

**ADULT CHILDREN OF ALCOHOLICS' EXPERIENCES OF
CLOSE RELATIONSHIPS IN ADULTHOOD.**

Tyla Jamieson

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Sciences (Clinical Psychology), Discipline of Psychology, School of Applied Human
Sciences, College of Humanities, at the University of KwaZulu-Natal, South Africa.**

Supervisor: Dr Carol Mitchell

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DECLARATION

I, Tyla Jamieson, hereby declare that the content of this Master's thesis represents my own unaided work, and that this thesis has not previously been submitted for academic examination towards any qualification. Furthermore, all information entailed in this research is original, unless specifically acknowledged as being sourced from other persons, research or sources.

Tyla Jamieson

A handwritten signature in black ink, appearing to be 'TJ' with a flourish and a period.

Signature

29.04.2019

Date

Supervisor's approval of this thesis for submission:

As the candidate's supervisor I have approved this thesis for submission.

Dr Carol Mitchell

A handwritten signature in blue ink, appearing to be 'Mitchell'.

Signature

29.04.2019

Date

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DEDICATION

To my late granddad, Jack Caple, whose words of encouragement “you keep at it my girl” carried me through to my very last sentence.

ABSTRACT

This study endeavoured to gain a deeper and more holistic understanding of how adult children of alcoholic's (ACoA's) experience relationships as adults. In addition, the study also aimed to explore and describe the challenges ACoA's may face within these close relationships and the strategies they use in dealing with issues that arise from being an ACoA. In fulfilling these aims, a qualitative interpretive research design was utilised, which allowed the ACoA's subjective experiences to be highlighted and explored in an in-depth manner. With the use of snowball and convenience sampling, seven self-identified ACoA's shared their experiences during a 60-90 minute semi-structured interview. The data obtained from these interviews were analysed using thematic analysis which produced four major themes, including: (1) growing up in a family with alcoholism, (2) linking past relationships to present, (3) managing the unmanageable, (4) making meaning and lessons learned. Broadly, the findings of this study suggested that although ACoA's desire closeness, they tend to experience their relationships with trepidation. As a result, they reported that they were hyper-vigilant and untrusting in relationships, often finding it hard to open up, share and be vulnerable and, consequently, expressed a difficulty in connecting and reconnecting with others. The strategies that ACoA's made use of in dealing with issues that arose suggested an overall pattern of emotion-focused coping with some strategies proving to be more useful and adaptive than the ones formed early on in growing up in a family with alcoholism. Many of these experiences, challenges and ways of coping were rooted in their early experiences and centralised around the issue of trust and their inability to establish trust, which is evident throughout their relationship histories. The findings of the current study extended that of previous research in that the relationship experiences and challenges went beyond that of romantic relationships, suggesting that a general pattern of relating and coping may exist for ACoA's, even across relationship types. This shows the lasting impact and far-reaching effects growing up in such an environment can have on an individual throughout their lives. Lastly, this study brought to light several insights that can be used as a point of departure for future researchers working in the area of ACoA's as well as various practical implications that may prove helpful to ACoA's as well as health professionals working with ACoA's and their families.

Key words

Adult Children of Alcoholics, South Africa, experiences, coping, relationships

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CHAPTER ONE

Introduction

1.1 Introduction

Many alcoholics appear to have a misconception that their drinking is not affecting or harming anyone else but themselves (Buddy, 2015). This misconception may have been exacerbated by larger societal beliefs that alcoholism is a disease that affects only the individual, with even past research efforts focusing largely on alcoholics and how the disease has negatively impacted themselves and their lives (Gold, 2013). Despite the historical focus of early research, there has been a shift more recently and alcoholism is now often referred to as a “family illness” due to the major effects alcoholism can have on individual family members and the family as a whole (Ackerman, n.d.; Hall, 2008; Haverfield and Theiss, 2014; Huckabay, 2014; Suneel, Mahmood & Saleem, 2017). Families with alcoholism have often been marked by unpredictability, chaos and inconsistency (Vernig, 2011). Perhaps, those most vulnerable to the deleterious effects of alcoholism are the children, as growing up in such an environment can result in harmful and negative experiences and outcomes that has the potential to impact an individual throughout his/her life (Buddy, 2015; Kelley et al., 2010).

Adult children of alcoholics (ACoA¹'s) refer to those individuals who were exposed to, and often adversely impacted by, parental alcoholism during their childhood (Woititz, 1983; Järvinen, 2015). In recent years, attention to and research on ACoA's has grown considerably and continues to do so. The early focus of such research has been on the personality development and general characteristics of ACoA's (Cermak and Brown, 1982; Farrell, 1991; Woititz, 1983). For example, Woititz (1983) identified and described 13 characteristics that she found to be common amongst adult children of alcoholics. However, there is much variability in the literature regarding what is considered to be common characteristics of ACoA's (Fischer et al., 2000). Nonetheless, literature alludes to the fact that ACoA's tend to differ from non-ACoA's in various ways with numerous research suggesting that such individuals are at risk of developing various psychological, social and emotional problems (Buddy, 2015; Hall & Webster, 2007; Lease, 2002; Woititz, 1983), and are even considered to have higher rates of physical health problems (Goeke, 2017; Hart & McAleer, 1997).

¹ The use of the acronym 'ACoA' is in keeping with existing research in the field and has been utilised as a way of connecting the current study to previous research. Additionally, it is important to note that the term 'alcoholics' is used in this thesis, not without discomfort, but in order to connect and to remain consistent with existing literature in the field.

Little of this early research on ACoA's gave specific focus to how ACoA's experience relationships. According to Dayton (2012), how we learn to relate in our early relationships forms a template of how we relate throughout our lives. With this in mind, and given the fact that relating and relationships form such an integral part of our everyday life, it brings into question the influence growing up in a family with alcoholism may have on one's experiences of relationships, especially those formed later in life. Evidence of growth of published research in this area can be seen internationally (Beesley & Stoltenberg, 2002; Dayton, 2012; Hendrickson, 2016; Kearns & Bodkin, 2008; Kelley, Cash, Grant, Miles & Santos, 2004) but South African research appears rather limited. Contemporary research in the field has echoed that ACoA's tend to experience difficulties in their intimate relationships (Beesley & Stoltenberg, 2002; Haverfield & Theiss, 2014; Loera & Engle, 2010). Existing literature highlights some of these challenges, including; trust, effective communication, hypervigilance and role confusion (Dayton, 2012; Hendrickson, 2016; Huckabay, 2014; Pasternak & Schier, 2012). The majority of this research points to ACoA's earlier relationship experiences within their family with alcoholism as an explanation of the challenges they face. As a result of these difficulties, many ACoA's find it hard to form and maintain healthy intimate relationships (Beesley & Stoltenberg, 2002).

As can be seen from the above, this phenomenon has, in more recent times, been widely observed in terms of ACoA's intimate relationships. However, very little research has looked more broadly at how ACoA's experience their other close relationships as adults. Again, published national research in the area remains, limited. This gave rise to the current study which has been built upon three research aims. With the use of a qualitative interpretive research design this study endeavoured to gain a deeper understanding of how adult children of alcoholic's experience close relationships as adults. In addition, the study also sought to explore and describe the challenges ACoA's may face within these close relationships and the strategies they employ in dealing with issues arising from being an ACoA. In order to fulfil such aims, a sample of self-identified ACoA's were recruited and interviewed which allowed for the ACoA's subjective experiences to be highlighted and explored in a way that deepens our understanding of the phenomenon of interest.

It is hoped that the findings of this study will add to the current body of literature in the area of ACoA's both internally and nationally. It is also hoped that the study's broader focus (on any close relationship the ACoA has) and the specific research questions (which has been set out below) will provide a more in depth and holistic understanding of how ACoA's

experience relationships as adults. In addition, having more knowledge in this area may also assist adult children of alcoholics, as well as those close to them, gain insight into some of the ways in which alcoholism has affected them, their relationship experiences and the quality of their lives.

1.2 Research objectives

The objectives of this study were to:

- To gain an in-depth understanding of how adult children of alcoholic's experience close relationships as adults.
- To identify and explore the kinds of challenges ACoA's experience in close relationships.
- To explore the kinds of strategies ACoA's employ in dealing with issues arising from being an ACoA.

1.3 Research Questions

The study focused on answering the following research questions:

- Main research question: How do adult children of alcoholics (ACoA's) experience close relationships in adulthood?
- Sub-question: What challenges do ACoA's face in close relationships?
- Sub-question: What strategies do they employ in dealing with issues arising from being an ACoA?

1.4 Methodological approach

A qualitative interpretive research design was utilised throughout the study, which allowed the ACoA's subjective experiences to be highlighted and explored in an in-depth manner. Non-probability purposive sampling, specifically snowball and convenient sampling techniques, was used to recruit eligible participants and resulted in a sample of seven self-identified ACoA's. After a process of informed consent, each ACoA took part in a 60-90 minute individual semi-structured interview where they shared their experiences of the topic of interest. The raw data obtained from these interviews were transcribed and analysed using thematic analysis. This allowed various themes to emerge from the participants lived experiences, providing a more holistic picture of ACoA's experiences of close relationships in adulthood.

1.5 Overview of chapters

In this chapter, the background, rationale and aims for this study was briefly introduced. Chapter two provides a review of relevant literature. Specifically, the literature review begins with important topics such as alcoholism, and alcoholism and the family, and turns its inquiry to literature specifically relating to adult children of alcoholics, their relationships and the strategies they make use of in dealing with issues arising from being an ACoA. Lastly, chapter two closes with two plausible theoretical frameworks as well as the aims and rationale for this study. In chapter three, the methodology details the research design, sampling method, data collection, data analysis and ethical considerations that was applied and adhered to in order to fulfil the aims of the study. Chapter 4 focuses on an exploration of the findings that emerged through the analysis of the interviews and take the form of key themes and subthemes that were identified and generated via the process of thematic analysis. Chapter 5 further discusses these findings in relation to the studies research questions as well as other relevant literature and theory in order to attempt to provide a more in-depth and holistic understanding of the phenomenon of interest. In the closing chapter, relevant conclusions were drawn whilst highlighting the study's strengths and weaknesses, and ending off with possible directions for future research in the area of ACoA's.

CHAPTER TWO

Review of the Literature

The following section reviews, evaluates and synthesizes existing literature that is relevant to this particular study, leading to the aims and rationale for this study. The structure of the literature review starts off broadly with important topics such as alcoholism, alcoholism and the family, and closes with literature specifically relating to adult children of alcoholics, their relationships and the strategies they make use of in dealing with issues arising from being an ACoA. In doing so, the researcher hopes to identify the gap/s in the current body of knowledge which the proposed research attempts to fill. In addition, two plausible theoretical frameworks will be provided for the research being undertaken.

2.1 Alcoholism

Alcoholism, or alcohol dependency, is considered to be a disease and includes four symptoms: craving, physical dependence, loss of control and tolerance (American Psychiatric Association, 1994, cited in Rubin-Salzberger, 2006). The DSM-5 (American Psychiatric Association, 2013) has combined alcohol abuse and alcohol dependence under a single disorder known as Alcohol Use Disorder (AUD). Within this disorder there are three subcategories which individuals can fall into: mild, moderate and severe. An individual's subcategory is determined by the number of symptoms they present with, with the severe cases presenting with at least six or more symptoms (American Psychiatric Association, 2013).

According to the National Institute on Alcohol Abuse and Alcoholism (2010, cited in Haverfield & Theiss, 2014), common characteristics of alcoholics include: poor self-image, anxiety, low frustration tolerance, desire for perfection and a sense of loneliness. They often consume alcohol compulsively and are frequently unable to control how much they drink (Alford, 1994). There are various theories about alcoholism with some saying it is a disease of the brain (NIH, 2010), whilst others view it as a maladaptive coping mechanism that is used to deal with life stressors (Durand & Barlow, 2013). Numerous studies have shown that there are genetic factors that influence alcoholism (NIAAA, 2012) and there also appear to be certain genetic traits, such as impulsivity, that may increase the risk of becoming alcohol dependent (NIAAA, 2017).

Research on alcoholism has been conducted extensively both internationally and nationally. Across the globe the general focus has largely been on epidemiological issues (Hawkins,

Catalano & Miller, 1992; Merikangas, 1990). However, South African studies have focused particularly on issues around HIV (Daniels et al., 2018; Fritz et al., 2002; Kalichman, Simbayi, Kaufman, Cain, & Jooste, 2007; Parry, 2005), sexual behaviour (Fritz et al., 2002; Kalichman et al., 2007; Morojele et al., 2006; Parry, 2005) and Fetal Alcohol Syndrome (Horn, 2013; May et al., 2007; Parry, 2005).

Additionally, a vast amount of research in the past has explored the effects alcoholism has on the individual with the disorder (Gold, 2013) with very little focus on the effects it has on those who come into contact with the alcoholic, such as the alcoholic's relatives and friends. Living in a home where alcoholism exists can be considered a high stress environment that is often chronic in nature and may even have periods of acute exacerbation (Clair & Genest, 1987, cited in Kashubeck, 1994). Despite the historical focus of early research largely being on the individual with the disorder, there has been a shift in recent times and alcoholism is now often referred to as a "family illness" due to the major effects living with an alcoholic has on individual family members and the family as a whole (Ackerman, n.d.; Hall, 2008; Haverfield & Theiss, 2014; Huckabay, 2014; Suneel et al., 2017).

