that emerged from the second research question were the explicit protective factors associated with possessing an innate drive to succeed, being able to be independent at an early age, learning and understanding alcoholism itself, having a caring and understanding person in their life, and being involved in extracurricular activities to promote physical detachment from the drinking parent as an adolescent.

By far the most salient of the protective factors discovered in this study were that all of the participants expressed a strong innate drive to succeed that was not dependent on where they were in their healing process from being a child of alcoholism. This was a characteristic that seemed to help carry them through their adolescence despite the negative behaviors expressed by the drinking parent. Additionally, even though previous research has indicated that having an easygoing temperament was a significant protective factor (Werner & Johnson, 2004; Rosenthal, et al., 2009); this study clearly showed that a majority of the participants reported possessing independent personality characteristics. As a result, they felt that they were better equipped to handle life’s challenges which may have also lead to their ability to become healthy functioning emerging adults.
Another relevant protective factor that a majority of the participants experienced, dealt with their level of awareness and understanding concerning their parent’s alcoholism. The participants learned that they did not cause their parent to drink nor were they responsible for their parent’s negative behaviors (e.g. a parent drinking until they passed out). By acknowledging this, a few of the participants reported more easily being able to accept, detach, and move beyond their past history of growing up with a parent who was an alcoholic.

As anticipated, this study provided insight that all of the participants did have a significant amount of protective factors that enveloped them during different periods of their lives growing up and have continued through their adult lives. This aligns with other research that states that the more supports an individual has, the more likely they are to experience healthy developmental outcomes (Werner & Johnson, 2004). Therefore, it is safe to acknowledge that this study illustrates those protective factors such as having an outside caring adult in their lives or being involved with activities (e.g. athletic sports) are necessary components for children of alcoholics to not only survive but acquire the tools in order to navigate the challenging, uncontrollable and sometimes dangerous parental alcoholic environment. It is also important to recognize that some of those protective factors resided within the participants’ immediate family. Siblings in particular can be important to adolescents and can offer companionship and stability (Steinberg, 2008). A great deal of the participants indicated how meaningful it was to have a sibling that helped to emotionally support them.

To continue, I falsely assumed that children of alcoholics would have similar experiences as an adolescent in regards to the access and availability of unhealthy coping
mechanisms such as drugs and alcohol. In this sample only a limited number of these participants were exposed to drugs and alcohol when they were in high school. Additionally, attachment toward external entities such as finding security with those at school like a coach or a teacher or connecting with friends was a vital part of their individual recovery processes from being a child of alcoholism.

**Barriers to Healthy Developmental Outcomes**

The five main themes that emerged from the third research question included the barriers of living in an unpredictable environment, a need for normalcy or stability in their lives, having to grow up too fast, having poor family communication, and being faced with social barriers outside of the home.

Growing up in an unpredictable environment such as a participant not knowing what kind of mood the drinking parent would be in when, as an adolescent, they returned home from school, seemed in several instances to be related to experiencing an overwhelming internal need to feel and act “normal”. In other words, the participants to some degree indicated that they pretended that nothing negative was occurring in their household when they were with other people outside of their immediate family. The participants demonstrated this by describing their participation in extracurricular activities and spending time outside of the home with their friends and peers were in part a means of escaping from their problem-drinking parent. Black (1981, p. 15) further illustrates this notion by adding that children of alcoholics have “strong tendencies to appear “normal” and to be from “typical” American families.” This further exemplifies that the participants, as adolescents, were able to differentiate from how their family functioned and how other families functioned that did not exhibit problem-drinking parents.
One participant further discussed this by saying that she enjoyed and looked forward to going over to friends’ houses. It was at her friends’ houses where she could act her age because at home she had to be an adult and take care of a large majority of the household duties. What this participant alluded to, was what most of the participants also expressed experiencing; there was a clear distinction between the amount of responsibilities they were forced to take on at home when compared to their friends who did not grow up with a problem-drinking parent. This adultification phenomenon begins to illustrate some of the struggles that children of alcoholics face when they try to connect with peers or other adults (Burton, 2007).

Identifying interfamilial unpredictability may have also contributed to the participants’ expressions of social barriers. For example, if the home environment was unstable, this may have increased the likelihood that a participant, as an adolescent, was less willing to bring friends home due to their drinking parent’s behaviors. Black (1981) further acknowledges these challenges for children of alcoholics growing up in an unstable environment. Children of alcoholics frequently receive mixed messages from their parents which can lead to feelings of inadequacy (Meyer & Phillips, 1990) and unworthiness (Rangarajan, 2008).

Although family communication has been acknowledged as an impediment towards offering children appropriate protective factors (Kovacs & Devlin, 1998; Zahn-Waxler, Klimes-Dougan & Slattery, 2000), previous literature has not expanded on this barrier to encompass children of alcoholics whereas this study did address these issues among families with one or more problem-drinking parents. All of the participants shared that poor communication patterns in their family growing up was a prevalent issue in their ability to
form attachments with others. Some participants described not feeling safe enough to share feelings with their drinking parent for fear the drinking parent would not be able to advise them in a sound and meaningful way. Additionally, other participants talked about how not having a parent who modeled healthy communication patterns for them as an adolescent contributed to their struggle as a young adult to learn how to communicate and trust others. It has been evident that a problem-drinking parents struggle to model appropriate family interactions. Consequently, this can be a significant contribution to a child of alcoholism’s delay in their ability to learn effective communication patterns (Black, 2001).

**Inclusion of a Romantic Partner**

To conclude, those participants who currently have a romantic partner, discussed how that romantic partner has significantly helped them accomplishing those necessary attributes to becoming healthy, functioning emerging adults (e.g. healthy communication patterns and building trusting relationships with others). This finding in some ways was surprising due to the knowledge that there is an increased likelihood of children of alcoholics to continue that family dysfunction cycle and become involved with a romantic partner who also does not drink within healthy limits (Black, 1981). The discrepancy between those persons and the current study’s participants could be due to the eligibility criteria of those participants who were screened for the purposes of this study to be physically and mentally healthy. Further, these findings suggest the importance of children of alcoholics establishing attachments beyond their nuclear families such as establishing them through other protective factors and overcome internal and external barriers in order to thrive as healthy emergent adults.
Limitations

There were a few aspects of this study that may have been limiting. It is important to note that while most qualitative research is not known for its ability to be disseminated among the larger population, the deep reflection and individualized nature of this research holds its own merit (Lichtman, 2010). Within those areas previously discussed there were some facets that should be more closely examined. For example, self-esteem was not prevalent in the findings of this study. This could partially be due to the interview questions unknowingly were not able to tap into this function of social competence as initially desired. It would be beneficial to reevaluate the interview questions and possibly add more specific questions pertaining to the participants’ self-esteem as an adolescent in addition to how they currently feel about themselves.

Additionally, there were not any salient gender or birth order differences as some of the previous research has indicated (Black, 2001; Operario, Tschann, Flores, & Bridges, 2006). That being said, there was one category that emerged where three out of the four male participants shared that they recognized that they have tried to minimize their negative experiences growing up with a problem-drinking parent. This would suggest that Rosenthal et al. (2009) made a valid point in their research when they stated that being male can act as a protective factor. These findings may be due to the small sample size, volunteer bias, and other individual strength characteristics that participants shared such as possessing an innate drive to succeed and/or being independent. This study’s stringent eligibility criteria to illustrate healthy developmental outcomes may have also contributed to the limited number of participants who demonstrated externalizing behaviors as an adolescent (e.g. aggression or substance abuse). As a result, the low rate of reported unhealthy copying mechanisms should
not be generalized to those children of alcoholics who do not possess the same resiliency characteristics.

To continue, parent gender differences were also not especially impactful among the participants’ families in regards to whether the mother was the problem-drinking parent or whether the father was the problem-drinking parent as other research has previously mentioned. For example, some studies have indicated that the mother by nature holds a more care giving role which elicits a closer parent-child relationship regardless of family hardship (Rangarajan, 2008). It might have been beneficial to design additional parent-adolescent relationship questions that would have more directly tapped into those potential parent gender differences.

Another limitation to consider also involves demographics. Despite the fact that there were two participants who identified themselves as Asian descent, the sample used in this study was primarily composed of a Caucasian population. It would be interesting to extend this research to an African American population in Iowa as well and compare if there would be any noticeable similarities and differences between the two populations. An additional possibility for demographic discrepancies as well as a potential reason for the fractional .04% response rate during the recruitment process of this study may have been due to an individual’s willingness to discuss their experiences as a child of alcoholism. Furthermore, this study only braises the surface of how attachment is integrated in the lives of children of alcoholics. Other research is necessary to more directly address how attachment might be incorporated in the types of protective factors a child of alcoholism desires and is able to acquire or become engaged in. In short, all of these concepts are complex and merit supplementary work. Additional findings in this area of study would provide human service
professionals more ways to assist children of alcoholics in becoming self-sustaining, productive emerging adults.