2.2 Alcoholism and the family

A family is a system of people related by blood or intention (Alford, 1994). If one looks at the family from a systems perspective (Alford, 1994) it is clear how alcoholism in one or more family members affects all the other members of the family. Families with alcoholism have been described as having high levels of conflict, tension and interpersonal isolation, as well as unclear or poor levels of organisation, trust and communication. They are often marked by unreliability, chaos and inconsistencies yet are often considered to have high achievement orientation and strict control (Jarmas & Kazak, 1992; Vernig, 2011). Ruben (2001) and Goeke (2017) support these distinguishing characteristics in a family with alcoholism adding that there are also unspoken rules such as; it's better not to talk about family problems with others, sharing and expressing feelings openly is not recommended, as well as a 'do what I say not what I do' kind of philosophy. What results, concomitantly from all of this, is often a range of familial fears including; fear of rejection, abandonment, criticism, and conflict as well as a fear of losing control, making mistakes and being vulnerable (Ruben, 2001). All of this can be confusing and disconcerting for all members of the family and what often manifests from this is a general mistrust of everyone, including themselves (Hall & Webster, 2007).

Dayton (2012) describes the functioning of alcoholic families as one that operates within emotional, psychological and behavioural extremes, with family members often left having to guess at which end of the extremes they are in. For example, small issues within the family are often made bigger than necessary, yet bigger issues that need to be processed and attended to often go unaddressed, minimised or even denied (Dayton, 2012). Similarly, the rules and routines within the family are also in a constant state of flux with such shifts depending largely on the moods, needs and the general state of the alcoholic parent rather than the needs of the family as a whole (Dayton, 2012; Rangarajan, 2008). Goeke (2017) found that, as a result of the unpredictability, those growing up in a home with alcoholism often reported learning to remain hypervigilant, and developed a need to always assess the family climate and what was happening with others in the home. With all of this in mind, it becomes clearer as to how these inconsistent, unpredictable and often dysfunctional family patterns might continue to impact individuals throughout their lives, and may lead to a lack of appropriate coping mechanisms within the family system, as well as within individual members of the family (Ruben, 2001).

However, it is important to note that not all families are affected by alcoholism in the same way, and not all individuals within a family are equally affected by alcoholism. With regards to how the family is affected, Ackerman (n.d.) suggests that three factors should be considered, namely, “the degree of alcoholism, the type of alcoholic in the family and the individual perception of potential harm from living with an alcoholic” (Ackerman, n.d., p.1). However, according to Breshears (2015), overall family functioning is still considered to be exceedingly negative in alcoholic families when compared to non-alcoholic families. This may have to do with the rollercoaster ride they are constantly on and the stress, trauma and fears of various kinds that come with it (Ackerman, n.d.; Dayton, 2012).

There are fairly extensive international studies on alcoholism and the family. The focus has largely been on attachment (Kelley et al., 2004; Kelley et al., 2005; Vungkhanching, Sher, Jackson & Parra, 2004), parenting styles (Kelley et al., 2005) and roles (Alford, 1994; Kelley et al., 2007; Pasternak & Schier, 2012; Suneel et al., 2017). Additionally, the overall effects that alcoholism has on the family have also been explored extensively (Alford, 1994; Huckabay, 2014; Rotunda, Scherer, & Imm, 1995; Scharff, Broida, Conway & Yue, 2004; Sheridan & Green, 1993). South African studies appear to be limited with regards to the above topics and related concepts. With the exception of one study, that looked at the perceived impact of parental drinking on children (Choi, Watt, Skinner, Kalichman, &

Sikkema, 2015), the general focus of national studies appears to be on issues surrounding the family and adolescent substance abuse (Amoateng, Barber & Erickson, 2006).

Although there is great concern on how alcoholism affects the family as a whole, it is important to also look at how alcoholism affects individual members of the family (Ackerman, n.d.). Perhaps, those most vulnerable to the effects of alcoholism are the children in the family (Buddy, 2015; Office of applied sciences, 2009). Alcoholic parents have often been characterised as being physically and emotionally absent, unstable, unpredictable, inconsistent and insensitive towards other family members (Bickelhaupt, Lohman & Neppl, 2019; Eiden, Edwards & Leonard, 2002; Haverfield & Theiss, 2014; Kelley et al., 2010). The non-alcoholic parents are sometimes perceived as being overly consumed with their alcoholic partner, and emotionally inaccessible or depleted for the rest of the family (Dayton, 2012; Hall, 2008). According to the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 7.5 million children in the U.S., under the age of 18, live or have lived with an alcoholic parent (2012). More recent estimates in the U.S. suggest that the population of children of alcoholics is now closer to 11 million (Seaton, 2017). There does not seem to be any published data on comparative figures in South Africa. This could be an area that needs further investigation in future studies. Nonetheless, children of alcoholics are about four times more likely to develop alcohol problems than the general population (National Institute on Alcohol Abuse and Alcoholism, 2012). They also have a higher risk of developing other emotional and behavioural problems (Gold, 2013; National Institute on Alcohol Abuse and Alcoholism, 2012). Research shows that children growing up in such an environment are adversely impacted and such effects continue to impact them throughout their lives (Buddy, 2015).

2.3 ACoA's

As mentioned above, ACoA's include those individuals who were raised in a home where one or both parents were alcoholics (Järvinen, 2015). Such individuals are often adversely impacted by parental alcoholism, and research suggests that these individuals are at risk of developing various psychological, social and emotional problems (Buddy, 2015; Hall, 2008; Hall & Webster, 2007; Lease, 2002). For example, ACoA's have been observed as overly controlled, self-criticising, hypervigilant individuals who are untrusting in relationships and who tend to deny their feelings whilst often experiencing chronic guilt and shame (Jarmas & Kazak, 1992; Pasternak & Schier, 2012). In addition, with regards to psychological problems, various studies have indicated that ACoA's are at greater risk of having difficulties with

depression and anxiety (Hall & Webster, 2002; Huckabay, 2014; Kashubeck, 1994; Kelley et al., 2010; Klostermann et al., 2011). Interestingly, Kashubeck (1994) and Goeke (2017) further stated that ACoA's also tend to display more symptoms of physical distress.

Early work in the area of ACoA's set out to identify and examine possible characteristics that could be considered common amongst the ACoA population. For instance, Woititz (1983) outlined and described 13 characteristics that, in her experience of working with a group of ACoA's, were found to be common and recurring characteristics among them. According to Woititz (1983) ACoA's:

- 1) Have to guess what normal behaviour is
- 2) Have difficulty following a project through
- 3) Lie when it would be just as easy to tell the truth
- 4) Judge themselves without mercy
- 5) Have difficulty having fun
- 6) Take themselves too seriously
- 7) Have difficulty with intimate relationships
- 8) Over-react to changes of which they have no control
- 9) Constantly seek approval and affirmation
- 10) Feel that they are greatly different from others
- 11) Are on the extremes of either being responsible or irresponsible
- 12) Are extremely loyal
- 13) Are impulsive

Cermak and Brown (1982) and Hendrickson (2016) suggest that many ACoA's continue to experience problems of self-esteem, trust, need for control, dependency, identification and expression of feelings. Cermak and Brown (1982) and Woititz (1983) have both suggested that it is the chaos and inconsistencies that are often inherent in these families that lead to the development of maladaptive thought patterns and behaviours in ACoA's. Hendrickson (2016) believes that many of the characteristics of ACoA's are a result of the parent-child interactions which are often profoundly impacted by parental alcoholism. Haverfield and Theiss (2014) conducted a thematic analysis of the experiences reported by ACoA's in online support groups over a 60-day period, with the goal of identifying issues that ACoA's face in adulthood. Seven themes emerged throughout the 504 message board posts, namely: empowerment through support; interference of parent in adulthood; connection to inner child and need to re-parent; low self-esteem and insecurity; anger and resentment; romantic

relationship problems and communication problems. Such a study is useful in that it provides insight into the possible issues and challenges that ACoA's may need to address as part of their own recovery and, in turn, provides avenues of exploration for practitioners working with ACoA's (Haverfield & Theiss, 2014).

Dayton (2012) is of the opinion that there are three main and broad types of ACoA's. The first type claims to feel that they were not really affected by the alcoholic home they were raised in and that it has not impacted them as adults. They often tend to have a lot of unresolved difficulties and these difficulties tend to surface in controlling, enmeshing and even abusive ways (Dayton, 2012). The second type of ACoA's are fairly aware of the effects it has had on them but do not want to attempt to deal with the pain and issues they are faced with out of fear of feeling vulnerable, helpless and even disloyal for revealing the family "secret" (Dayton, 2012). The last type of ACoA's, according to Dayton (2012), are those who are eager and willing to look at their past and deal with any pain or issues they may still carry. An example of this last type of ACoA can be seen in the work of Nasr (2015) who, in examining the relationship experiences of a group of ACoA's, found many worked hard to learn and grow from their experiences in order to break the cycles of their past. According to Dayton (2012) such individuals make significant personal changes and go on to develop healthy ways of managing life circumstances.

The trend in international research has been to focus on the characteristics of ACoA's (Cermak and Brown, 1982; Farrell, 1991; Woititz, 1983). However, Fischer et al. (2000) are of the opinion that there seems to be inconsistencies in these lists of characteristics that are meant to be typical of an ACoA. One possible explanation for these inconsistencies is the issue of protective factors and how these may increase the likelihood of resiliency (Fischer et al., 2000; Huckabay, 2014). Another possible explanation has to do with the degree to which the ACoA's families are dysfunctional (Fischer et al., 2000). There do not seem to be any published national studies exploring the characteristics of ACoA's in South Africa. Whilst this represents yet another gap in the literature, in which future researchers could pursue, it is not the focus of the current study.

As is evident from above, research on ACoA's has grown considerably in recent times with literature focusing largely on the general characteristics of ACoA's (Beesley & Stoltenberg, 2002; Farrell, 1991; Huckabay, 2014; Woititz, 1983). However, more attention, both internationally and nationally, needs to be given to how ACoA's relate as adults.

2.4 ACoA's and their relationships

Various researchers across the field echo that ACoA's have difficulties with intimate relationships (Beesley & Stoltenberg, 2002; Haverfield & Theiss, 2014; Loera & Engle, 2010; Woititz, 1983). They sometimes experience role confusion (Beletsis & Brown, 1981; Haverfield & Theiss, 2014; Kelley et al., 2007; Suneel et al., 2017), often struggle with trust and effective communication within their relationships, and frequently display a higher need for interpersonal control (Haverfield & Theiss, 2014; Hendrickson, 2016; Huckabay, 2014). Kelley et al. (2005) argued that although ACoA's desire closeness, many appear to perceive and experience their adult relationships with trepidation and a level of cautiousness as a result of their earlier experiences and the subsequent interpersonal models that were formed. Given the difficulties they experience, many ACoA's find it hard to develop healthy intimate relationships (Beesley & Stoltenberg, 2002) and trusting bonds with others (Hall & Webster, 2007). Gold (2013) is of the opinion that ACoA's may have grown so accustomed to living with a dysfunctional person and family environment that they may unconsciously seek co-dependent relationships in their adult life. Interestingly, Woititz (1983) and Hendrickson (2016) found that many ACoA's even tend to unknowingly marry an alcoholic later in life. Furthermore, Dayton (2012) believes that ACoA's, without conscious awareness, are apt to "import past unresolved pain into present day relationships" (p.5).

How we learn to relate in our early relationships forms a template of how we relate throughout our lives (Dayton, 2012). In the U.S., Kearns-Bodkin and Leonard (2008) conducted a quantitative study of relationship functioning among ACoA's over the early years of marriage. Their sample consisted of couples (N= 634) who each completed self-administered questionnaires at a yearly period over the course of their first four years of marriage. In essence, their findings suggest that those who were raised in families with alcoholism may import the problematic effects of their early family environment into their adult romantic relationships (Kearns-Bodkin & Leonard, 2008). Other research substantiates this finding, with all stating that the intimate relationship struggles that ACoA's are often faced with may be a reflection of the unhealthy interactions and the insecure attachments they may have had within the family and with their alcoholic parent/s (Beesley & Stoltenberg, 2002; Haverfield & Theiss, 2014; Loera & Engle, 2010). Having such an insecure attachment style with their alcoholic parent may not only lead to issues of low self-worth and self-esteem but may also leave the individual anxious and avoidant in their adult relationships and in their ability to deal with complex internal dynamics (Haverfield & Theiss, 2014). Another possible explanation for the struggles ACoA's face in intimate relationships could be due to the lack of

positive role modelling with regards to what healthy relationships should be like (Haverfield, & Theiss, 2014). Children in such an environment are often exposed to marital strife marked by a variety of conflicts, communication problems and marital distress. Being a witness to the strain alcoholism places on intimate relationships can have negative repercussions for the well-being of the children and on how they later go on to develop their own relationships in adulthood (Haverfield, & Theiss, 2014). This idea reasserts Woititz's (1983) earlier belief that ACoA's have to guess what normal behaviour is as they have no positive frame of reference to refer to.