**Implications and Areas for Future Research**

Through using a narrative qualitative inquiry approach, my goal was to give voice to those emerging adult men and women who have been affected by parental alcoholism and to learn additional ways to instill an internalized sense of hope and purpose for adolescents that they may not ordinarily possess if they were strictly on their own. Based on the findings of this study, outlets used to promote healthy socioemotional development were more frequently described as informal supports (e.g. caring adult or non-drinking parent) verses formal supports (e.g. counselor) which were not as prevalent among study participants. Thus, it is prudent to discover more effective ways in disseminating awareness and education about the potential impacts of alcoholism. My hope is that by providing a greater understanding of what can be done to help this vulnerable population in the U.S., it will enhance the collaborative efforts of schools, practitioners, service professionals, and religious organizations in assisting children of alcoholics in overcoming those internal and external barriers in order to become self-sufficient, productive emerging adults.

One future direction of research would be to tap into future participants understanding about their extended family’s history of alcoholism, because one item that was not directly addressed in this study was intergenerational transmission of alcoholism. Past literature has described that the effects of alcoholism can be greater for those individuals who possess a larger extended family who share problems with alcoholism (Barnow, Schuckit, Smith, Preuss, & Danko, 2002). A couple of the study participants began to illustrate this idea, and it would be beneficial to explore this area further due to those participants recognizing that this
was part of their parent’s influence to drink alcoholically or abuse alcohol. It might also be especially interesting to more extensively compare biological children of alcoholism to adopted or step-family integrations concerning children of alcoholism.

Along similar lines, another motivating area of future research would be to include domains of social economic status (SES). It would be interesting to acquire knowledge about whether SES was a contributing factor to some of the participants’ negative environmental experiences as an adolescent. SES has been a known risk factor for the prevalence of parental problem-drinking behaviors (Ellis, Zucker, & Fitzgerald, 1997). Children of alcoholics who have been raised in a low SES environment are at a greater risk developing drinking problems as an adult contrasted with non-children of alcoholics who have been raised in a similar environment (Trim & Chassin, 2008). In this study, there were several participants who brushed the topic of their family’s financial stability; however, there was not enough information to draw any conclusive understandings of this area of study.

In summary, this study adds to the existing research on children of alcoholics by investigating specific risk and protective factors associated with children of alcoholics and healthy socioemotional obtainment as an emerging adult. This study enables researchers and other professionals to understand more about what is inhibiting children of alcoholics from receiving or utilizing these potential protective factors. Furthermore, attachment compensation was directly apparent among all participants. By forming connections with individuals beyond their alcoholic parent (e.g. sibling, friend, or romantic partner), participants were able to begin building trusting relationships with others. Through this research, a window has been opened to some of the important constructs necessary for children of alcoholics to survive and transcend beyond their potentially negative experiences.
growing up in a home where one or both of their parents were problem-drinking parents. Overall the participants described that they were not going to let the negativity of their past experiences from growing up as a child of alcoholism inhibit their physical and psychological health as an emerging adult. Their determination outlined in this study will hopefully pave the way in assisting children and other young adults who have been affected or are currently experiencing parental alcoholism to become healthy functional members of society.

Final Thoughts

I have at least metaphorically, gone on this journey with those persons who I have been privileged enough to call my participants throughout the duration of this study. There were times when I was surprised at how responsive and candid the participants were in what for some were their first deep conversations about their story as a child of alcoholism. It is through the sharing of their individual life stories that others can know that they are not alone; and that others have gone through similar events and have been able to rise above adversity. Collectively humans are stronger when working together. We were never meant to feel abandoned and isolated. We are here to help and support each other. Through this research, I have gained a deeper understanding of the unique but similar nature of all of my participants’ stories in addition to my own process of healing as an adult child of alcoholism. The findings from this research will be an instrumental part of my future involvement with working with children and families who have been affected by alcoholism.
**APPENDIX A. DEMOGRAPHIC TABLE**

Demographics of Study Participants

<table>
<thead>
<tr>
<th>13 Total Participants Aged 21-25</th>
<th>%, Percentage</th>
<th>N, Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3.3</td>
<td>4</td>
</tr>
<tr>
<td>Female</td>
<td>69</td>
<td>9</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White/ Caucasian</td>
<td>85</td>
<td>11</td>
</tr>
<tr>
<td>Chinese</td>
<td>.8</td>
<td>1</td>
</tr>
<tr>
<td>Other Asian; Hmong; from Laos</td>
<td>.8</td>
<td>1</td>
</tr>
<tr>
<td><strong>Birth Order</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oldest</td>
<td>38</td>
<td>5</td>
</tr>
<tr>
<td>- Oldest; adopted as infant by father</td>
<td>.8</td>
<td>1</td>
</tr>
<tr>
<td>Middle</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td>Youngest</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>- Youngest but oldest in household</td>
<td>.8</td>
<td>1</td>
</tr>
<tr>
<td>Only Child</td>
<td>.8</td>
<td>1</td>
</tr>
<tr>
<td><strong>Identified Problem Drinking Parent</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td>54</td>
<td>7</td>
</tr>
<tr>
<td>Mother</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td>Both</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td><strong>Duration with Problem Drinking Parent Growing Up</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth and on</td>
<td>46</td>
<td>6</td>
</tr>
<tr>
<td>Birth through 10 years old</td>
<td>.8</td>
<td>1</td>
</tr>
<tr>
<td>Birth through 16 years old</td>
<td>.8</td>
<td>1</td>
</tr>
<tr>
<td>3 years old and on</td>
<td>.8</td>
<td>1</td>
</tr>
<tr>
<td>7 years old and on</td>
<td>.8</td>
<td>1</td>
</tr>
<tr>
<td>10 years old and on</td>
<td>.8</td>
<td>1</td>
</tr>
<tr>
<td>12 years old and on</td>
<td>.8</td>
<td>1</td>
</tr>
<tr>
<td>13 years old and on</td>
<td>.8</td>
<td>1</td>
</tr>
<tr>
<td><strong>Problem Drinking Parent Current Drinking Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Still Drinking</td>
<td>62</td>
<td>8</td>
</tr>
<tr>
<td>Not Drinking Anymore</td>
<td>31</td>
<td>4</td>
</tr>
<tr>
<td>Not Drinking Anymore but doing Illegal Drugs</td>
<td>.8</td>
<td>1</td>
</tr>
<tr>
<td><strong>Parent’s Current Relationship Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>62</td>
<td>8</td>
</tr>
<tr>
<td>Divorced</td>
<td>31</td>
<td>4</td>
</tr>
<tr>
<td>Remarried</td>
<td>.8</td>
<td>1</td>
</tr>
<tr>
<td><strong>Participant’s Current Relationship Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td>With Partner</td>
<td>46</td>
<td>6</td>
</tr>
<tr>
<td>Single without Partner</td>
<td>31</td>
<td>4</td>
</tr>
</tbody>
</table>
APPENDIX B. INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL

INSTITUTIONAL REVIEW BOARD (IRB)
Application for Approval of Research Involving Humans

SECTION I: GENERAL INFORMATION

Principal Investigator (PI): Sarah Bickelhaupt
Phone: 515-291-4048
Fax:

Degree: Masters
Correspondence Address: 51B LeBaron

Department: Human Development and Family Studies
Email Address: filly@iastate.edu

Center/Institute: Iowa State University
College: Human Sciences

Title of Project: The Influence of Parental Alcoholism on Socio-Emotional Outcomes of Emerging Adults: A Retrospective Approach

Project Period (Include Start and End Date): [mm/dd/yy][03/02/11] to [mm/dd/yy][08/08/11]

FOR STUDENT PROJECTS

Name of Major Professor/Supervising Faculty:
Brenda Lohman, PhD
Phone: 515-294-6230
Department: Human Development and Family Studies
Email Address: blohman@iastate.edu

Type of Project: (check all that apply)

- Research
- Thesis
- Dissertation
- Independent Study (490, 590, Honors project)
- Other. Please specify: ___

KEY PERSONNEL

List all members and relevant experience of the project personnel. This information is intended to inform the committee of the training and background related to the specific procedures that each person will perform on the project.

<table>
<thead>
<tr>
<th>NAME &amp; DEGREE(S)</th>
<th>SPECIFIC DUTIES ON PROJECT</th>
<th>TRAINING &amp; EXPERIENCE RELATED TO PROCEDURES PERFORMED, DATE OF TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah Bickelhaupt, B.S.</td>
<td>Principal Investigator</td>
<td>ISU Human Subjects Training 1/30/10</td>
</tr>
<tr>
<td>Brenda Lohman, Ph.D.</td>
<td>Thesis Advisor &amp; Major Professor</td>
<td>ISU Human Subjects Training 3/9/03</td>
</tr>
<tr>
<td>Karla Embleton, Ph.D.</td>
<td>Instructional Support Specialist for Survey Preparation and Implementation</td>
<td>ISU Human Subjects Training 5/27/10 Technical Support for Survey Software</td>
</tr>
</tbody>
</table>

Office for Responsible Research: IRB 9/13/10
Dear ISU Academic Senior Students:

You are invited to participate in a research study to explore and better understand factors that help buffer children of alcoholics from possible negative life experiences. This study will also evaluate potential factors that may inhibit a child of alcoholism to reach their desired level of success. The goal of this research is to add to previous research regarding the experiences adult children of alcoholics and healthy social and emotional outcomes. This study could help service providers and other professionals that work with children of alcoholics with further knowledge into developing more effective ways to better help and give support to those effected populations of children into becoming self-sufficient, healthy adults. This study was approved by the ISU Institutional Review Board.