Additionally, due to the repeated traumatic experiences ACoA's were exposed to as children, they are often hyper-vigilant of others (Dayton, 2011; Ruben, 2001). A sudden change of mood or a tense/aggressive tone may act as a trigger and reactivate childhood fears which can leave the individual in a state of hyperarousal and hypervigilance (Dayton, 2012). Another portion of the trauma response is that of avoidance/withdrawal and numbing of emotional responsiveness. This would play out in relationships in ways such as where the ACoA would avoid or withdraw from issues within the relationship and from their partner as a way of coping, or would appear emotionally numb and inaccessible in times where there are high emotions and distress. When issues arise within relationships ACoA's are often left feeling unsure of how to work through them or how to come back from them. This forms part of what Dayton (2012) describes as 'getting lost in the storm' and is said to be characteristic of families where alcoholism exists. Such patterns of relating may be disruptive in interpersonal relationships (Durand & Barlow, 2013) and may be an explanation of the struggles ACoA's face in intimate relationships.

There are a fair number of international studies that look at ACoA's and their relationships, with a particular focus on intimate relationships (Beesley & Stoltenberg, 2002; Haverfield & Theiss, 2014; Kearns-Bodkin & Leonard, 2008; Loera & Engle, 2010; Woititz, 1983). Past research appears, for the most part, to have neglected the value of qualitative research in detailing and corroborating quantitative research findings. As such, it is with this in mind that the current study aimed to make use of qualitative research designs to better understand the relationships and the possible myriad of difficulties experienced by ACoA's. Published South African studies in this area specifically seem limited, with only one study addressing the issue of forgiveness between ACoA's and their alcoholic parent (Breshears, 2015).

2.5 Coping styles and defence mechanisms

2.5.1 Coping

Coping is a broad term that is used to describe the manner in which an individual makes use of their cognitive and behavioural resources to respond to and manage stressful life events and adversities (Lerias & Byrne, 2003). According to Lazarus (1993, cited in Moran, Turiano & Gentzler, 2018) there are two broad categories of coping, namely, problem-focused coping and emotion-focused coping which is also more recently described as approach and avoidance coping strategies. These two broad categories of coping, as their names imply, are distinguished by their focus on different elements of the stressful encounter. Problem-focused coping is said to be action-centred as the individual attempts to alter or change the situation or cause of the stress in some way (Moran et al., 2018). Emotion-focused coping on the other hand consists of more passive coping strategies where the individual attempts to address the resulting distress in a situation that is appraised as being beyond the individual's capacity to control or change. This latter category of coping tends to target internal elements and includes strategies such as avoiding unpleasant thoughts, distancing one's self or reframing the situation in order for it to appear less threatening to the self (Anderson, Litzenberger & Plecas, 2002).

Coping strategies fall on a spectrum between adaptive and maladaptive with some considering emotion-focused coping strategies as being potentially less adaptive than problem-focused ones (Moran et al., 2018). A possible explanation for this is that continued reliance solely on emotion-focused coping strategies may prevent one from directly attempting to work through and solve problems (Herman-Stabl, Stemmler & Petersen, 1995). However, Lazarus and Folkman (1984, cited in Herman-Stabl et al., 1995) suggest that it may be adaptive to use emotion-focused strategies in combination with problem-focused strategies as it provides temporary relief from the distressing situation, allowing individuals the opportunity to gather resources to confront the situation. Whitty (2003) further supports the usefulness of emotion-focused strategies by saying that making use of such coping strategies in a situation that is low in changeability actually forms part of maturity in coping.

What determines an individual's particular coping style in any given situation? Lowry (2008) supports Zeidner and Endler's (1996) earlier integrative framework that postulates that one's coping style depends on various dispositional and contextual factors. Specifically, the way in which one copes depends largely on the individual's unique characteristics, habitual coping strategies, coping resources as well as their past experiences. Moran et al. (2018), in their

study of parental warmth during childhood, support the idea that early life experiences can have an impact on and may even predict coping and well-being in adulthood. Of course one will also cope differently in different situations, depending on how the situation is appraised, and it is likely that the process of coping may consist of different styles and strategies that occur somewhat simultaneously and sequentially (Krohne, 2002). With that said, if one's past experiences influence the way in which one copes then it is possible that ACoA's styles and strategies of coping may have been influenced by their experiences of growing up in an alcoholic home.

2.5.2 Defence mechanisms

Traditionally, the concepts of coping and defence mechanisms have been viewed as two very different concepts, with the concept of coping stemming out of a more social psychological tradition whilst defence mechanisms are pivotal to psychodynamic theories (Bouchard & Thériault, 2003). Defence mechanisms were originally named and observed by Freud and were traditionally understood as unconscious processes that deal with intra-psychic conflict and anxiety (Cramer, 2000). However, and more contemporarily, defence mechanisms are broadly defined by the DSM-5 (American Psychiatric Association, 2013, p. 819) as "mechanisms that mediate the individual's reaction to emotional conflicts and to external stressors". This broader definition is more inclusive and extends the function of these mechanisms as going beyond just defending against internal conflicts (Hentschel, Smith, Draguns & Ehlers, 2004).

Like coping strategies, defences can be both adaptive and maladaptive. They emerge in early development as global and adaptive ways of experiencing the world (McWilliams, 2011). Some have previously viewed defences as the less adaptive or even the maladaptive counterpart of coping strategies (Diehl et al., 2014). However, McWilliams (2011) posits that even later in life defences can serve an adaptive purpose but may be considered maladaptive when used rigidly and excessively across varying situations or if age- or situationally inappropriate.

Vaillant (1977, cited in Cramer, 1998) proposed a hierarchal nature of defence mechanisms, ranging from the least to the most mature ways of defending. Sadock, Sadock and Ruiz (2015) sanction this hierarchical organisation stating that it is useful to think of defences as ordered on a continuum, according to their relative degree of maturity. Specifically, there are four levels of defences including; Narcissistic-Psychotic, Immature, Neurotic and Mature

defences. The first level of defences is considered the most primitive and includes projection, denial and distortion. These defences are often seen in psychotic individuals as well as children (Sadock et al., 2015). The second level that is termed immature defences encompasses projection at a non-psychotic level, acting out, blocking and regression, to name a few. Such immature defences are typical of those with personality disorders as well as adolescents (Sadock et al., 2015). Neurotic defences include, for example, repression, rationalisation, isolation and controlling. These defences have the potential to be adaptive in some circumstances and are generally common in adults under stress as well as in those with neurotic disorders. Lastly, mature defences are associated with adaptive functioning and entail altruism, anticipation, humour, sublimation and suppression (Sadock, 2015). More mature defence mechanisms are associated with less psychopathology and better mental health. This may be because more mature defence mechanisms move further away from reality distorting and more towards the healthy integration of feelings and interpersonal relationships (Lowry, 2008, Sadock et al., 2015).

2.5.3 Coping and defence mechanisms: What's the difference?

Cramer (1998) put forward that coping and defence mechanisms can be differentiated on the grounds of their level of consciousness, intentionality, whether they are situationally or dispositionally determined, whether they may be hierarchically arranged and lastly, the processes association with pathology. However, Cramer (2000) goes on to explicitly state that the last three criteria are in fact more a matter of emphasis than critical difference. The first two criteria are considered to be critical differences between the coping process and defence mechanisms.

Looking at the level of consciousness, defence mechanisms are considered to be an unconscious process where the individual is supposedly unaware of the defences that they make use of, and that they deploy them without conscious effort (Cramer, 2000). This leads onto the second criterion that implies that in addition to being an unconscious process, defences are also used unintentionally. On that premise, coping is considered to be a process where the individual consciously and purposefully utilizes thoughts and actions to decrease negative affect and to solve or manage adversities (Cramer, 2000; Lazarus & Folkman, 1984, cited in Whitty, 2003). Somerfield and McCrae (2000) also endorsed this idea that reactions to distress that are unconscious and unintentional should be considered a defence, and those that are conscious and intentional are better defined as coping.

Although Cramer's (1998) differentiating criteria were supported by many (Kramer, 2010; Miceli & Castelfranchi, 2001; Somerfield & McCrae, 2000) it was not long before the criteria that she proposed came under scrutiny. Chief among these were Newman (2001) and Erdelyi (2001) who argued that the criteria of consciousness and intentionality is not as clear-cut as Cramer made it out to be and that they need not occur simultaneously. Newman (2001) goes on to elaborate that these processes are more complex in that;

- a) Individuals could well have an awareness of the processes that occur unintentionally or,
- b) They could be unaware of what has triggered the certain thoughts, feelings and responses that they are aware of having,
- c) They could be aware of the triggers or stimuli but unaware of their subsequent reactions and,
- d) They could be aware of what has triggered them as well as their response but not the connection between the two.

Erdelyi (2001) further brings into question how the possibility of fleeting consciousness fits in with Cramer's (1998) criteria and supports the idea that the defensive process can be conscious or unconscious. Both Newman (2001) and Erdelyi (2001) argue that it is not necessary to commit to a categorical distinction between defence mechanisms and coping processes. Cramer (2001), in response to Newman's (2001) and Erdelyi's (2001) critiques, defends her original distinctions between these two processes restating that "defence mechanisms defend against stress and coping strategies cope with stress" (p. 763).

Nonetheless, additional research also suggests that these two concepts are more interrelated than what was previously assumed (Bouchard & Thériault, 2003). Miceli and Castelfranchi (2001) admit that when looking at emotion-focused coping, the boundaries between coping and defences become unclear and that, in actual practice, emotion-focused coping includes defensive processes. This is further supported by McWilliams (2011) who reasserts that we all have preferred defence mechanisms that become integral to our individual styles of coping. Similarly, Lowry (2008) states that the coping style that one makes use of may take the form of a particular defence mechanism or it may take the form of a particular way of thinking or acting.

In sum, both processes are used to describe an individual's response to stressful situations and both are stress-reducing and self-protective processes that can range along two dimensions of

either being adaptive or maladaptive. Therefore, although they both may have their differences, they do share some common features and often overlap with each other. Bearing this in mind, the current study conceptualises coping and defences as distinct but related concepts due to the various qualities and characteristics that they share (Bouchard & Thériault, 2003).

2.5.4 Coping and defence mechanisms in ACoA's

Turning our attention now to ACoA's, is it possible that being exposed to an alcoholic family environment has an impact on the coping and defence mechanisms the individual develops and makes use of in adulthood? That is, have such individuals learned, based on their previous experiences, a unique way of coping with life stressors and, more specifically, is there a particular way in which they cope with issues that arise within their adult relationships? National studies in this area appear limited. When turning to existing literature it would appear that ACoA's may be at risk of developing less effective ways of coping with their personal struggles, ACoA-related issues, relationship difficulties as well as more general life stressors and adversities (Hall & Webster, 2002; Klostermann et al., 2011).

Klostermann et al. (2011) conducted a quantitative study in the U.S. on coping behaviours and depressive symptoms in ACoA's with 567 undergraduate students. In comparing their sample of 136 ACoA's with 431 non-ACoA's, they found that ACoA's often engage in avoidant or emotion-focused coping. According to Klostermann et al. (2011), common avoidant coping strategies that ACoA's tend to engage in include; mental and behavioural disengagement, substance use, denial and suppression. Klostermann et al. (2011) go on to explain that reliance on avoidant or emotion-focused coping could be due to the poorer family environments and parent-child interactions that ACoA's had to experience compared to non-ACoA's. As children, ACoA's had to find a way to deal with and make emotional and psychological sense of what was happening within the alcoholic home (Dayton, 2012). Due to the fact that a young child, depending on their particular stage of development, would not have the psychological capacity to make sense of and process what was happening within the family alone they would have to turn to a parent or primary caregiver for support. However, those primary relationships that they would usually turn to for safety and support were often the very same people that were causing the distress, or they were too overwhelmed with their own stress that they were not able to fully be there for their children (Dayton, 2012). This may have resulted in CoA's feeling as if they had no safe and reliable space to turn to in order to process what was happening in the home environment and the emotions, anxieties and fears

that may have been elicited. It is possible that such children were then forced to develop strategies, often immature strategies, in order to manage what felt unmanageable at the time. In this way, avoidant or emotion-focused strategies can be useful in that they allow the individual to cope by providing temporary relief from a distressing situation that would otherwise be considered too overwhelming and even immobilising (Klostermann et al., 2011). Although these strategies may well have served an adaptive purpose at the time, continued and over-reliance on such strategies into adult life and relationships may at times cause more harm than good (Hall & Webster, 2002).