We are looking for participants who identify themselves as an adult child of alcoholism where one or both of their biological parents were considered to be problem drinking parent(s), are between the ages of 21 and 25, are currently maintaining a GPA of 3.00 or higher, are an academic senior at Iowa State University, are not currently using illegal drugs, and are considered to be a self-sufficient and emotionally healthy adult.

An incentive for your involvement in this study will be a $10.00 gift certificate to Wal-Mart following the interview session or any time during the interview in the event that you chose not to complete the entire interview. If you are not selected through the screening process, you will not be asked to complete the face to face interviews and therefore will not receive any incentive.

If you agree to participate in this study, you will first be asked to complete an eligibility survey. If you meet the eligibility requirements of the study and are selected through the screening process, your participation will be a onetime occurrence and will involve allowing the researcher to interview you in person about your experiences as a child of alcoholism focused primarily on your adolescent years; however, some participants will be asked to meet again to check for correctness of the transcription interpretation process. Your participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study or leave the study early, it will not result in any penalty or loss of benefits to which you are otherwise entitled. In addition, your choice to participate or not to participate will not affect your standing at Iowa State University. You are free to withdraw from the study at any time without penalty.

Records identifying participants will be kept confidential. To ensure this, the following measures will be taken. First, all identifying characteristics from the audio-recorded interviews will be replaced with pseudo-names; and secondly, the researcher and their major professor will be the only individuals who will have access to any of the research material that contains any identifying markers of the participants; however, study participants will be asked to sign informed consent documents in order to conduct the study.

You are encouraged to ask questions at any time during the study.

- For further information about the study contact: Sarah E. Bickelhaupt (researcher) by phone (515)-291-4048 or by email filly@iastate.edu or Dr. Brenda J. Lohman (thesis advisor & major professor) by email blohman@iastate.edu.

If you are interested and willing to help us in our study, please respond to this email by clicking reply and indicating your interest in the response email.

Thank you for your time!

Sincerely,

Sarah Bickelhaupt, Master’s Student and Brenda Lohman, Ph.D., Associate Professor
Iowa State University
APPENDIX D. INFORMED CONSENT DOCUMENT FOR ELIGIBILITY SURVEY

INFORMED CONSENT DOCUMENT

Title of Study: The Influences of Parental Alcoholism on Socio-Emotional Outcomes for Emerging Adults: A Retrospective Approach

Investigators: Sarah E. Bickelhaupt (researcher)  
Dr. Brenda J. Lohman (thesis advisor & major professor)

We would like to invite you to participate in a research study. Please take your time in deciding if you would like to participate. Please feel free to ask questions at any time.

INTRODUCTION

The purpose of this study is to explore and better understand factors that help buffer children of alcoholics from possible negative life experiences. This study will also evaluate potential factors that may inhibit a child of alcoholism to reach their desired level of success. The goal of this research is to add to previous research regarding the experiences adult children of alcoholics and healthy emotional and social outcomes. You are being invited to participate in this study because you identify yourself as an adult child of alcoholism where one or both of your biological parents were considered to be problem drinking parent(s), are between the ages of 21 and 25, are currently maintaining a GPA of 3.00 or higher, are an academic senior at Iowa State University, are not currently using illegal drugs, and are considered to be a self-sufficient and emotionally healthy adult.

DESCRIPTION OF PROCEDURES

If you agree to participate in this study, your participation will involve allowing the researcher to interview you in person about your experiences as a child of alcoholism focused primarily on your adolescent and emergent adulthood years. The first phase of the study is to complete a short questionnaire that you can complete is less than 5 minutes. From this questionnaire, a random sample of individuals will be chosen to then complete a one-on-one interview with the researcher that will last approximately 60 to 90 minutes, and with your permission, they will be audio recorded. The recordings will be transcribed. The audio recordings are done to ensure the accuracy of the transcription process following the interview. The interview will be conducted as your schedule allows. All study participants will be offered the opportunity, however, to view their transcribed interview should they desire to see those materials at another scheduled meeting. Some participants will be asked to meet again to check for correctness of the transcription interpretation process.

RISKS
The risks of this study are very minimal. While participating in this study you may experience possible discomfort at disclosing information during the interview.

**BENEFITS**

If you decide to participate in this study there will be no direct benefit to you. It is hoped, however, that the information gained in this study has the potential to benefit service providers and other professionals that work with children of alcoholics with further knowledge into developing more effective ways to better help and give support to those effected populations of children into becoming self-sufficient, healthy adults.

**PARTICIPANTS RIGHTS**

Your participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study or leave the study early, it will not result in any penalty or loss of benefits to which you are otherwise entitled. In addition, your choice to participate or not to participate will not affect your standing at Iowa State University. You are free to withdraw from the study at anytime without penalty.

**CONFIDENTIALITY**

Records identifying participants will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, federal government regulatory agencies and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy your records for quality assurance and data analysis purposes. To ensure confidentiality to the extent permitted by law, the following measures will be taken. First, all identifying characteristics from the audio-recordings will be replaced with pseudo-names prior to the transcription process; and secondly, the researcher and their major professor will be the only individuals who will have access to any of the research material that contains any indentifying markers of the participants.

**QUESTIONS OR PROBLEMS**

You are encouraged to ask questions at any time during the study.

- For further information about the study contact: Sarah E. Bickelhaupt (researcher) by phone (515)-291-4048 or by email filly@iastate.edu or Dr. Brenda J. Lohman (researcher’s major professor) by email blohman@iastate.edu.
- If you have any questions about the rights of research subjects or research-related injury, please contact the IRB Administrator, (515) 294-4566 or by email IRB@iastate.edu, or Director, (515) 294-3115, Office for Responsible Research, Iowa State University, Ames, Iowa 50011.
If you have discomfort related to or during the course of this study, please feel free to contact the ISU Student Counseling Center located on the third floor of the Student Services Building by phone at (515) 294-5056, the Couple and Family Therapy Clinic located on the second floor of the Palmer building by phone at (515) 294-0534 or to receive information on how to attend a local Al-anon support group please call (515) 233-6312. You may also visit Al-anon’s national website at http://www.al-anon.alateen.org.

PARTICIPANT SIGNATURE

Your signature indicates that you voluntarily agree to participate in this study, that the study has been explained to you, that you have been given the time to read the document and that your questions have been satisfactorily answered. You will receive a copy of the written informed consent prior to your participation in the study. In addition, if you would like a summary of the findings of the study when completed, please provide an email or mailing address where these can be sent.

Thank you for your participation; your help is greatly appreciated.

Participant’s Name (printed)

(Participant’s Signature) Electronic Signature (Date)

(Email or Mailing Address for Summary of Findings, OPTIONAL)

INVESTIGATOR STATEMENT

I certify that the participant has been given adequate time to read and learn about the study and all of their questions have been answered. It is my opinion that the participant understands the purpose, risks, benefits and the procedures that will be followed in this study and has voluntarily agreed to participate.

(Signature of Person Obtaining Informed Consent) (Date)

Electronic Signature
APPENDIX E. ELIGIBILITY SURVEY

Please enter your assigned 4 digit pin number here: ________________

If you have any questions concerning this survey please contact Sarah E. Bickelhaupt (researcher) by phone (515)-291-4048 or by email filly@iastate.edu or Dr. Brenda J. Lohman (researcher’s major professor) by email blohman@iastate.edu.

Section 1 of 2: Demographics

1. How old are you?
   1. 18 – 20
   2. 21 – 25
   3. Over 25

2. What is your biological sex?
   1. Male
   2. Female

3. What is your class rank?
   1. Freshmen
   2. Sophomore
   3. Junior
   4. Senior

4. What is your current GPA?
   1. 0.00 – 1.00
   2. 1.01 – 2.00
   3. 2.01 – 3.00
   4. 3.01 – 4.00

5. What ethnicity or race would you consider yourself to be?
   1. African American/ Black
   2. Caucasian/ White
   3. Hispanic or Latino Origin
   4. American Indian or Alaska Native
   5. Chinese
   6. Japanese
   7. Korean
   8. Other Asian – Please Print __________________________
   9. Native Hawaiian
   10. Other Pacific Islander – Please Print ___________________

6. What is your current romantic relationship status?
   1. Single
   2. Married
   3. Monogamous relationship/ non-married
   4. Other – Please Write_______________________________
7. Do you use illegal drugs such as marijuana?
   1. Yes
   2. No

8. Do you use prescriptions drugs in other ways than the drug is intended or prescribed?
   1. Yes
   2. No

9. Do you consume alcohol?
   1. Yes
   2. No
      1. If yes and you are male, do you consume more than 2 alcoholic beverages per day or 14 per week? (An alcoholic beverage is considered one 12-ounce bottle of beer or wine cooler, one 5-ounce glass of wine or 1.5 ounces of 80-proof distilled spirits.)
         1. Yes
         2. No
      2. If yes and you are female, do you consume more than 1 alcoholic beverage per day or 7 per week? (An alcoholic beverage is considered one 12-ounce bottle of beer or wine cooler, one 5-ounce glass of wine or 1.5 ounces of 80-proof distilled spirits.)
         1. Yes
         2. No
Section 2 of 2: Questionnaire

Following is a list of problems some people experience. Please enter the response that best describes how much that problem distressed or bothered you.