Additional research that fleshes out this belief about ACoA's ways of coping includes the early work of Jarmas and Kazak (1992), who stated that ACoA's have a tendency to deny their feelings. Similarly, Hart and McAleer (1997), in their replication of earlier research, confirmed that ACoA's are more likely than non-ACOA's to deal with the anger that they experience or that is aroused within them by suppressing it (anger-in coping style). Haverfield and Theiss (2014) reported that suppression of emotions was also a prominent theme found in their analysis of 504 message board posts from three online ACoA support groups. Their thematic analysis of these online support groups revealed that ACoA's often fear expressing their feelings and find it hard to tolerate negative emotions. As a result, they often felt that they were stunted in their emotional development and that they were unable to cope well with emotional overload. With this knowledge, one is able to understand why finding a way to cope with the emotional overload that, in a way, avoids dealing with it altogether would be seen as appealing or useful to ACoA's. Dayton (2012) supports this research in saying that ACoA's may have learnt some unhealthy ways of coping such as denying, hiding or numbing one's emotions as well as projecting, minimising and intellectualising problems that arise instead of dealing with them openly and directly. This could be understood in light of the fact that if one has grown up in an environment that was perceived as unsafe to express or even experience one's own emotions, then how could this all suddenly change when one enters into adulthood? It would make sense that these earlier rules about emotions that were instilled in them from such an early age would naturally be replicated later on until such time the individual found such strategies ineffective.

At the somewhat opposite end of the spectrum of withdrawal or emotional disengagement, another common way of coping that ACoA's have previously found to be effective is that of controlling or over controlling. Beesley and Stoltenberg (2002) conducted a quantitative study in which they investigated possible differences in the need for control, attachment style and

relationship satisfaction in a sample of 40 ACoA's and 40 adult children of non-alcoholics (ACoNA's). Through their multivariate analysis of variance, they found that ACoA's reported a significantly higher need for control and significantly lower relationship satisfaction. According to Beesley and Stoltenberg (2002), this higher need for control is evident within the individual and their environment and often gets carried over into their relationships. Woititz (1983) postulated that this need for control does not stem from a selfish desire to have everything go your way, but is rather out of fear of losing a sense of control and is related to earlier dysfunctional family dynamics that often felt so out of control and chaotic. Growing up, some CoA's found a way to mediate the chaos and inconsistencies in their lives by attempting to control themselves and their environment in ways that they could. Although this would have served an adaptive purpose at the time, carrying this strategy rigidly into adulthood and adult relationships may be maladaptive (Beesley & Stoltenberg, 2002).

Although ACoA's tend to display a unique way of coping, some researchers highlight the importance of recognising the role that protective factors can play in an individual's ability to cope and be resilient (Goeke, 2017; Huckabay, 2014; Werner, 1986). For instance, Hall's (2008) qualitative investigation of coping responses in 32 ACoA's, found that having a secure and significant other in the life of the CoA helped to buffer possible adverse consequences and positively influenced their experiences of living with an alcoholic parent. They assessed the impact of kin (blood, marriage or adoptive relationships) and fictive kin relationships (i.e. any other supportive and significant relationships such as a mentor or teacher) and discovered that having such relationships growing up positively influenced how the ACoA's felt about themselves and their ability to cope. Huckabay's (2014) systematic review of literature confirmed Hall's (2008) finding that the most influential protective factor was having some form of secure attachment whilst growing up. Goeke (2017), in her interviews with eight self-identified ACoA's, found various other protective factors that served as buffers and increased successful adaptation and functioning in adulthood. Specifically, Goeke (2017) found that having distractions outside of the home, having a trusted someone to turn to for support, having a parent in recovery and having hope and positivity were important protective factors that helped the ACoA's cope through their journey from childhood into adulthood. Interestingly, the most prominent supportive and protective factor that was found in Goeke's (2017) study was that of close sibling relationships. This is similar to Hall (2008) and Huckabay's (2014) earlier finding and suggests that having a safe and supportive relationship is invaluable for children growing up in an alcoholic home and has a tremendous impact on their ability to cope and be resilient.

Although protective factors are important to consider, preliminary research suggests that ACoA's do seem to exhibit more risk factors for developing less effective ways of coping than their non-ACoA's counterparts (Hall & Webster, 2007). In addition to having less effective coping strategies Hall and Webster (2007) also speculate that ACoA's, in response to stressful life events, may also experience difficulties in initiating mediating and protective factors. This may be due to the lessons and unspoken rules they learnt within their family. If the rules of interaction within the family required the child not to share with others, not to communicate outside the family and not to trust, then mediating factors, such as seeking social support, would be hard to put into practice. Such mediating factors helps to build resiliency therefore not being able to employ such factors when needed would have an impact on the individual's ability to be resilient in the face of adversity (Hall, 2008).

There appears to be a consensus in the studies mentioned above in that they all support the idea that ACoA's tend to display a unique way of coping, and that their childhood exposure to an alcoholic home environment may account for the genesis of these unique, although potentially maladaptive, ways of coping that endures into adulthood (Hall & Webster, 2007; Hart & McAleer, 1997). Hart and McAleer (1997) argued that therapeutic interventions designed to diminish this tendency to make use of maladaptive ways of coping, whilst replacing them with healthy and more adaptive ways, may be beneficial and will allow for more optimal functioning of the self and self in relation to others.

2.6 Theoretical foundations

There are a variety of theoretical frameworks that may aid in understanding how ACoA's experience relationships in adulthood. Those that may prove most useful when thinking about the relational experiences of ACoA's include attachment theory and family systems theory.

2.6.1 Attachment theory

The theory of attachment provides us with one possible way in which to understand and make sense of the emotional and interpersonal outcomes of growing up in a home with alcoholism. Ainsworth et al. (1978, cited in Vungkhanching et al., 2004) discovered three main types of attachment styles in infant-caregiver relationships, namely, secure, avoidant and anxious/ambivalent. Several studies have shown that there is a significant relationship between parental alcoholism and the prevalence of insecure attachment styles in the children of alcoholics (Hendrickson, 2016; Kearns-Bodkin & Leonard, 2008; Kelley et al., 2010; Vungkhanching et al., 2004). A possible explanation for this is that children of alcoholics are

often exposed to inconsistent parenting and negative parent-child interactions (Kelley et al., 2010; Loera & Engle, 2010). Additionally, such parents are often emotionally unavailable for their children and are therefore less able to provide their children with the nurturance and consistency necessary to form a secure parent-child attachment (Haverfield & Theiss, 2014; Hendrickson, 2016; Kelley et al., 2010; Kearn-Bodkin & Leonard, 2008). Despite these negative parent-child interactions, and the resulting insecure attachments that were formed, Daniels (2017) found that ACoA's felt a lot of ambivalence towards their parents, especially their alcoholic parents in particular.

One of the central premises underlying attachment theory is that the nature of one's attachment with primary caregivers as a child shapes an individual's attachment orientation later in life (Ainsworth, 1989, cited in Kelley et al., 2005). The way that ACoA's experience relationships in adulthood may therefore be influenced by the attachment they had with primary caregivers, and specifically their alcoholic parent/s, as a child. For example, O'Connor, Sigman and Brill (1987), Kelley et al. (2005) and Hendrickson (2016) all assert that the interpersonal problems experienced by ACoA's may be a result of the quality of the attachment they had within their troubled family environment. Kelley et al. (2005) carried out a quantitative study with 401 undergraduate students between the ages of 18 and 30. All participants, the majority of whom were female, were required to complete a survey investigating the parenting they received in their families of origin as well as their attachment and relationship experiences as adults. Kelley et al. (2005) found that ACoA's, in general, had a more insecure and fearful style of adult attachment and, more specifically, had a more anxious/ambivalent and avoidant style in romantic relationships. Kelley et al. (2005) further found that those with an anxious/ambivalent style of attachment feared abandonment, worried that their partners did not really love them, and often desired extreme closeness. Additionally, they often tended to excessively worry about the commitment level of their partners (Loera & Engle, 2010). Those with an avoidant style of attachment were often uncomfortable with getting close to others, minimized the importance of relationships and often tended to have difficulties with trusting and depending on others (Kelley et al., 2005).

Vungkhanching et al. (2004) examined the association between paternal alcoholism and early adult attachment, with a particular focus on discovering whether attachment style might mediate the risk of alcoholism in offspring. Through their investigation they found that family history of alcoholism was significantly associated with insecure (romantic) attachment later in life. Similar to the findings of the aforementioned study conducted by Kelley et al. (2005),

Vungkhanching et al. (2004) found that ACoA's were more likely to have an insecure attachment organisation characterised by fearful-avoidant and dismissive-avoidant styles. Likewise, Kearns-Bodkin and Leonard (2008), noted that parental alcoholism was negatively associated with both husbands' and wives' attachment representations. Interestingly, their quantitative study of couples (N = 634) over a four-year period revealed that, in particular, ACoA's attachment styles were most strongly impacted by having a same gender parent struggle with alcoholism. More recently, Hendrickson (2016) performed a systematic review of both qualitative and quantitative studies that were found in peer reviewed journals in order to assess the impact parental alcoholism has on attachment within romantic relationships. Hendrickson's (2016) systematic review of 12 articles showed that COA's often have insecure attachments with caregivers which later translates into challenges in their relationships as adults. In addition to having an overall insecure attachment organisation within their romantic relationships, Hendrickson's (2016) review revealed that ACoA's may find it hard to feel and stay emotionally close and connected within their relationships and may have difficulties with trust and control. Results also included a tendency to have higher rates of loneliness and depression as well as an increased probability of marrying someone who is alcohol dependent and/or being alcohol dependent themselves (Hendrickson, 2016).

2.6.2 Family systems theory

According to Von Bertalanffy (1967), a system is a set of interacting components that together forms a whole. Such systems share certain characteristics that allow them to function as systems rather than just a collection of parts. There are various concepts that are considered characteristic to systems, these include; organisms as systems, closed and open systems, active organism, homeostasis, differentiation, centralisation, boundaries, symbolic activities and lastly, cybernetics (Von Bertalanffy, 1967). According to this theory, change in any one component of a system affects all of the other components (Stollman, 1991). Family systems theory stems from general systems theory and views the family as a system due to the fact that it is made up of elements that are interrelated and interdependent on one another (Morgaine, 2001). If one looks at the family from this perspective it is clear how alcoholism in one or more family members affects all the other members of the family (Alford, 1994; Cochran, 2014; Suneel et al., 2017).

Stollman (1991) and Kelley et al. (2007) is of the opinion that one of the reasons why ACoA's may experience difficulties in relationships may be due to boundaries. According to Earley and Cushway (2002), boundaries are the implicit and explicit rules that govern family

interactions. Unlike healthy families who have clear boundaries within the family unit, those with alcoholism in the family tend not to have clear boundaries and are characterised by either enmeshed or disengaged family systems (Stollman, 1991). ACoA's that come from enmeshed family systems often experience difficulties relating to others, whilst those that come from disengaged family systems often find it hard to form close caring relationships (Stollman, 1991). This may be due to the lack of emotional support or caring received whilst growing up. Another possible explanation as to why ACoA's may experience difficulties in relationships has to do with the concept of cybernetics. Cybernetics is concerned with feedback loops – how the system responds in situations in order to monitor/regulate the systems functioning (Von Bertalanffy, 1967). In relation to the family system, children growing up with an alcoholic parent learn to constantly monitor the family climate and engage in behaviours to minimize the conflict and chaos that is often characteristic of such families (Beesley & Stoltenberg, 2002; Suneel et al., 2017). However, having to always assess and reassess the balance in the family system may lead to controlling behaviours that impede an individual's growth later in life and their ability to form healthy relationships (Bepko & Krestan, 1982, cited in Beesley & Stoltenberg, 2002).

Furthermore, another reason as to why ACoA's may have difficulties in their relationships, which is linked to the concepts of boundaries and cybernetics, may be due to familial roles. Children of alcoholics are often faced with various role conflicts. The roles all serve a similar function; to ameliorate the effects of alcoholism in the family and to somehow restore the balance of the family structure which is often chaotic and unpredictable (Suneel et al., 2017). These become, in a sense, survival strategies for the children involved and although the purpose of the roles stays the same, the approaches tend to vary. Some may be scripted into the role of an enabler, lost child, scapegoat or hero, whilst some may even be parentified at times (Haverfield & Theiss, 2014; Kelley et al., 2007). This is where there is a reversal of parent-child roles and where the child fulfils a caretaking role for the parent (Teyber & McClure, 2011). For example, Kelley et al. (2007) conducted a quantitative study in order to examine possible parentification and family responsibility in ACoA's family of origin. The study made use of self-report questionnaires which a sample of 336 females (103 ACoA's and 233 non-ACoA's) undergraduate university students had to complete. Results of their investigation indicated that ACoA's were more likely to report parentification in their families of origin as well as greater responsibility for the practical aspects and emotional needs of family members and the family functioning as a whole. Interestingly, even greater parentification was reported when the alcoholic parent in the home was the mother (Kelley et

al., 2007). If mothers, who typically assume more responsibility for the home, are unavailable due to their struggles with alcoholism, it would make sense that the children of these alcoholic mothers might feel the role reversal more than if it was their fathers who were alcoholics.

Similarly, Pasternak and Scheir (2012) also confirmed in their exploratory and comparative study, with a sample of 120 participants (60 ACoA's and 60 non-ACoA's), that ACoA's experience both instrumental and emotional parentification more often than non-ACoA's. Concomitantly, they found that ACoA's tend to experience a sense of unfairness of having to grow up far too quickly and being deprived of their childhood in some way. According to Teyber and McClure (2011) and Pasternak and Schier (2012), individuals internalise these earlier roles and often recreate/repeat these problematic roles and relational patterns with others in their current lives. In this way these problematic familial roles become their identity (Teyber & McClure, 2011) and they feel that it is their primary responsibility to focus on "being a 'good child' rather than on being a 'good husband or wife'" (Pasternak & Schier, 2012, p. 3).