1 = Not At All  
2 = A Little Bit  
3 = Moderately  
4 = Quite A Bit  
5 = Extremely

How much have you been bothered by…?

1. Faintness or dizziness?  
2. Feeling no interest in things?  
3. Nervousness or shakiness inside?  
4. Pains in your heart or chest?  
5. Feeling lonely?  
6. Feeling tense or keyed up?  
7. Nausea or upset stomach?  
8. Feeling blue?  
9. Suddenly feeling scared for no reason?  
10. Trouble getting your breath?  
11. Feelings of worthlessness?  
12. Spells of terror or panic?  
13. Numbness or tingling in parts of your body?  
14. Feeling hopeless about the future?  
15. Feeling so restless that you couldn’t sit still?  
16. Feeling weak in parts of your body?  
17. Thoughts of ending your life?  
18. Feeling fearful?

If any concerns were raised for you upon the completion of this questionnaire, please contact the ISU Student Counseling Center located on the third floor of the Student Services Building
by phone at (515) 294-5056 or the Couple and Family Therapy Clinic located on the second floor of the Palmer building by phone at (515) 294-0534.
APPENDIX F. INFORMED CONSENT DOCUMENT FOR INTERVIEWS

INFORMED CONSENT DOCUMENT

Title of Study: The Influences of Parental Alcoholism on Socio-Emotional Outcomes for Emerging Adults: A Retrospective Approach

Investigators: Sarah E. Bickelhaupt (researcher)
                Dr. Brenda J. Lohman (thesis advisor & major professor)

We would like to invite you to participate in a research study. Please take your time in deciding if you would like to participate. Please feel free to ask questions at any time.

INTRODUCTION

The purpose of this study is to explore and better understand factors that help buffer children of alcoholics from possible negative life experiences. This study will also evaluate potential factors that may inhibit a child of alcoholism to reach their desired level of success. The goal of this research is to add to previous research regarding the experiences adult children of alcoholics and healthy emotional and social outcomes. You are being invited to participate in this study because you identify yourself as an adult child of alcoholism where one or both of your biological parents were considered to be problem drinking parent(s), are between the ages of 21 and 25, are currently maintaining a GPA of 3.00 or higher, are an academic senior at Iowa State University, are not currently using illegal drugs, and are considered to be a self-sufficient and emotionally healthy adult.

DESCRIPTION OF PROCEDURES

If you agree to participate in this study, your participation will involve allowing the researcher to interview you in person about your experiences as a child of alcoholism focused primarily on your adolescent and emergent adulthood years. The one-on-one interview will last approximately 60 to 90 minutes, and with your permission, they will be audio recorded. The recordings will be transcribed. The audio recordings are done to ensure the accuracy of the transcription process following the interview. The interview will be conducted as your schedule allows. All study participants will be offered the opportunity, however, to view their transcribed interview should they desire to see those materials at another scheduled meeting. Some participants will be asked to meet again to check for correctness of the transcription interpretation process.

RISKS

The risks of this study are very minimal. While participating in this study you may experience possible discomfort at disclosing information during the interview.
BENEFITS

If you decide to participate in this study there will be no direct benefit to you. It is hoped, however, that the information gained in this study has the potential to benefit service providers and other professionals that work with children of alcoholics with further knowledge into developing more effective ways to better help and give support to those effected populations of children into becoming self-sufficient, healthy adults.

COSTS AND COMPENSATION

An incentive for your involvement in this study will be a $10.00 gift certificate to Wal-Mart following the interview session or any time during the interview in the event that you chose not to complete the entire interview. You will need to complete a form to receive payment.

PARTICIPANTS RIGHTS

Your participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study or leave the study early, it will not result in any penalty or loss of benefits to which you are otherwise entitled. In addition, your choice to participate or not to participate will not affect your standing at Iowa State University. You are free to withdraw from the study at anytime without penalty.

CONFIDENTIALITY

Records identifying participants will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, federal government regulatory agencies and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy your records for quality assurance and data analysis purposes. To ensure confidentiality to the extent permitted by law, the following measures will be taken. First, all identifying characteristics from the audio-recordings will be replaced with pseudo-names prior to the transcription process; and secondly, the researcher and their major professor will be the only individuals who will have access to any of the research material that contains any indentifying markers of the participants.

QUESTIONS OR PROBLEMS

You are encouraged to ask questions at any time during the study.

- For further information about the study contact: Sarah E. Bickelhaupt (researcher) by phone (515)-291-4048 or by email filly@iastate.edu or Dr. Brenda J. Lohman (researcher’s major professor) by email blohman@iastate.edu.
• If you have any questions about the rights of research subjects or research-related injury, please contact the IRB Administrator, (515) 294-4566 or by email IRB@iastate.edu, or Director, (515) 294-3115, Office for Responsible Research, Iowa State University, Ames, Iowa 50011.

• If you have discomfort related to or during the course of this study, please feel free to contact the ISU Student Counseling Center located on the third floor of the Student Services Building by phone at (515) 294-5056, the Couple and Family Therapy Clinic located on the second floor of the Palmer building by phone at (515) 294-0534 or to receive information on how to attend a local Al-anon support group please call (515) 233-6312. You may also visit Al-anon’s national website at http://www.al-anon.alateen.org

PARTICIPANT SIGNATURE

Your signature indicates that you voluntarily agree to participate in this study, that the study has been explained to you, that you have been given the time to read the document and that your questions have been satisfactorily answered. You will receive a copy of the written informed consent prior to your participation in the study. In addition, if you would like a summary of the findings of the study when completed, please provide an email or mailing address where these can be sent.

Thank you for your participation; your help is greatly appreciated.

Participant’s Name (printed)

______________________________________________

(Participant’s Signature)   (Date)

(Email or Mailing Address for Summary of Findings, OPTIONAL)

INVESTIGATOR STATEMENT

I certify that the participant has been given adequate time to read and learn about the study and all of their questions have been answered. It is my opinion that the participant understands the purpose, risks, benefits and the procedures that will be followed in this study and has voluntarily agreed to participate.

______________________________________________

(Signature of Person Obtaining Informed Consent)   (Date)
APPENDIX G. INTERVIEW QUESTIONS

General Questions:

1. What made you decide to participate in this study?

2. In your opinion, who was the parent figure in your life as a teenager that was the drinking parent?

More In-Depth Questions:

3. Would you tell me how you would define or describe the meaning of ‘a child of an alcoholic parent’?

4. How long did you experience an active alcoholic parent in your home?

5. How would you describe your experience during your teen years growing up with an alcoholic parent?

6. How would you describe your relationship during your teen years with the drinking parent?

7. And with the non-drinking parent (if there was one)?
   1. Can you tell me a little bit more about that?

8. Do you have siblings?
   1. If so, where is your birth order in relation to your siblings?
   2. How would you describe your experience during your teen years with your siblings?

9. Tell me about how you handled those experiences with your parents and siblings you described during your teen years?

10. Was there anything specific during that time period in your life that you remember being particularly helpful to you?
    1. Would you share more about that with me?

11. Was there anything specific during that time period in your life that you felt got in the way of your growth and maturing from an adolescent into a young adult?

12. How would you describe ‘where you are today’ in dealing with the family history that you described?

13. How would you describe your relationship with your parents now?

14. How would you describe your relationship with your siblings now?
1. How are they doing?

15. If you are in a romantic relationship now, how would you describe your relationship with your partner?

16. Was there anything else that you would like to share about your experience or about alcoholism in general that we did not cover before we close for today?
APPENDIX H. DATA ANALYSIS EXAMPLES

FIELD NOTES EXAMPLES

Interview 5
09/11/11
2pm
PACES Library/Private Room

- Set perpendicular to each other
- Clean cut/ good hygiene /pretty good body language despite
- He seemed to talk really fast and he
- Seemed nervous
- Not sure if he was nervous about it being recorded.
- Said "obviously" frequently / seemed to keep looking to me if he was giving "right" answers
- Also tries to handle emotions etc. on his own
- Tried to get him to elaborate
- Reminded him that it was his perspective and experience
- He really seemed to write off or try to minimize his experience by constantly saying that
- Most or all people, blah, blah, blah...
- I really liked what he said at the very end and basically saying that if you want something you need to take above and do it:
- Not in a romantic relationship
- 5 siblings he was #3 (2 above him + 2 below)

I found it interesting when he said he was closest to the oldest sister because this appears to be consistent with other oldest sisters that I've interviewed who were close to a younger sibling + took care of them.
— This interview was again only a little over 30 min.
the longest one yet, was the very first one and
I am really wondering if that had to do with
the fact that it took in her home where
she was more comfortable, (with cats etc.)
— There may or it seemed like there were visual
triggers for her to start experiencing as well.

— one reason that this interview was shorter too may
have also had to do with him not being in a
romantic relationship right now, so there wasn’t
that information to share.

— Other ways I was trying to get him to expand
were: by saying things like,
"What do you mean by..."
"Would you please further define... for me?"
— Rewind explaining to him that I wanted to make
sure that I am representing him correctly and
need further clarification on...
106

6th Interview 6/6/11 5:30pm
Pauls Library
Study Room

- Good hygiene: looked like she took care of herself
- Played with her ring a lot / at times would play with her elbows
- Kept pretty open posture / we sat side by side
- At one point her head band slipped off
- She fixed it
- At another point my stomach grumbled and apologized
- At another point she puts her phone (set on vibrate)
- It was going off

This interview was the longest yet which may minimize negate my previous theory of context and constant level being that we were in the library and not in her home
- May be irrelevant for some context matters

- She kept referring to her past being very complicated and even later apologized for it
- It didn’t sound like she had talked to anyone about her past except for her boyfriend

"The past is the past" attitude. I used to think that way until I realized that the past is what helps shape who you are today. That’s why I found it interesting that she also said that she has accepted her past
- They almost contradict each other
- At one point she talked about her "selective memory" kind of as a survival mechanism to help her through the really hard parts in her life.

- I also found it interesting how her body facial expressions would change when talking about something she did well; almost shy about it (like she's not deserving?)

- I definitely feel that she put more thought into her answers that some of the other participants. She would look like she was thinking before answering some of the questions and would even pause a little before answering.

- She also seemed driven to do something more with her life.

- I feel like I am finally getting more comfortable with interviewing. I also feel like I can have more of a conversation with them.

- I feel like I have an easier time listening, maybe because I am more comfortable I am able to listen better.
The Interview 6/22/11 3:30pm parks library

Identified: Female  Sat perpendicularly

This time, I had placed the recorder on the opposite side of the little room bag, still visible but more inconspicuous. By the way that I interviewed, we sat perpendicularly. I felt like he was staring at it and this may have contributed to his brief answers/nervousness.

1st. She seemed nervous at first but seemed to relax as the interview went on; by pausing more and slowing down her speech some.

Clean cut/good hygiene/nice

She was the youngest interesting that she was closest to her oldest sibling also.

Education could indirectly be a protective factor?

She is one of I think 3 or more now that have said they will be going on for a graduate degree

The need to "escape" seems common throughout - this particular person said it again.

2nd. She must have felt more comfortable while because she disclosed that she had a son that she probably shouldn't have been doing some of the things she was at 18

Externalizing behaviors early sex, drinking, drugs
Interesting that she described differentiating by not letting AODA control her actions. Like she said, that it was just something that happened to her and does not define who she is (my words). That she will succeed regardless - verses being motivated to succeed simply etc.

She wanted to do better than her parents did.

This is what makes me interested in personality.

What is it about hers that may have helped her?

- Help-seeking
- Internal drive
- Protective factors? (brother etc.)

Type of independence in her identity
12th Interview 3:30 pm / At her appointment

- Clean cut / super friendly / open body language
- Husband was there initially but left & returned when
  interviews was almost over
- Sat side by side on her couch
- Older – and take care of younger sibling
- It seemed like more happened than she was willing
to share (Attachment)
- Talked about accepting her past and learning
  that she can trust & go to other people
- She said she learned that staying
  isolated made things worse (hanging onto
  anger & feeling depressed), that it has helped
  her to be able to talk with others about
  her experience as an AGOA (helped alleviate bad feelings)
- This is somewhat different from other study
  participants expressing evening currently a
  need to keep things that handle things on
  their own for say. Is this because these
  are the ones who have not learned to trust
  older yet? Not willing to take that risk?
- Again, her ability to trust again may be
  associated with the fact that her dad doesn’t
  drink anymore. (need to look if this is an
  consistent association among participants)
- She also expressed that her mom was there for her
  emotionally
but not always physically (walked + good all)
→ protective factor from non-drinking parent?

One thing that stood out with her is how she described coping & getting to where she is today, as a process, not something done overnight.
### CODING KEY EXAMPLE

#### Parent-Adolescent Relationships:

- Drinking Parent
  - Then
  - Now
- NON-Drinking Parent
  - Then
  - Now
- Parent Still Drinking
- Parent Not Drinking Anymore

#### Internalizing Behaviors:

- Anxiety
- Depression
- Suicidal Thoughts

#### Externalizing Behaviors:

- Aggression
- Destructiveness
- Substance Abuse
- Self-Harm

#### Social Competence:

- Self-Esteem
- Empathy

#### Internal Protective Factors:

- Independent Personality
- Easy Going Personality
- Self-Determined/ Internal Drive/ Motivation

#### Emotional Detachment:

- Putting up Boundaries on Drinking Parent’s Alcoholic Behavior
- Acceptance/ Forgiveness
- Awareness/ Knowledge of Alcoholism
- Openness for Change

#### External Protective Factors:

- Relatability to Others
- Friends
- Siblings
- Other Caring Adult
- Extracurricular Activities
- Money/ Financial Protective Factor
- Physical Avoidance/ Detachment

#### Internal Barriers:

- Denial (Emotional Avoidance/ Detachment)
- Approval-Seeking

#### External Barriers:

- Unpredictable Environment/ Inconsistent Parenting
- Closed communication/ Non-communication
- Adultification- (Limit Parental Authority)

- Need for Normalcy
- Social Barrier
- Intergenerational Component (Alcoholism)
- Enabling Drinking Parent

---

*Romantic Relationships later? help improve communication

TRUST

*What were protective factors as children & to barriers as young adults*
# LIST OF THEMES WITH FREQUENCIES

## Parent-Adolescent Relationships:

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Research Question 1:
How does parental alcoholism influence adolescent socioemotional behaviors?

4 Themes
Parent-Adolescent Relationships:

<table>
<thead>
<tr>
<th>Negative Experiences</th>
<th>Code Examples</th>
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<tbody>
<tr>
<td>“…definitely not somebody who I would have trusted at all. It was just too many years of being hurt by that person” (Mary)</td>
<td></td>
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<tr>
<td>“Well, it was basically like I didn't have a parent when she was drinking because my mom did get kind of drunk. She would get the point that she was completely incoherent and basically not there at all…” (Josie)</td>
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<table>
<thead>
<tr>
<th>Alcoholism Significance</th>
<th>Code Examples</th>
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<tbody>
<tr>
<td>“Dad’s alcoholism was a huge part of my life.” (Christina)</td>
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<tr>
<td>“Like when my parents first split up, I guess which was the result, I guess I’m just kind of assuming that the drinking had a lot to do with it.” (Patrick)</td>
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Socioemotional Behaviors

<table>
<thead>
<tr>
<th>Internalizing Categories:</th>
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<tbody>
<tr>
<td>Hurtful Feelings</td>
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<tr>
<td>“…feeling stressed…angry” (Kelly)</td>
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<tr>
<td>“…embarrassed feelings” (Henry)</td>
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<thead>
<tr>
<th>Attachment Feelings</th>
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<tbody>
<tr>
<td>“…staying busy was a huge part of it…less time to worry…less time to dwell on it” (Patrick)</td>
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<tr>
<td>“…being scared” (Karen)</td>
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<thead>
<tr>
<th>Other Feelings</th>
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<tbody>
<tr>
<td>“I just completely resented her…” (Josie)</td>
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<tr>
<td>“I still feel super guilty…” (Lily)</td>
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</tbody>
</table>
### Social Competence
- Empathy toward Drinking Parent
  - “…I always feel bad for my dad…” *(Karen)*
  - “…It's hard for her to cope…” *(Josie)*

### Research Question 2:
What protective factors are associated with parental alcoholism and healthy socioemotional obtainment as a young adult?

#### 9 Themes

<table>
<thead>
<tr>
<th>Protective Factors:</th>
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<tbody>
<tr>
<td><strong>Internal</strong></td>
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<tr>
<td>- Innate Drive</td>
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<tr>
<td>- Independent Personality</td>
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<tr>
<td>- Alcoholism Awareness</td>
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<tr>
<td><strong>Sub-Themes:</strong></td>
</tr>
<tr>
<td>- Emotional Avoidance</td>
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<tr>
<td>- Buffering Non-Drinking Parent</td>
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<tr>
<td><strong>External</strong></td>
</tr>
<tr>
<td>- External Attachments</td>
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</tbody>
</table>

#### Code Examples:

- “I don't want to give up…I do love to learn.” *(Rita)*
- “I've always had kind of a drive to be successful…” *(Wesley)*
- “…more independent” *(Robin)*
- “I need to go with my life, not hers.” *(Amanda)*
- “I know she doesn't mean it.” *(Kelly)*
- “…kind a being self-aware of his drinking.” *(Wesley)*
- “I pretty much blocked it out.” *(Lily)*
- “…tried not even to bring it up…” *(Mary)*
- “My mom and I became very close…” *(Mary)*
- “My dad had to be at work to support…” *(Josie)*
- “Me and him (older half brother) have a really, really good relationship…” *(Tim)*
- “I had an English teacher in high school that I loved.” *(Rita)*
Research Question 3:
What are the potential barriers associated with parental alcoholism and healthy socioemotional obtainment as young adult?