2.7 Rationale and aims

2.7.1 Rationale

As shown in the review of recent and related literature, early research in the area of alcoholism predominantly focused on the alcoholic and how alcoholism affected the individual and the quality of their lives. The trend in international research then shifted to alcoholism and the family and then, finally, attention was given to ACoA's. However, there is still relatively little research and understanding of how adult children of alcoholic's experience close relationships as adults. Of the studies that are available in the field the focus has been on intimate relationships in particular (Beesley & Stoltenberg, 2002; Haverfield & Theiss, 2014; Loera & Engle, 2010; Woititz, 1983). South African studies in the area remain, largely, limited. It is hoped that the current study will begin to address the lack of national research in the area of ACoA's and will hopefully also add to the current body of knowledge that does exist both internationally and nationally. This study differs from previous research in two main respects. Firstly, many studies on ACoA's have been quantitative in nature (Beesley & Stoltenberg, 2002; Farrell, 2001; Kelley et al., 2005; Lease, 2002; Loera, & Engle, 2010; Stollman, 1991). Due to the qualitative nature of this study it is hoped that a more in depth account has been provided. Secondly, instead of focusing specifically on intimate relationships, the focus was placed more broadly on any close relationships the ACoA has. This could include, for example, relationships with partners, parents, children and friends. In

doing so, the researcher hoped to provide a more holistic picture and understanding of the experiences and possible challenges ACoA's may have in relating.

2.7.2 Research aims

- 1) To gain an in-depth understanding of how adult children of alcoholic's experience close relationships as adults.
- 2) To gain an understanding of the challenges ACoA's experience in close relationships.
- 3) To explore the kinds of strategies ACoA's employ in dealing with issues arising from being an ACoA.

2.7.3 Research questions

The specific questions that were explored in this research study on ACoA's were as follows:

- 1) Main research questions: How do adult children of alcoholics (ACoA's) experience close relationships in adulthood?
- 2) Sub-question: What challenges do ACoA's face in close relationships?
- 3) Sub-question: What strategies do they employ in dealing with issues arising from being an ACoA?

2.8 Conclusion

This chapter reviewed existing literature that was relevant to this particular study and concluded with the aims and rationale for the study. Initially, an introduction was given on alcoholism before delving into topics around alcohol and the family and ACoA's, more specifically. Following a review of literature specifically relating to adult children of alcoholics, their relationships and the strategies they make use of in dealing with issues arising from being an ACoA, two plausible theoretical frameworks, that were used to assist in the current research, were provided. Throughout the review of the literature, the researcher attempted to identify gaps in the current body of knowledge; that which the proposed research attempted to fill as well as other areas that could be pursued by future researchers.

CHAPTER THREE

Methodology

Methodology is the theory, outline and analysis that underpin a particular research approach. That is, it is how research should be done or will proceed (Grant & Giddings, 2002). Therefore, a detailed account of the methodology that was applied, in order to fulfil the aims of this study, is provided in this chapter. More specifically, this chapter entails a detailed description of all the elements of the research study and the procedural steps that were followed, including research design, sampling, data collection methods, data analysis, ethical considerations, and issues of validity and reliability (Terre Blanche, Durrheim, & Painter, 2012).

3.1. Research design

The topic of ACoA's experiences of relationships as adults lends itself to a broader qualitative-type research, and falls specifically within the interpretive paradigm, as it aims to investigate and have an in-depth description and understanding of the lived experiences of the participants (Starks & Trinidad, 2007). Broadly and simply put, a paradigm can be defined as a framework that serves to focus our attention in certain ways and create order out of the chaos of social life (Grant & Giddings, 2002). More specifically, interpretivism is a qualitative approach with an ontological standpoint that gives priority to seeing the world through the eyes of the participants (Grant & Giddings, 2002).

Interpretive research explores people's subjective experiences and as such relies heavily on their opinions, thoughts and feelings about their experiences (Terre Blanche et al., 2012). This exploration is done by interacting and engaging with participants in an open and empathic manner whilst listening carefully to what they say and do (Terre Blanche et al., 2012). The relationship between the researcher and the participant is intersubjective in that the role of the researcher is to be a listener and interpreter of the data that is given by the participant. It is important to note that in interpretive research "the researcher is seen as the primary 'instrument' by means of which information is collected and analysed" (Terre Blanche et al., 2012, p.274). The skills of the researcher are therefore crucial in this type of research and the quality of the data collected rests on how well the research is conducted. Great care is taken not to impose or capture the researcher's point of view and even greater care is taken not to embark in such research with any particular end result in mind (Grant & Giddings, 2002).

This approach was appropriate for this study as it allowed selected issues and experiences of ACoA's to be studied in-depth and in the context within which they occurred. From this the researcher was more able to identify and attempt to understand the information that emerged from the data, specifically, how ACoA's experience relationships as adults (Terre Blanche et al., 2012).

3.2. Sampling

3.2.1. Sampling procedure

A combination of convenience and snowball sampling was used to recruit self-identified ACoA's. These two methods of recruiting participants fall under the broader method of non-probability purposive sampling which allows researchers to recruit a sample that is typical and represents the population of interest (Terre Blanche et al., 2012). According to Taylor and Bogdan (1984), the actual number of cases one studies is relatively unimportant and the total sample size need not be defined in advance. What is more important is the potential of each case to add value and insight to the researcher's topic of interest (Terre Blanche et al., 2012). However, in line with Terre Blanche et al.'s (2012) guideline, it was anticipated that six to eight participants would be required for the study. Be that as it may, the researcher recognised that the final sample size would be determined by the availability and willingness of eligible subjects. Eligible participants included any adult individuals who, as a child, grew up in a home in which one or both parents were alcoholics.

The sampling technique that proved to be most useful was that of snowball sampling. This is where cases of interest are identified by known informants who are contacted and asked to recruit other possible participants that they know who may be eligible to take part in the study (Miles & Huberman, 1994; Terre Blanche et al., 2012). The second technique that was used to recruit participants was that of convenience sampling and involved selecting respondents based on availability (Gravetter & Forzano, 2012). Specifically, the researcher attempted to recruit UKZN students (over the age of 18) on campus who met the inclusion criteria and were available and willing to participate in the study. A poster (See Appendix C) was distributed around the Pietermaritzburg campus and provided students with enough information to be able to self-screen. Based on the information provided on the poster, those interested were then able to contact the researcher for more information about the study and on how to proceed. This recruitment technique was, unfortunately, not very fruitful and only resulted in the contribution of one participant to the entire sample size.

Nonetheless, both of these techniques were appropriate to use as participants would otherwise have been hard to locate. Although convenience and snowball sampling techniques do not allow for generalisations of findings, this is not a central purpose of this study (Terre Blanche et al., 2012). The central purpose is to rather gain an in-depth understanding of the phenomena of interest, namely, how ACoA's experience close relationships. It is therefore appropriate to make use of a sampling technique that yields a sample from which one can learn the most (Merriam, 1998).

3.2.2. Participants

Despite the poor response rate from the convenience sampling technique, the researcher was privileged enough to have a final sample comprising of 7 self-identified ACoA's (who were then questioned about their parent/s alcoholism at the start of the interview to ensure eligibility). This final sample size was more than adequate as the latter interviews tended to yield little to no genuinely new insights. This could be equated to sampling to the point of saturation or redundancy which is often considered to be a useful guide in determining sample size in this type of research (Kvale, 1996). The sample consisted of four females and three males with ages ranging from 20 to 36 years. Three of the participants were of Indian² ethnicity, three were white and one was coloured. Other demographic questions posed to the seven participants revealed that all but one participant was married or in a serious relationship and four out of the seven had children of their own. Interestingly, six of the participants had been involved in some form of therapy before or belonged to a support group, such as Alateen, at some stage. Lastly, all participants lived in and around the Pietermaritzburg area.

In terms of family information, five of the participants reported that their father was the alcoholic in the family. For the remaining two; one reported experiencing alcoholism in both parents growing up, whilst the other considered his father as the main alcoholic throughout his earlier childhood but that his mother later developed similar struggles with alcoholism. In addition, with regards to treatment sought, five of the parents had previously attended a treatment centre or belonged to a program such as Alcoholics Anonymous (AA) however, three had since relapsed. Two alcoholic parents had been in recovery for around 20+ years whilst two had never sought treatment at all. Table 3.1 below provides a summary of these details.

² The classification of individuals based on race in South Africa was part of the Apartheid policy and appeared under the 1950 Population Registration Act. This categorised the population into four 'population groups' ('Black', 'Coloured', 'Indian' and 'White'). Although this act has since been repealed, the identification of people in racialised terms is still evident today (Posel, 2001).

Table 3.1
Description of participants

Pseudonym	Age	Gender	Alcoholic parent	Treatment for alcoholic parent
Madison	20	F	Father	Nil
Kiara	31	F	Father	Relapsed
Cade	28	M	Father	Relapsed
Sophie	34	F	Both	Nil
Rachel	36	F	Father	In recovery
Devon	29	M	Both	Father = Nil Mother = Relapsed
Jack	33	M	Father	In recovery

3.3. Data collection

Qualitative research techniques were used to collect, analyse and interpret information. In order to explore the phenomenon of how ACoA's experience relationships, the participants were invited to take part in a 60-90 minute semi-structured interview. Following informed consent (see Appendix B), interviews were conducted in private and quiet locations at a time most convenient to each participant. According to Seidman (1991), interviews give researchers the opportunity to understand the experiences of others and the meanings they make of such experiences. This approach was therefore well suited in addressing the research questions at hand as it allowed the participants subjective experiences to be illuminated.

An interview schedule was developed by the researcher and was used to help guide the interview process and to ensure that specific objectives were met (See Appendix A). The schedule was divided into three main sections. The first section allowed participants to reconstruct their early experiences in their family of origin which helped to establish context of what family life was like. The second section engaged solely on the participant's present experiences in the topic area of the study, namely their close relationships in adulthood. Lastly, the third section encouraged participants to reflect on the meaning of their experiences or the way in which their experiences may have impacted them in their lives. In addition, questions around coping and coping strategies are evident throughout all sections of the interview in an attempt to gain a deeper understanding of the individual's patterns of coping throughout their lives and in all areas. Although there was a set interview schedule, the

researcher intentionally kept an open-ended nature to the interviews which allowed for maximum disclosure and for any relevant aspects to become apparent. Not only did this aid and give depth to the current study but it was hoped that it might also give direction to future studies in the area. Lastly, the interview aimed to be as non-directive as possible and was therefore modelled after a conversation between equals rather than a formal, and more rigid, question and answer exchange (Taylor & Bogdan, 1984).

Focus groups may also have been an effective alternative way to approach this topic. However, a concern was that such a setting may have raised issues with regards to the limits of confidentiality and could have led to biases such as social desirability (Wassenaar & Mamotte, 2012). Conducting one-on-one interviews eliminated such issues and as a result those being interviewed were more able to feel that they had the freedom to express their thoughts and feelings.

All of the interviews were audio-recorded, with the willingness and consent of each participant (see Appendix B), and later transcribed for analysis purposes. This was to ensure that an accurate account of the participants' experiences was captured. Terre Blanche et al. (2012) highlighted one concern regarding audio recordings in that the use of them might detract from the intimacy of the encounter and may even result in participants' feeling more cautious of talking freely about certain topics (Terre Blanche et al., 2012). However, all participants appeared at ease in the presence of the recorder and all endeavoured to communicate their authentic experiences in a clear and open manner. In addition, being able to record eliminated the distraction of having to take such detailed notes. Not only did this allow the researcher to be more present in the moment but also preserved the integrity of the personal experiences shared. Instead of referring to the notes of the interview the researcher was able to listen back and recapture the essence and emotion of what was said.

3.4. Data analysis

According to Terre Blanche et al. (2012), data analysis involves a process of breaking down the data found in the research and building it up again in meaningful ways. The data obtained from the interviews were analysed using thematic analysis which is a flexible qualitative method for analysing data that focuses on "identifying, analysing and reporting patterns/themes within the data" (Braun & Clarke, 2006, p.79). More specifically, the research followed Braun and Clarke's (2006) six proposed phases of analysis which proved to be useful. Such phases are outlined below in more detail:

1) Familiarising yourself with the data: this first phase required the researcher to immerse herself in the data again. Here the researcher began the analysis by transcribing the audio recordings verbatim and then read and reread the transcriptions until such time a thorough understanding and familiarity of the content of the interview was achieved. During this initial phase the researcher began to take notes of ideas for coding which will be discussed in more detail in the next phase.

2) Generating initial codes: after familiarising oneself with the data the next phase involves organising one's data into interesting and meaningful codes. Specifically, a code identifies a feature of the data that is of interest to the analyst (Braun & Clarke, 2006). Here the researcher stayed close to the data without trying to code any material into pre-existing or predetermined categories. This is considered a more inductive approach (Braun & Clarke, 2006). Each transcript was coded to a point of saturation before moving on to the next transcript.

3) Searching for themes: here the researcher evaluated all codes identified in the previous phase and searched for broader themes in which to categorise such codes with the goal of capturing something important about the data in relation to the research questions. During this stage, all potential themes were considered as valuable and, as such, none were eliminated. However, in analysing and cross referencing themes across transcripts some codes were arranged to fall under broader themes whilst others formed themes on their own.

4) Reviewing themes: the aim of this phase was to critically review all possible themes with the goal of refining or narrowing themes if needed. In this phase all the coded data extracts were reviewed in each theme to ensure a coherent pattern had been established. Any codes that did not quite fit the theme or applied elsewhere were re-coded accordingly. In doing so, which was in line with the goals of this stage, some themes were discarded whilst others remained themes or formed sub-themes.

5) Defining and naming themes: this is a process of further refining themes, naming and defining them in order to give a good and complete account on what is going on in the data (Terre Blanche et al., 2012). Each theme was analysed in-depth in order to ascertain the essence of the theme. In addition to analysing the contents of a theme, consideration was also given on how each theme related to others. It is also at this point that the working titles of all the themes were reviewed to ensure a concise heading had been formed (Braun & Clarke, 2006).

6) Producing the report: after establishing a set of fully worked-out themes, the last stage required the researcher to do a final analysis followed by a write-up of the

report. This report, as shown in the following chapters, aimed to broaden out the analyses and move from a descriptive level to a more complete and comprehensive interpretation of the phenomenon under study.

In addition to following the six phases provided by Braun and Clarke (2006), a qualitative data analysis software programme, namely NVivo, was used to aid in the organisation and analysis of the data. Motivation for the application of thematic analysis in the analysis of the data lies in the methods ability to provide a reflection of reality, that is, “the experiences, meanings and realities of participants” (Braun & Clarke, 2006, p.81). Other advantages of this method of analysis include its theoretical and analytical flexibility as well as its relative ease of application. However, like all other methods, thematic analysis has its disadvantages. For example, although the flexible nature of thematic analysis is considered an advantage it can also be seen as a disadvantage when, allowing for a broad range of options may be interpreted as overwhelming and even paralysing to the researcher trying to decide what aspects of their data they should focus on (Braun & Clarke, 2006). In addition, another issue to consider is that a thematic analysis may have limited interpretative power if it’s not rooted in an existing theoretical framework. However, Braun and Clarke (2006) reassure that many of the disadvantages are a result of poorly conducted analyses rather than on the method itself. Despite the potential pitfalls, this approach was appropriate for this study as it allowed the researcher to provide a rich, insightful and a detailed account of the data that emerged and in doing so the researcher was able to effectively address the particular research questions at hand (Braun & Clarke, 2006).

3.5. Ethical considerations

According to Wassenaar and Mamotte (2012) there are various ethical requirements that should always be considered when conducting research. These ethical requirements all have roots in the four widely accepted philosophical principles that guide ethical research, namely, autonomy and respect for the dignity of persons, nonmaleficence, beneficence and justice (Terre Blanche et al., 2012). Those that were relevant and were adhered to in this particular study, to ensure that ethical research was conducted, include:

- 1) Independent ethical review: prior to the commencement of data collection, ethical clearance was obtained from the university of KwaZulu-Natal’s humanities and social science research ethics committee (see Appendix E). The research was then conducted in accordance with the approved protocol (Gravetter & Forzano, 2012).

2) Social value: This ethical consideration ensures that the research questions are of value to society or even just to particular communities (Emanuel et al., 2008). The way in which this study addressed social value is that the particular research questions that were studied will lead to knowledge and will hopefully add to the current body of literature in the area of ACoA's. It is hoped that having more knowledge in this area will also help adult children of alcoholics, as well as those close to them, gain insight into the ways in which alcoholism has affected them and the quality of their lives.

3) Scientific validity: According to Emanuel, Wendler and Grady (2000), research is considered scientifically valid, and therefore ethical, if it is conducted in a methodologically rigorous manner. Without such validity, the research would not be able to generate the intended knowledge and, as a result, would not be able to add value. As discussed more extensively in the previous section, this qualitative study made use of accepted, appropriate, feasible and rigorous qualitative principles, methods and strategies to assess and ensure scientific validity.

4) Fair participant selection: Emanuel et al. (2008) state that the population selected for the study should be those to whom the research question applies. The relevant population for this study included adult individuals who grew up with an alcoholic parent or caregiver. Random sampling would, therefore, have been an inappropriate method to fairly select participants. As such, the convenience and snowball sampling techniques that were used are considered acceptable for such a study as participants would otherwise have been hard to locate.

5) Favourable risk/benefit ratio: Ultimately, the benefits of a research endeavour need to outweigh the risks. In this ethical consideration the researcher needs to determine the probability of harm occurring and the severity of the harm. Safeguards' then need to be established to deal with and minimize such harms and avoid possible wrongs (Wassenaar & Mamotte, 2012). In relation to the current study, distress may have occurred with participants being exposed to interview questions that may have been experienced as upsetting. To minimise this potential harm, all participants were given the details of the Child and Family Centre, whom they had permission to access (Appendix D) for further support and counselling should they have felt the need. However, none of the participants wished to utilise this service. In addition, feedback to participants will be offered, upon request, to help maximise benefits.

6) Informed consent: The researcher complied with this crucial ethical requirement by providing all participants with appropriate information about the study (see Appendix B). In particular, a complete explanation of the nature of the study was given including, the purpose of the research, the expected duration as well as the procedures that were to take place. Participants were then required to give consent prior to their participation, with the knowledge that their participation was voluntary and that they were free to withdraw at any time. In this way the autonomy of the participants was protected.

7) On-going respect for participants and study community: This principle requires that participants be treated with respect during and after the study (Terre Blanche et al., 2012). Firstly, the issue of privacy, with regards to participants and their information, was ensured by following the rules of confidentiality (Emanuel et al., 2000). Here, participants were reassured that only the researcher and her supervisor would have access to the raw data and that their names would not appear in the final report. In addition, all information, including their signed consent forms, has been stored in a lock up facility and will be kept for the requisite 5 years. Secondly, care was taken throughout the interview process to ensure that no psychological distress was caused by carefully attending to any sensitive or emotional issues that arose. Lastly, participants were debriefed and the interview was concluded by notifying the participants that they could contact the researcher at any time to add anything to their interview or for any further information, if they wished.

8) Issues of plagiarism and copyrights of authors work: Such issues were dealt with by referencing according to the American Psychiatric Association format in order to ensure correct citations of authors work and to ensure credit was given where due. Additionally, the researcher made use of TurnItIn software to assess the research project.

3.6. Validity, reliability and rigour

Although qualitative research has been judged in its lack of ability to deal with validity and reliability in the same manner that quantitative research does, qualitative researchers can make use of measures that deal with such issues in a similar way to ensure trustworthiness of a study (Shenton, 2004). These include:

Credibility: In short, credibility has to do with how congruent the findings are with reality, that is, how true of a picture is being presented regarding the phenomenon under scrutiny (Merriam, 1998). The researcher increased confidence that accurate recordings of the

phenomena of interest were made by, firstly, making use of well-established research methods. Specifically, the line of questioning followed in the interview sessions were well suited to the interview type and followed an appropriate interview schedule. Secondly, credibility was also ensured by giving undistorted accounts of the participants reported experiences and keeping close to the data given whilst labelling and throughout the analysis process. Lastly, extensive examination of previous research findings helped to promote the credibility of this study by allowing comparisons to be done of the findings of similar studies.

Transferability: Qualitative researchers do not emphasize the need to generalise findings to larger populations (Terre Blanche et al., 2012). This was true for this particular study as the sample size was small and limited to a typical type of individuals, namely, adult children of alcoholics. Instead, the emphasis was on how transferable the findings are. Although transferability rests on the reader of the study (Shenton, 2004), the researcher worked to enable the reader to make such a transfer by providing thick contextual descriptions of the phenomena under study.

Dependability: Credibility and dependability are closely tied, in that, if you sufficiently deal with credibility it will help to ensure dependability (Shenton, 2004). However, in order to deal with dependability more closely the researcher worked to ensure that detailed descriptions of the research processes were given. These descriptions, as explained in detail earlier in this chapter, specifically include information on the design, implementation, data collection and analysis processes. This will not only allow the reader to assess the research processes followed but will also enable future researchers to repeat or do a similar study if needed.

Confirmability and reflexivity: The concept of confirmability is the “qualitative investigator’s comparable concern to objectivity” (Shenton, 2004, p. 72). However in qualitative research, more so than ever, the researcher recognises the difficulty in ever obtaining objectivity in its real sense as researcher bias can never be eliminated completely. It is with this in mind that the qualitative researcher seeks to achieve a level of confirmability, which is the degree to which the findings of the study are the result of the experiences of the respondents and not the biases of the researcher (Shenton, 2004).

This requires a state of reflexivity, meaning, an awareness of the influence the researcher has on the research process as well as an awareness of how the research experience is affecting the researcher (Gilgun 2008). As simply, yet eloquently, illustrated in Probst’s (2015) article,

reflexivity is where the eye regards itself whilst simultaneously seeing the world. Thus, the reflexive researcher realises that it is both the researcher and the researched that shapes the encounter as well as the knowledge that is constructed. With regards to the current study, efforts were made to help ensure, as far as possible, that the research findings were the result of the authentic experiences and perspectives of the participants interviewed. This was done by keeping an eye on self, whilst seeing the world through the eyes of the participants.

Having such awareness develops through an internal process of self-reflection and self-examination by exploring one's own assumptions, predispositions and emotional reactions (Probst, 2015). It is important to note here, that the researcher came to be interested in the topic of ACoA's due to a level of personal connection to this population and, in a way, to this topic. With this in mind, the researcher took care not to impose her opinions or experiences on the participants and allow the research process to unfold. Interestingly, and in the effort to display transparency, identifying the shared experiences of ACoA's brought about unexpected insights and emotional reactions for the researcher and in so doing allowed the researcher to further explore her own personal beliefs, assumptions and experiences (Gilgun, 2008). According to Probst and Berenson (2014) the internal aspect of reflexivity can be further supported by various specific actions or external activities. In the current study, the researcher took time after each interview to reflect on the interview process by jotting down any relevant reflections in order to remain aware of her involvement and to improve further interviews. Writing provided a tangible way to recall what might otherwise have been forgotten and helped keep the researcher's voice separate from the voices of the participants (Probst, 2015). Another external activity that was used to support the internal aspect of reflexivity was that of debriefing with the researcher's supervisor. Checking in with someone who was less directly immersed in the data and research process was a useful way to bring awareness to possible blind spots and also helped hold the researcher accountable in managing her own biases and reactivities (Probst, 2015).

In addition to keeping in mind and being openly aware of and transparent about the researcher's own subjectivity, beliefs and assumptions, confirmability was also achieved by disclosing the limitations of the study. Furthermore, as mentioned above, an in-depth methodological description has been provided to allow for the trustworthiness of the results to be scrutinised. All of this assisted in ensuring quality, trustworthiness and rigour in qualitative research (Gilgun, 2010).

3.7. Conclusion

This methodology chapter unpacked the processes that were followed throughout this research endeavour. Specifically, the research design, sampling procedure, sample and data collection and analysis methods were discussed in detail. Motivations for the particular approach and methods used were highlighted whilst addressing how potential limitations were reduced. Lastly, ethical considerations were explicitly outlined and the chapter concluded with how issues of validity and reliability, as it relates to qualitative research, were ensured.

CHAPTER FOUR

Findings

Chapter 4 focuses on an exploration of the findings that emerged through the analysis of the interviews which sought to explore ACoA's experiences of relationships as adults. The findings take the form of key themes and subthemes that were identified and generated via the process of thematic analysis. In unpacking and substantiating each theme, efforts were made to root the findings in context, to ensure accurate representation of the participants' experiences, and can be seen in the reference to participant's direct quotations. Four master themes emerged from the individual analysis and cross analyses: (1) growing up in a family with alcoholism, (2) linking past relationships to present, (3) managing the unmanageable, (4) making meaning and lessons learned. Details of the corresponding subordinate-themes are summarised in Table 4.1 below:

Table 4.1

Themes and subthemes produced

Main themes	Subordinate-themes
Growing up in a family with alcoholism	Inconsistency, unpredictability, chaos No choice and no-one to turn to Forced to choose sides, the focus is on them Robbed of my childhood
Linking past relationships to present	Feeling unsafe in parental relationships Safe relationships Relationships today Challenges faced in close relationships
Managing the unmanageable	Blocking out and burying The need to intervene, protect and monitor Withdrawing and distancing oneself to stay safe Reflection and introspection Reaching out to others
Making meaning and lessons learned	Breaking cycles of the past Positive reinterpretation and growth

4.1 Growing up in a family with alcoholism

Each participant was asked a variety of questions around their family of origin which allowed them to reconstruct their experiences of what growing up in a family with alcoholism was like. As per the attachment theory frame described above, one's family and early life experiences are critical in forming the foundation from which we later go on to see ourselves and experience the world around us. Given this conceptualisation, reconstructing these earlier experiences provides context within which we are then able to deepen our understanding of how ACoA's might experience relationships as adults, and has the potential to give insight into the challenges they face within these close relationships and ways in which they cope with such challenges. This theme and the subthemes that follow encompass the most poignant earlier familial experiences as described by the participants.