6 Themes

Barriers to Healthy Socioemotional Developmental Outcomes

<table>
<thead>
<tr>
<th>Internal</th>
<th>Needed Normalcy</th>
<th>Sub-Themes: Co-dependency Tendency toward Drinking Parent</th>
<th>Code Examples:</th>
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<tbody>
<tr>
<td></td>
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<td>“You could tell that something wasn't normal.” (Lily)</td>
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<td>“You wouldn't know what you were going to walk into.” (Josie)</td>
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<td>“I didn’t want people to know…tried to act normal.” (Rita)</td>
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<td>“I did everything but nothing ever made her sober.” (Amanda)</td>
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<tr>
<td>External</td>
<td>Unpredictable Environment</td>
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<td>“I would try and tell him that you shouldn't be doing this, you shouldn't be drinking.” (Christina)</td>
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<td>“You wouldn't know what you were going to walk into.” (Josie)</td>
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<td>“I mean he would be like buddy-buddy and then kind of switch roles quickly.” (Lily)</td>
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### External

**Poor Communication Patterns**

- “My dad would yell…throw things…or like hit stuff.” *(Karen)*
- “Never really talked about it… there was always conflict between my mom and my dad.” *(Wesley)*

**Social Barriers**

- “Not being able to participate in as many school activities.” *(Kelly)*
- “I was embarrassed to have people at my house.” *(Henry)*

**Adultification Tendency**

- “I took care of my sisters quite a bit of the time.” *(Rita)*
- “It was basically all of us (she and her siblings) parenting ourselves.” *(Josie)*

### Emergent Theme: Changes over Time

**3 Themes**

**Socioemotional Outcomes**

**Level of Awareness of Alcoholism**

- “…to deal with situations and not just get them out of the way.” *(Kelly)*
- “It's a lot about realizing, it makes it a lot easier to deal with…” *(Josie)*

**Emotional Detachment**

- “I've accepted it… It's created me into the young woman I've become.” *(Mary)*
- “…wasn’t worth it…moved on” *(Wesley)*

**Distrust of Others**

- “…that's about all of the information that you get.” *(Lily)*
- “I guess I don’t really trust people at all.” *(Wesley)*
SAMPLE OF CODED TRANSCRIPT EXCERPTS

INTERVIEW 6: 6/16/11 (Female Participant)
[Start: 7:00pm-11:15pm; 10:30am-12:30 pm = 6.25 hours]

P: Yeah, but he's always the spoiled one. He's the first boy and he was, (laughing) and he's the youngest so, you know, we're both pretty much out of the house and he's still there so...

I: Yeah. Well, um, kinda coming back to your um experiences, tell me, um, how you handled what you were, some of the experiences that you were talking about ah with your parents and your siblings during your teen years. Um, you started to talk about that you read and different things, um but tell me about how you, you handled...

P: Um, it was once brought up in an AA meeting, um, like the few that I went to with my Dad, yeah, ah kinda like his supporter or whatnot for the evening or something, but it was once brought up that um, I have a very selective memory (denial; consequence of growing up in an alcoholic home?). And so, like ah, my Dad brought up an instance he's like, "do you remember this person who used to come to the house all the time? You know, you used to talk and um, you know, we used to hang out and stuff", I'm like, no, I don't remember this person. You could put them in front of my face and I still wouldn't remember this person um, so I think partially from my childhood, I tried very, very hard if I knew the people weren't going to be significant, I did not remember them. My dad, I mean especially with the narcotics um, there were frequently people at our house um, you know we weren't allowed in the basement at one time if the people were there kind of thing. So, they always kept it separate from us but as we grew older and wasn't stupid, so we knew something was going on. Um so I pretty much just kinda dealt with that by, you know, like by staying in my room (avoidant behavior/protective behavior). Someone would knock on the door, I'd answer it and, you know, pretty much, not say hi, just let em in. Um, and then um, with that my early teen years was pretty much being the home body, you know, watching my movies, watching, you know, whatever's on TV. Um pretty much talking with my grandma (someone she could talk to). Just as being I guess in our own little world compared to what was going on downstairs (trying to avoid the dysfunction); And my sister, like I said, she was never home. So, I mean she would sometimes she'd be with us. You know, sometimes she'd outside with the neighbors. I don't, I mean, she was never down there with them but it was, um, like it was just, I tried very hard to, you know, when I remember it, when I try to remember it, you know I can remember certain things but if; names, faces, I pretty much just block it out (denial; externalizing). Remain oblivious; I think that was my, my life goal back then. Oblivious, it can't hurt you (denial; separating herself emotionally), you know. Um, I guess after he was sobered and then the narcotics and stuff went away, it was, I don't know, I felt like I was able to roam. (laughing) Um, so you know, I'd walk around the house and, you know, I wouldn't have to stay in my room (after her dad was sober); you know, living room, kitchen. I'd be able to go downstairs and just sit and watch movies with them, talk and um, like it was just, I don't know, a lot more open (also after her dad was sober). And I think that's when I stopped being the book worm and started to go out with friends and doing more of that in high school too so.

I don't know, I was just, I guess I was safe in my own little bubble despite, I know what was gone on, I just refused to accept it (barrier; due to survival mechanism). (laughing) So, then like we you know, once they're sobered or he sobered from alcohol and then also narcotics, it was just, I don't know, I just felt like I was allowed to be myself. Like to just do what I can. (great quote! Here regarding what some kids have to do to feel safe and secure)
INTERVIEW 6: 6/16/11 (Female Participant)
[Start: 7:00pm-11:15pm; 10:30am-12:30 pm = 6.25 hours]

I: (active listening throughout above statement by participant.) Yeah. So, um, thinking along those lines, um, was anything specific again during that period of your life that you remember being particularly helpful to you during, during that time period?

P: Um... not particularly. I mean, I've always had the focus and I've, I've always been well driven. So if I want something, I'm gonna work for it. I'm gonna, I'm gonna get it. You know, and um, I, I don't rely on them to do it. Like I'm paying for school. I'm, you know, I'm paying for my apartment. I've got it all separate. Like, I don't rely on them. And I, I really thank them, um, for kinda showing me what not to do when it comes to kinda parenting and how I want to set up my life. (great quote about self-determination and independence) And I mean my parents got married a year and a half after I was born. Um, they both had their associates but they didn't finish their schooling. I mean my Mom, she went to (name of a school) and then got pregnant with me so she never actually finished her bachelors but got her associates. Like it was just... I feel like they did everything out of order (laughing) and then added a few things that weren't necessary. Um, but, like I just... I guess knowing what I know and what I've been through, like with, you know, drinking or with the narcotics like I just, I have no need to do it myself. Like I have no need to even experiment with anything to, to try any of it. Um, and I guess they've always, I mean, no matter how hard things would be, they always found a way to do whatever was necessary. You know, they've always found a way, you know, to have food, to have, you know, a shelter, to have a house or you know, a means of transportation (protective factor) strengths her mom and dad did provide for her regardless; later she states that most of the transportation things were her mother's doing). You know if they called a friend or if they, like they um, I don't know. They've always like with I was littler, younger in my teen years, they always get me to where I needed to be. They, you know, found a way to, you know, pay for ... You know, I was in warrior choir (protective factor), which is like varsity choir in high school; they found a way, you know, to get to those concerts. And like it was just, no matter how rough things were or, you know, how deeply involved (they) both parents in the narcotics were in the narcotics or, you know, the alcohol, they still did what they could for me. And I just, I don't know...

I: With what they had at the time, they did what they...

P: Yeah, but it was never like they let me down or, if you know, I needed like for my graduation party, um, like we were really tight with money and everything at the time but, I mean somehow they pulled it off, you know and I had like the big balloons, the cake, the, the crazy, you know, food for everybody that was there, it was just... I don't know how they did it but... they just, they managed to pull it off every time. And if, if I need to I can go to them. I just, I don't rely on them (because she never felt that she could count on them?).

I: Ok. So, it sounds like um, some of the things that were helpful to you were that when you really needed something you felt like they would be there.

P: Yeah.

I: Yeah.
I: Yeah, that makes sense. Thank you for clarifying. Um, so tell me, um, coming, coming back to a little bit more specifically about your experience, um, how you handled...you talked about it a little bit um,...about being a little more easy going and, and maybe kind of go with the flow a little bit more than your older siblings um, but can you tell me how you handled those experiences with your parents and your siblings during your teen years? How did you handle...?

P: Um...well, I'm the kind of person that thinks things through (she later describes her boyfriend as the person who helps HER think things through; so did she always exhibit this characteristic or is this being cultivated due to her boyfriend's positive influence and friendship?). Like, that knows that problems happen like, like things lead up to other things. And so like I always think like, why does my Dad drink? And why did he start drinking? And, or why did, what made him start drinking? And I know that like when he was young his Dad died so he had to...and he was the oldest. So, i think that he (her father) had to take care of all his siblings (intergenerational issue?) and then...Oh, they had like immigrated to America and so um...

I: And I'm sorry, from where?

P: ...from Laos. And so once they were here I think he was more free and like he didn't, he never had a father figure too (implying that she didn't think she had one either?). And so, it was just his Mom and like he had 3 brothers and a sister. And I think after like everyone was able to grow up and take care of themselves like he, that was like his time to rebel. Like that's when he like started drinking and smoking and stuff like that.

I: So, he was like hanging onto that responsibility...and then finally...

P: Yeah and I think that' release, just to drink and kind of take a break from things.

I: So, um, kinda coming back...were there specific ways um, or can you share with me, um, different ways that, that you handled, um, going through that? When you were growing up? So if...you, you were talking about earlier about maybe distancing yourself a little bit and kind a doing your own thing. Can you tell me a little about that?

P: Ah, ok, like, I don't know, just, I, I didn't really talk to my Dad (lack of communication; barrier); and like he'd just like sit in the living room and watch T.V. and I would just go to my room and do stuff or go outside (escape; physical avoidance; denial). And like when I was with him I'd always just try to like talk about things he's interested in (as a way to avoid conflict?); like he likes to watch car racing and like watch war time movies and stuff like that. So, just like something that he could talk about or if he wanted to talk, he'd could, like he'd have lots to say but I would just be there to listen.

I: Ok, yeah. Um, was there anything specific, kind of leading into that, that was particularly helpful to you during your teen years, um, growing up in, in that family history?
INTERVIEW 7: 6/18/11 (Female Participant)
[Start: 12:45pm-3:45pm; 5:00-5:30, = 3.5 hours]

P: Um, like, do you mean, like an opportunity that like occurred or is it my siblings or...?

I: I'm, I'm going to leave it open (mutual laughing)...and then, then we can maybe kind a...I might, I might ask you more um, but I'm going to leave it open. What you think...was open...so maybe your siblings if you wanted to...or activities or wherever you want to go with it. So what was helpful to you?

P: Is this like my middle school years or like..?

I: Um, teens, so yeah, the whole gamete I guess of that, that time period.

P: Oh, ok. Um, well I think, a lot of my siblings had a lot to do with it and just like my sister for sure. I would just go hang out with her or like we'd go like play tennis outside. (protective factor; siblings and then her sister got her out to do things) And then like I liked staying after for like afterschool for programs and stuff (protective factor).

I: Like what? What were you involved in?

P: Well, it was like, in middle school it was a girls program. Like in, on...I remember it was Wednesdays after school, it was like empowerment "Woman Empowerment" like...and then, I don't know, like when I'd go home, I would just focus on my homework or stuff like that. And then in high school, like, I did like sports like Tennis and like I got a job. Oh, getting a job helped a lot too. (this all could be one big quote) So, just go to work, and then like...

I: Cause it would get you...I mean how would that be helpful?

P: Yeah, it'd (her high school job) get me out of the house and just like, in like other opportunities. And like I could talk to other people (being able to have those connections with others that her dad wasn't able to give her helped her). And, and I think like a lot of other people that I worked with...I worked in a nursing home on like the eastside of (town's name). And like a lot of the kids there I think might have shared like the same experiences so we're just like hanging out and kind a understood each other a lot. So we got along, (this definitely keeps coming up in the interviews as a whole; there seems to be a lot of comfort in being able to talk to someone/people who understand what they were going through; that relateability piece).

I: So, you became friends with people that had similar...and you can talk and...?

P: Yeah and then I think, well, my Dad started to work like 2nd shift (this also helped her by less time spent with her). So, he would just, he'd be gone when like we came home...and then he'd come home at 10 or 11pm, and we'd just go to sleep by then so...but, helped a lot.

I: Yeah, um, so kind of on the flip side of that then, um, what were some things that might have...same period of time...Um, what were some things in your life that you felt maybe got in the way of your growth and maturing from an adolescent to where you are today? Kind of ah barriers that got in the way of where you are today?
INTERVIEW 10: 6/23/11 (Male Participant) who had adoptive father

I: Yeah, like elaborate I guess for me.

P: He was, like he’s been my dad but I see myself as not really having, you know, that ideal father figure (goes back to participants seeing themselves as different and perhaps not in a “normal” environment).

I: Ok

P: Like I basically grew up, well I don’t want to say without one, but…yeah well, no I don’t want to say without a dad (apparent that his dad wasn’t there for him for the most part) because he was...

I: Well, maybe describe what, what that umm, I’m, I’m trying to remember your words umm…like a normal or what, what were your words to describe…you were saying it wasn’t like a normal?

P: Well, it wasn’t, definitely wasn’t an ideal kind of…like he wasn’t...

I: Ok, it wasn’t ideal. What do you mean by that? Or what would be ideal? And then...

P: Well, a dad who’s home every day. Ahh, I guess and who maybe hmm…I don’t know, is just kinda around I guess.

I: Umm, humm

P: And actually gets along with their mom and...

I: Ok

P: Ahh, you know you can actually count on him to do something (participant describing what it would be like to be normal and what was missing from his relationship with his dad). And the only time he doesn’t contact (in the context of our conversation, I think he meant to say does contact) you is when he needs you to do something yeah.

I: So umm, you said you can’t, you weren’t able to count on him. What do you mean by that?

P: Well, you couldn’t really, I mean I never, never even thought to call him if I needed something because he’s 30 minutes away and you know he’s probably drunk, so.

I: What about when he was closer?

P: Umm...

I: When he lived closer?
INTERVIEW 10: 6/23/11 (Male Participant) who had adoptive father

P: Ahh, he...I mean, let's see. Really we just went over there after school because our mom worked a late second shift so she had to leave at 4:30 every day.

I: Oh, ok.

P: We went over there and then a he dropped us off at night; and then I would just put the kids to bed. Cause he had to go to work. He worked 3rd shift. So really, it was basically for staying there and he'd just watching us, feeding us. Every Friday night we'd go to McDonalds (small laugh). (he's pretty quiet when he is talking about all of this)

I: So your mom umm, saw in the week, was there a lot of week days that you'd go over there (to dad's) after school or?

P: Yeah. Basically all through grade school we went to a a we were dropped off there after school. And a then I think it was like every other weekend they would switch. That's, I, did I, did I say every weekend? Did...

I: You said every.

P: I think, no it was every other.

I: Every other. Ok.

P: But we're there week days at least until I was out of grade school cause then my mom became a homemaker. So, we just stayed there all the time.

I: Was that after she got remarried?

P: Yeah

I: And then was she would stay home?

P: and then she popped out a couple more kids and she needed to stay home.

I: Ok (small laugh) and then what did that relationship look, what was...describe your relationship (small laugh) umm, with your mom then during your teen years.

P: Ahh, good. I umm...she once again, she was working probably up until she had those kids (doesn't sound like he was very close to them). And so she missed like all my sports games and whatnot. So she wasn't there a lot either (but later he says that she was someone he could go talk to). But at the same time, she was always there in the morning and you know I would watch the kids at night. And so we had a pretty good relationship going and on the weekends we'd do stuff, go shopping whatever.

I: Was she somebody that you could go talk to?
INTERVIEW 8: 6/20/11 (Female Participant)
[Start: 3:25pm - 4:25pm, 4:30-5pm, 7:00pm-9:00pm; 3.5 = hours]

Definition continued:
careful because I feel like it's easier for someone, a child of it (alcoholism) to fall into it. It doesn't necessarily have to be drinking, but just like any kind of addiction.

I: Addictive... things... Um, your oldest brother is... you said he went to treatment? How's he doing then?

Brother's name

P: He, since treatment he had probably just like one slip up. And he went to treatment when I was still in high school. So, probably for the last 5 years he hasn't had any problems with it and now he is engaged and getting married in October.

I: Oh, cool! So you get to be a part of all that and...?

P: Um, hmm.

I: That's fun... well, sometimes it's fun (laughing).

P: Oh, well they're very laid back so it's not like a bunch of planning and stuff. Like they're both wearing Birkenstocks (mutual laughing) and like... and they want to go camping after the reception. They're both kind of hippies so, it's fun.

I: Oh, where are they going to go camping?

P: Lake (name of lake)

I: Oh... very cool! I don't know where that is. Is that northern?

P: Southeast-ish...

I: Ok

P: I'm not completely sure. I've never been there before... so...