4.1.1 Inconsistency, unpredictability and chaos

In describing what growing up in a family with alcoholism was like, participants' described their family life as frequently inconsistent, unpredictable and chaotic.

It was scary and chaotic. It's just the chaos and inconstancies that come with it.....

We would never know what to expect. (Devon, 29, M)

Other participants described the inconsistency, unpredictability and chaos in the home in terms of the behaviours of their alcoholic parent, the family dynamics that arose as a result of the alcoholism, and/or the negative and traumatic experiences that they often had to witness and endure.

They would also go out, they would drink a lot.. Um.. Come back home drunk and then the swearing started and the beating started and then we would wake up and run through to the lounge and start screaming at like 2/3 in the morning. My brother would like run out of the door with my mom for safety and I would like be left. Although uncle () would beat and mentally and physically abuse her, he never ever put a hand on me. (Sophie, 34, F)*

Although many of the participants experienced their alcoholic parents as violent and abusive, others did not share this same experience. Nonetheless, what became evident across all the interviews is that the participants all experienced a drastic change in their mother or father's character and behaviour whilst under the influence of alcohol which resulted in drastic

changes in the family as a whole. Describing their experiences in this way can be likened to living in emotional, psychological and behavioural extremes. In addition, being a young child in a family characterised by inconsistencies, unpredictability and chaos must have been unsettling and might raise concerns about whether such individuals would be able to form a secure foundation in which to feel safe to explore the world and develop their sense of self and others.

4.1.2 No choice and no-one to turn to

This subtheme captures the pervasive sense of helplessness experienced by participants growing up in a family with alcoholism. Specifically, the ACoA's recalled feeling as if they had no choice or control over the situation they were in. When asked what it was like growing up with an alcoholic parent Sophie and Madison explicitly stated:

It was terrible! But did we have a choice? No! (Sophie, 34, F)

You don't get to decide what your day is going to be like. Because they coming in and he is very negative... Constantly complaining... Making issues... Everything is a problem - nothing positive... And as soon as he drinks, him and my mum start fighting and you don't really get to decide what your day is going to be like. (Madison, 20, F)

What compounded this sense of helplessness was a feeling, by most, that they had no-one to turn to for safety or support in order to process what was happening in the home environment. Kiara poignantly described the abuse she had to endure whilst emphasizing that she had no one to turn to in her times of need.

It came to night time and I was terrified and I couldn't speak to my brother because he was not old enough to take on this person. I couldn't speak to my dad because at that point he was drinking every day and he had just sunk his life into alcohol. I couldn't speak to my aunt because she would just tell me I need to get out of her house... (Kiara, 31, F)

Ja I think now when I look back I didn't really.. I mean I had my sister like I said but we were both kids in the situation so... I think my mom was obviously

preoccupied with what was going on in her life. I never felt neglected but I just felt like if I had to rely on somebody it would be me. (Devon, 29, M)

Devon, positioned himself and his sister (i.e. the children in the family) as helpless and unable to influence their circumstances. However, he simultaneously declared that if he had to rely on someone it would be himself. This gives us insight into how alone and uncontained he must have felt in his family that he (this helpless child) became the best/only person to turn to in times of need.

4.1.3 The focus is on them

In addition to feeling as if they had no choice but to accept what was going on in the home and that they had no one to turn to, some ACoA's expressed often finding themselves encumbered by parental needs, feeling that they were forced to choose sides in the parental conflicts that arose and that the focus was always on 'them'. In describing some of her experiences of growing up in a family with alcoholism, Madison expressed her view that the focus was always on 'them' to the point that she often felt that her parents were inconsiderate of her emotions.

They would always use the fact that I'm fighting.. I mean, that I'm crying in the argument.. So that was like it's purpose.. "Oh look at her you made her cry".. And that's it. There's nothing more to it. They don't think oh maybe we should stop doing this and consider them.. No it's just oh you made her cry, you doing this and you're doing that. Using it as an excuse to keeping attacking each other. (Madison, 20, F)

Some ACoA's felt that the focus was always on their alcoholic parent in particular.

Um, my dad was an alcoholic and basically he lived a very very, uh, don't care type of life. Where it was all about him, it was all about drinking and partying and going out and leaving his family behind. (Jack, 33, M)

Jack went on to elaborate that even whilst his father was going through a recovery programme the focus was on him, although this was seen as a necessity.

Look when he quit initially, I think the first year or two it was all about him. You see the programme that he is in, Alcoholics Anonymous, it is a very selfish programme because it is all about you, the individual. Getting your sobriety, yourself, everything. So it was all about him and it was an adjustment for my mom as well because she also felt that.. I don't think she understood it, that it has to be like that for a year or two, where it's all about them.

The participants' emphasis on how the focus of the family's' energy was always on the alcoholic, suggests that they felt their own needs were largely unmet in the family. This appears to have been reinforced by larger societal beliefs that alcoholism is a disease that exists, affects and is treated solely within the individual, as is seen in Jack's statement above.

4.1.4 Robbed of my childhood

One important theme that emerged through many of the participants individual and unique experiences was a sense that they were deprived of their childhood in some way as a result of being an ACoA. In some cases, this was due to the demands placed upon them and the roles they had been scripted into in the family as a consequence of the debilitating effects of the alcohol misuse.

My brother had to leave school. Eventually my father was drinking continuously from Monday to Monday and so there was no money coming into the property because it was all going on alcohol, my mother was trying to fend for us but it wasn't enough so my brother had to leave school at an early age and start working to try bring some money in. He really had to grow up and take on the role of being a father at a really early age. For me it was just observing and trying, in my own way, to manage everything. Coming home from school, getting our uniforms ready, cutting vegetables, taking on chores that we shouldn't be doing at that age. (Kiara, 31, F)

Many ACoA's alluded to the idea that, in many ways, their experiences in growing up in a family with alcoholism had almost 'trained' them to always be on high alert, to be hypervigilant and to constantly monitor the family climate.

I always felt like we had to be there or something else, something bad would happen. It's almost like you have to guard them.. So that they don't end up killing each other or something. (Madison, 20, F)

Often you couldn't concentrate on anything else besides what's going to happen. Constantly trying to make sure that things are perfect, they are perfect it's just that someone else is not seeing them that way and because you don't want problems you are trying your best and focusing all your attention instead of being a child. You can't be a child because you are so focused on.. Am I going to go play outside and then is he going to start abusing my mom on the inside, maybe we should just stay here and watch TV, things like that. (Kiara, 31, F)

As can be seen in the excerpts above, some participants felt that being there to assess and monitor what was going on in the family home would help in some way. Furthermore, all of the participants identified with a need to frequently intervene and protect, which was experienced mostly in times of marital conflict that often arose as a result of the alcoholism. These issues can be understood in terms of the concept of parentification, which falls under the broader framework of family systems theory (set out above), which is where there is a reversal of parent-child roles that are often inappropriate and results in a child experiencing greater responsibility for the practical aspects and/or emotional needs of the family.

One of the participants stated that although he did not have any additional responsibilities in the family, he still felt like he missed out because of the things they did not have or could not do. Jack alluded to this in the following statement:

I went to a school where the people were quite uh.. How can I say it.. They were above average financially. Um even though it was in the (name of school), but.. Maybe it was the group of friends that I had. And for me that was the biggest heart sore that I never had a chance to do the things that my friends did. You know like they went for excursions that I could never go. Because we didn't have the money for me to go. (Jack, 33, M)

Taking all of the above into account, many ACoA's expressed that being exposed to what they went through was a lot of pressure for them growing up. The change in roles, the need to

protect and other demands that were placed upon them were experienced, upon reflection, as overly burdensome and deprived them of being a child in some way.

4.2 Linking past relationships to present

One of the basic tenets underlying attachment theory is that how we learn to relate in our early relationships forms a template of how we relate throughout our lives. This theme, therefore, captures the participants' experiences of relating and of close relationships from growing up to present day. The description of the theme begins by looking at the earliest and most significant relationships growing up, the parent-child relationship, and then turns its inquiry to other 'safe' relationships which are thought to serve as a 'buffer' or protective factor for ACoA's. The section then takes a closer look at the experiences of more recent relationships and ends with an exploration of the frequent relationship challenges they face. Doing so provides us with a more holistic picture of how ACoA's relate as adults.

4.2.1 Feeling unsafe in parental relationships

Growing up in a family with alcoholism often negatively affected the quality of the parent-child relationship. Participants often described their alcoholic parent as being physically and/or emotionally absent, or inconsistent at best, and the relationship as strained, unreliable and unsafe. Below are some of the typical responses in describing the relationship.

He was never really reliable... Even when he used to pick me up from my mother. He would say that he would be there at 5 o'clock and I would be excited to see him. I would be waiting there at the door, I was tiny and I would be waiting for 3 or 4 hours and he just doesn't call or anything... and then he would show up drunk and then my mother wouldn't let me get in the car with him. (Cade, 28, M)

He's never attended anything with regards to us. He's never come for parents meetings, to watch us play sports and uh concerts that we took part in. He's never called for my books and said let me see what you have today... We knew who he was, you know, "That's my mom's husband". That's how we saw him. (Jack, 33, M)

In positioning his father as his moms 'husband', Jack shows his father's level of physical and emotional absence to the point that he became estranged from him. Although participants reported a lot of negative relationship experiences with their alcoholic parent, they also

displayed a level of ambivalence towards them as the alcoholic parent was often portrayed as having two sides. This same parent who was unsafe and unreliable was, to some, a provider and supporter in many ways and someone with whom they still felt close or desired closeness with. This ambivalence can be seen in the following excerpts.

That was the hard thing that we couldn't (tearful) understand.. Sorry.. He always made sure we had the best of everything. He always made sure his kids were seen to when he was sober but come weekend we knew that this totally different person would appear. So for me, as a little girl that loved my father, I still up until now I still love him. I still can't understand how can you be.. have.. such a split personality... (Kiara, 31, F)

Although uncle () would beat and mentally and physically abuse her, he never ever put a hand on me. He was actually like really nice to me and it's so weird because I have some form of respect for him but I don't.. It's weird.. (Sophie, 34, F)*

Some participants appeared to struggle with this ambivalence and as a result found it hard to integrate and navigate their familial experiences especially the experiences they had with their alcoholic parent. Madison alluded to this difficulty in describing how hard it is to “switch and be normal” with her father after all that happens when he has been drinking.

When he is sober I actually feel the worst. Because it's like he's, you know, he is acting like normal. Like he is somebody that I would normally like to talk to but I can't because I'm not used to being that way with him. And when he walks in the house sober or something and I don't say hi because I don't feel.. Um.. It's not something I'm used to doing.. Because sometimes he comes home drunk and then I'm just glad to ignore him and then one day he is sober and I'm like... You can't just switch and be normal... You still have those issues with him. (Madison, 20, F)

Turning now to the relationships with the non-alcoholic parent, all but two participants reported having a distant relationship with their non-alcoholic parent.

I didn't have a close relationship with her..... I never felt.. Um.. A mother instinct from her. I got that from my grandmother. (Rachel, 36, F)

Kiara echoed a similar experience, stating how they never had that mother-daughter bond and went on to explain how she blamed her mother for a lot as she felt that she left them in their time of need to look after herself:

It was like she waited for an opportunity to leave, what happened to sticking with your children until the bitter end. You replaced one abusive relationship with person after person after person and it damaged us because you pushed your kids aside for relationships to try and heal you, what about us? (Kiara, 31, F)

Two cases that were particularly interesting involved having both parents struggle with alcoholism. The first was exposed to an alcoholic mother, father and stepfather throughout her life. She reported experiencing negative parental relationships all round as a result of the alcohol and upon reflection often felt neglected as a child. The second case brought a unique and interesting element to the study as this participant was exposed to his father's alcoholism from an earlier age and later had to endure similar experiences with his mother who, according to him, "fell off the rails with alcohol". Devon expressed how hard it was to come to terms with this as his mom had been "such a good mom for such a long time" and had always given him a sense of stability:

I think if she was an alcoholic throughout life maybe our bond would have been different but she was such a brilliant mother. She used to write little notes in our lunch boxes for tests and she was like hands down the perfect mom. Cooked meal every single night no matter what and then sort of things fell off. (Devon, 29, M)

Participants made reference to how a parent-child relationship *should* be, as a 'bond' in which you (the child) are protected and nurtured, but few identified with this experience. However, this finding is not surprising as children of alcoholics are often exposed to inconsistent parenting and negative parent-child interactions. Additionally, such parents are often emotionally unavailable for their children, which could suggest that they are less able to provide their children with the nurturance and consistency necessary to establish and maintain a secure parent-child attachment.