I: I enjoy those kinds of excursions and I hadn't heard of that lake. Um, ok, so was there anything, before we close, was there anything else that you would like to share about your experience or about alcoholism in general that you hadn't talked about or we hadn't, I wasn't able to cover in my questions... that you would like to talk about or share for, for this?

P: I don't know, mostly just like I was talking about... like it's a lot about realizing, it makes it a lot easier to deal with when you realize like alcoholism is a disease and it's not... like it's no one's fault (good quote: acknowledgement but also acceptance has helped her through; internalized protective factor) And it's not as easy as just like saying, "oh I want to quit, so I'm quitting." Like it's not that easy; and it's... you can't just one day be like... "oh I'm done! And it's done" and not... Even once you quit, you're still an alcoholic and you still have to deal with it on a daily basis (rest of this statement is more about the definition of alcoholism again).
INTERVIEW 8: 6/20/11 (Female Participant)
[Start: 3:25pm- 4:25pm, 4:30-5pm, 7:00pm-9:00pm; 3.5 hours]

I: Um, hmm. Um, so...did you...You learned those things um, through the discussion with your parents? Or were there other ways that you, um, learned about, about those things?

P: Um, after my Mom quit for a while, we all went to Al-anon (protective factor), it's a...for children of alcoholics, and it's just like a meeting and you all can go and talk about your experiences and...

I: You went with your siblings?

P: Um, hmm.

I: What did, what did you think about that?

P: It was really nice because you get to hear other people's stories. **You realize there's other people who are just like you and who are going through the same things as you** (again, a participant saying that being able to talk to someone they could relate to and who would understand was helpful!). And like especially, that was when my mom was new into sobriety. So, and there were kids there whose parents had been sober for 5 years, 10 years...things like that.

I: Oh, and they were still going and helping...

P: ...yeah, **like being able to talk to them** and saying like, look it really does get better and they (the drinking parent) really can quit for good. **And just being able to talk about that and just...** Mostly just knowing that there were other people going through the same things as you (form that needed attachment/bond with people and in this case people who would listen, understand, and know what they were going through).

I: Yeah. Um, is there anything else that you would like to share before I close with the questions?

P: I don't think so.

I: Do you have any questions for me about anything?

P: No

I: Nope, Ok. (laughing) Um, well, I can't, again I can't thank you enough for your time today.

P: No problem.
ANALYTIC JOURNAL EXAMPLES

9/17 (listening to)

Interview #1 - Need to de-conflict
- siter - Had to follow
- stories all over the place, (personal?)
- not liking people to be mad at them
- ACO - extra responsibility - do avoid conflict?

Coding: few exact words - not ‘normal’
- avoid/escape - awareness - embarrassed
- independent - worry - accepted
- stressful - worth

When to go through transcripts on paper
- separate my interview questions out?
- quality to recognize that their family was not ‘normal’?
- friends were used as an escape and for attachment
- great level of awareness of what was going on was helpful

Do other study participants have an internal dialogue (self-talk)?
- "accelerated maturity level" over
- Where their focus (what they chose to focus on)
  made a difference)
The ability to let go + move on even when parent is still drinking.

He each time knowing what's really going on.

'Doesn't need her mother to affirm that man is being irrational. She (participant knows) + that's enough.'

Recognition of choice.

Independent + solution failed.
Interview #5 - male - middle child

despite him being a middle child he still expressed being independent so I wonder if this independence is consistent throughout regardless of birth order.

It seems to minimize the drinking.

Regardless of his dad's drinking, he still felt his dad had a strong work ethic.

I have noticed several participants say that their dad was a hard worker

so alcoholism is not the stereotype/bar scenario

#5 is another participant that found refuge in confiding in someone he could relate to.

used religion to fill attachment void - consistent - he was able to see his father's strengths

New idea - these participants have self-determination is to be better to succeed may be this is part of being independent?
Indicated that different kids in the same situation might have a different reaction. 

9/11?

Interview 10 - Non-bio parent/male 

- Also didn't live with him - but was over here after school everyday through grade school.

- Actually still avoid conflict w/ others

- Theme

- First introduction: Learned from Choice to move forward and beyond where existed as a child

- Accepted money/financial

- Out of all of the participants which were actually witnessed family conflict?

- Need to write out the demographics (spreadsheet?) of all my participants

- Ref: siblings + birth order

- Duration living w/ alcoholic

Unique to those participants?

- Are able to identify your own successes and build off of those?

Independent is definitely something they share
2/12 Member check Participant #11 (male)
- was shown coded transcript, model outlining + code book
- completed outline 2pm - 3:30pm themes + categories
- went really well
- was asked what he thought of the whole process
- he said that during the initial interview that he liked that it was recorded and that I didn't write anything down during the interview. Thus helped him connect and focus on what I was asking him
- Secondly he said regarding the member check itself he thought that it was a lot and that it was good. He also told me that he was glad to have the opportunity to sit down and go over all of the preliminary findings because to ensure correct representation of everyone's responses.
- He told me that he agreed with how I categorized everything and that I did a good job.
- He was able to clarify some minor aspects of also certain quotes.
- Furthermore, he said that he is excited to see it all written up at some point.
- Also reiterated that his confidentiality will remain protected.

Other SEF
- wants to work for woodland to help other kids
2/14/12  member check participant #9 (female)
- was shown coded transcript; model outline;
  codebook w/ themes & categories
- @ parks library  2:30 pm - 3:40 pm
- went really well
- she was in complete agreement with everything
  including no clarifying points w/t her codes

- then asked what she thought of the whole process; she told me that the biggest thing for her was accepting her past and being able to detach from her parents especially physically (financially or not living w/them)
as an adult and really letting go of negative feelings associated with her past. She said it is in this way that they (CASA) can then make a healthy conscious choice as to whether they want a relationship with their parents now.
  * She felt that was also a pattern she saw w/th all of the presented cases among participants.
  
- she also told me that that is a big thing w/t her now is that it takes a lot of time to trust someone as an adult.
- she said she did get into her graduate program.
- Also mentioned that one thing she found interesting was how a lot of the way participants described alcoholism revolved around lies or deceptions.
APPENDIX I. DEVELOPMENT OF THE INTERPRETIVE MODEL OF FINDINGS
Findings
Model:

RQ1

A.1 Parent Relationship

A.2 Adolescent Coping Behavior

RQ2

A.2 Adolescent Coping Behavior

C. Internal & External Barriers

X. Socio-emotional Outcomes

B. Internal & External Protective Factors

X.2 Parent Relationship (Still Drinking)

X.3 Parent Relationship (Not Drinking)

X.1 Romantic Partner Relationship
Model 1. Themes

A.1 Parent-Adolescent Relationships
1. Negative Experiences
   a. Dealing with parent's alcoholic behaviors
2. Alcoholism Significance
   a. Large part of life

A.2 Socioemotional Behaviors
1. Internalizing Behaviors
   a. Hurtful Feelings (e.g. Angry, Depressed & Embarrassed)
   b. Attachment Feelings (e.g. Worried, Scared & Abandoned)
   c. Other (e.g. Guilt & Resentment)
2. Empathetic Regard
   a. Empathy toward Drinking Parent

B. Internal & External Protective Factors
1. Internal Protective
   a. Innate Drive
   b. Independent Personality
   c. Alcoholism Awareness
   d. Emotional Avoidance
2. External Protective
   a. Non-Drinking Parent
   b. External Attachments
   c. External Relatability
   d. Physical Avoidance
   e. Extracurricular Activities

Research Question 1

Research Question 2

Research Question 3

X.1 Socioemotional Outcomes
Changes over Time
1. Level of Awareness of Alcoholism
   a. Understanding
   b. Improved Coping Ability
2. Emotional Detachment
   a. Letting Go
   b. Acceptance
   c. Forgiveness
3. Distrust of Others
   a. Communication Barrier still Present
   b. Not Trusting Others with their Feelings

X.2 Romantic Partner Relationship
1. Communication
   a. Develop Healthy Communication
2. Trust
   a. Build Trusting Relationships

X.3 Parent Relationship (Still Drinking)
1. Increased Participant Control of the Relationship
2. Minimal Changes to Relationship Attachment

X.4 Parent Relationship (No Longer Drinking)
1. Improved Relationship
2. Closer Attachment

Current Relationships

A.2 Socioemotional Behaviors
1. Communication
   a. Develop Healthy Communication
2. Trust
   a. Build Trusting Relationships

Research Question 3
REFERENCES


BIOGRAPHICAL SKETCH

Sarah Bickelhaupt was born August 18, 1976 in San Diego, California. She received her Associate of Science degree from with high honors from Ellsworth Community College in Equine Management in 1996 and went on to earn her Bachelor of Science degree from Iowa State University in Animal Science in 2000. While working various employments, she transitioned her career interests to working with adolescents and families who were at risk. She worked for a youth and family agency for several years which ultimately led to receiving her second Bachelor of Science degree from Iowa State University in Child, Adult, and Family Services in 2009. She has worked as a Teaching and Research Assistant for Iowa State University’s Department of Human Development and Family Studies from 2009 – 2012.