4.2.2 Safe relationships

Although many participants felt that they were completely alone in their familial struggles (reported above), some reported having a close relationship with siblings and extended family and/or friends. However, the level of closeness of these safe relationships differed in varying degrees. For some, safe relationships were considered those they could go to, to get away from what was happening at home, but did not necessarily confide in them in terms of what they were going through. For example Cade said:

I used to spend a lot of time at friends' houses and just watching them and how they interacted as a family had an impact on trying to make me feel like I had a family. (Cade, 28, M)

For others, the safe relationships that they experienced growing up appeared to provide them with a space to share and be vulnerable and almost fulfilled a parental role for them. Rachel spoke at length about the important role her grandmother played in her life. Her tearfulness, in doing so, showed just how significant this relationship was. She expressed how her grandmother protected her from the harm that was being caused by the alcoholism in the home and provided for her in ways, both physically and emotionally, that her parents did not.

So I relied more on my granny as a parent. She taught me a lot, she spent a lot of time with me. She took on all of the responsibilities, even asking her for money and stuff I would go to her and not to them [tearful]. Even when my mum and them used to fight, I used to be able to go and tell her this is what they've done, this is what they are doing, this is what's happened. So she used to keep me with her a lot..... My granny protected me a lot from that. She would... She allowed me to be a child. (Rachel, 36, F)

For two of the participants, their safe place to go to was their non-alcoholic mother. In talking about the relationship with his mom, Jack stated:

I was supported a lot by my mom. Um. She has been a pillar. She basically grew the three of us up. Our three brothers, you know. She's grown us up and the reason why we are the way we are today is due to her strength...(Jack, 33, M)

Lastly, some participants spoke of the importance of their sibling relationships.

My brother and I were inseparable, he was my protector. He really protected me, if anything ever happened if somebody tried to interfere with me he was the brother you could go to. For me if I look at it now he played much more of a father figure in my life than my own father did. (Kiara, 31, F)

These safe relationships appeared to help buffer the deleterious effects of the alcoholism in the home by providing participants with; experiences of how relationships and family life should be; reassurance of being loved and not alone and, in many ways, attempted to fulfil a parental role they often experienced as lacking from their own parent/s.

4.2.3 Relationships today

This theme captures participants' experiences of relationships today. In questioning about the current state of their relationships with members of their family of origin, majority of the participants reported feeling cut-off or disconnected from their family in some way. For most, this disconnection appeared to be self-driven in order to protect themselves and their partners and/or children. Sophie stated:

I've had to just distance myself from everyone and I've done that in a way to be healthy for me and for him (her husband).

*And my kids don't spend a lot of time with my family... They've never really been exposed to that. And I think there has also been a lot of family functions where I've just declined because I also don't want (*husband) to see. I never know if there is going to be something that erupts. (Sophie, 34, F)*

In describing having to distance herself in order to stay healthy, suggests Sophie's view of her family dynamics as potentially toxic and harmful, something that herself, partner and children need protection from. Although she is still in contact with her parents, she described their relationship as strained, one-directional and often emotionally taxing. Those that were currently close to family members were those that appeared to have had more positive experiences with them growing up. This shows the lasting impact that earlier secure relationships can have on the individual. Jack spoke of how close he still is to his mother and how he considers her his go-to person.

I would say my mom is my life, you know..... She's my go-to person. Any.. I have a fiancé who yes I do tell everything to but uh my mom is my go-to person, you know. She will always be my go-to person, be it anything; relationships, work, she's the first one.. (Jack, 33, M)

Interestingly, two participants reported having a repaired and now close relationship with their alcoholic parent. This reparation appears to have been fostered by the fact that their fathers had been involved in a recovery programme and had been considered clean for the past +20 years. Jack spoke of experiencing a complete turnaround in his father, who he described as only ever having a close relationship with the bottle, which allowed for them to have the father-son relationship that they were never able to have.

He had an epiphany, I may say, and he became a real father. I tell you it was the best feeling ever when we did things as father and son. (Jack, 33, M)

Moving on to the relationships formed later in life, many ACoA's spoke of having few close friends that they felt they could completely confide in and be vulnerable with. One participant reported not really having friends and that, to her, friends were just like acquaintances who she would eventually push away. Another participant spoke of having close friends but would keep them at a distance by only allowing them to know certain areas of her life. Interestingly, Cade, who often considered his friendship circle a good source of support whilst growing up, spoke of having a similar friendship as an adult. He described his friends as a more straight-forward relationship to navigate and that he has always experienced them as being more reliable than some of his family, particularly his father. That being said, there was a limit to what he shared with them and others that he considered close in his life. With regards to more intimate relationships, many ACoA's described having a close relationship with their partners with two participants describing their partner as their most significant relationship in their life at the time.

He is my best friend, my brother, my father. I go to him for advice. He is everything. At the moment when they say you are joined at the hip that's us two! (Kiara, 31, F)

Like I can be angry with him, I can be happy with him, I can be sad with him. I can tell him whatever, you know. (Rachel, 36, F)

It became evident however, in talking deeper about these intimate relationships that, just as with their relationships with friends, there was a limit to how much they said they could share, trust and be vulnerable. One recurring theme that kept emerging throughout the exploration of these relationships is that the majority of the participants' desired closeness but found themselves wary, guarded and cautious in their close relationships and with people in general. This wariness, which may be understood in terms of their earlier attachment orientation, could suggest that an issue of trust might exist in ACoA's relationships. These, and other challenges that could hinder ACoA's ability to form safe, secure and healthy relationships with others, are discussed below.

4.2.4 Challenges faced in close relationships

This section highlights the common challenges that emerged for the participants, and that appeared to frequently colour the participants' relationship experiences. In broadly describing her close relationships, Madison captured the most commonly expressed challenges amongst all of the ACoA's:

With them I can open up but I don't fully open up.. Like I find it hard to trust people. I find it hard to open up. I find it hard to be affectionate.. Um.. ja.. Like I have... what's the word, like just this distance between people. You know, like it takes me a while to get to know someone.. To trust them enough to start talking to them. Like it's not immediate.. I don't just make best friends and stuff.. Opening up about my life.. (Madison, 20, F)

There are various challenges mentioned in the above extract that are noteworthy, namely; difficulty connecting, distance or wariness in relationships, difficulty trusting and finding it hard to open up (i.e. sharing and being vulnerable around others). The majority of the ACoA's often expressed such difficulties in relating with others. As mentioned in the previous section, participants appear to desire closeness but simultaneously alluded to a need to be wary, cautious and on guard and sometimes hypervigilant in relationships. They reported frequently questioning others' authenticity and motives, often fearing the worst for being hurt in some way. This is evident in the following extracts:

Just like when is somebody going to let me down!?! Because I just feel that way, from my mom trying to get better and then relapsing, relapsing, relapsing.. So that sort of trust. So, I just feel like ultimately everyone is just going to let me down at

some point. (Devon, 29, M)

I don't know why, it's a thing that I keep thinking that this man is going to leave me or... That has always been at the back of my mind and I think that obviously from how I was brought up and seeing everyone come and go come and go so I am always expecting something to happen. (Sophie 34, F)

As a result of this need to be wary or on high alert in relationships, the participants often considered themselves sensitive to 'triggers' and 'warning signs' in their relationships. These triggers were unique to the individual but often clearly linked to past experiences. Some had an awareness of the link between their past experiences and present triggers whilst others had not made the connection. These triggers and warning signs were often not seen as problematic for the ACoA's. Rather they were seen as useful as a way of protecting themselves. However, it is possible that, at times, these warning signs could be 'faulty' in that they do not apply to current relationships and instead just import old unresolved hurt and fears into present day relationships. Extracts from Kiara's transcript capture this:

...and also with my husband I limit him. I don't want him to go to do too much because I don't want there to be a fight about it tomorrow. Exactly what happened with my parents I brought into my home but I limited it. I'm actually sitting here now realising that!

He has never given me any reason to question him but I am portraying on him what I don't want to happen from my past. (Kiara, 31, F)

Turning now to the issue of trust, all of the participants admitted that, for them, trust does not come easily and is easily broken in relationships. It is something that is earned and remains fragile in their relationships, with many stating that it is their biggest challenge they have to face. Ironically, this biggest challenge was also rated as one of the most important qualities in a relationship with one participant stating "if you cannot trust someone you can't be close to them in any way". The following excerpts highlight participants' views of trust as their biggest challenge and as something that is earned:

Trust obviously! That is my hugest thing with everything and everyone and just relationships in general that's affected me. So just the trust I have in just

everyone. (Devon, 29, M)

I think over time if you prove yourself then I will learn to trust you more. (Cade, 28, M)

The third most significant challenge experienced by all of the participants, in varying degrees, had to do with their ideas around sharing, emotions and being vulnerable. For majority of the participants, one of the consequences of growing up in a home with alcoholism was that they were left feeling unable to share their emotions and be vulnerable with one another in the family. This inability appeared to either come from a place of feeling unsafe, or because they were never 'taught' how, suggesting it was just not common practice to do so in the home.

You know, it's like they are not compassionate and since then I realised that I... can't really trust them... I don't trust them.. With my emotions and feelings.. (Madison, 20, F)

I never speak about because we were always taught no matter what happens we never speak about it. It was a normal thing. (Kiara, 31, F)

So the only time I witnessed them expressing their emotions was when they were fighting. I don't remember them having a loving relationship where I would see my dad being caring towards my mum or my mum being caring towards my dad. And the only emotion I saw my dad expressed was anger. And my mum was crying because she was being beaten or shouting because she was angry. I was supposed to be a child that was seen and not heard. So I don't ever remember crying in front of them, ever! Or being upset in front of them - that would happen with my gran. (Rachel, 36, F)

As a result of their earlier experiences, many ACoA's expressed finding it hard to fully open up and be vulnerable with others as adults and in their adult relationships.

I don't cry in front of the kids or my husband, it's not something that I would want them to see. I appear quite strong at times when I'm not. (Rachel, 36, F)

Because of holding in all of those secrets all my life or a lot of my life when I was

younger, I never wanted to speak in case something slipped out that shouldn't and I think now it resulted in me being quiet as a person. (Cade, 28, M)

Lastly, majority of the ACoA's expressed experiencing a difficulty in connecting with others often saying it is not something that comes naturally to them. This is evident in the following excerpts:

I don't really know the extent to which I am affected by it yet. I guess maybe over time.. So far I know it's a lot more difficult to connect with others. (Madison, 20, F)

I never witness proper interactions so (long pause) it's not easy for me to approach somebody. Even now as an adult... and it's not that I don't want friends. Or that I'm not friendly. It's just that I won't know how to fit myself into somebody else's life (Rachel, 36, F)

Rachel suggests that her difficulty or inability to connect stems from her lack of an adequate role model/s, for learning how to engage and navigate in relationships, growing up. This difficulty to connect could also be explained by looking at how disengaged or enmeshed the family system is, which is thought to give rise to and explain a host of difficulties in relating to others including the one mentioned above. Linked to the issue of connecting, it appears that participant's also find hard to reconnect in times where their existing relationships had lost their sense of balance in some way. This can also be understood in terms of their earlier experiences where issues within the family were often left unprocessed. This often left the ACOA feeling lost and unsure on how to make amends and return the relationship back to its state of equilibrium. The following excerpts express participants' current difficulties in reconnecting in their relationships.

I think if anybody is negative in some sort of way then I just don't... like if you do one small thing then like the trust is broken and it will be very difficult to try and connect with you again. (Madison, 20, F)

I cut everyone out and it's so hard for me because I don't know how to mend the relationship. I don't know how to go to the person and say I'm sorry for not being active in our friendship. I just let the friendship go and move on. (Kiara, 31, F)

One can see in the excerpts above that participants often attributed their challenges in relationships to their earlier experiences growing up in a home with alcoholism. These challenges can be understood in terms of their personal learning experiences, the implicit messages they received whilst growing up and the resulting negative relational attitudes that may have been formed. Alternatively, these interpersonal problems could also be further understood in terms of the quality of the attachment they had within their troubled family environment and the resulting insecure attachment orientation that a lot of these challenges tend to suggest.

4.3 Managing the unmanageable

This theme encompasses the variety of coping mechanisms utilised by the participants in this study. Participants were asked how they managed or coped while growing up in a home with alcoholism and with the unique experiences that came with it. Their answers alluded to a variety of healthy and unhealthy coping skills and defence mechanisms that, together, formed a unique pattern of coping. Interestingly, many of the ways they used to ‘manage the unmanageable’ in the past appeared to form a template on how they later went on to cope throughout their lives and in all areas.

4.3.1 Blocking out and burying

Having no one to turn to to help process what was going on in the home, and given what they learned about emotions and sharing, many of the participants reported having to block out and bury what they felt unmanageable at the time in order to survive. This either happened without their awareness (and was described by the participants as ‘having a bad memory’ or ‘forgetting’) or it was a conscious or semi-conscious decision to avoid or postpone having to deal with emotionally distressing material. The following excerpts demonstrate participants’ experiences of forgetting:

It’s such a haze because there is parts of my life that I can’t even remember so I think that there is a lot of things that I maybe shut off. (Sophie, 34, F)

And I think I blocked out a bit which is unclear to me but I think she started binge drinking on the weekend and then just staying in bed and that sort of thing. (Devon, 29, M)

Many participants continued to use ‘burying’ and ‘blocking out’ as a way of coping later on in

life. However, although this was not always the case, one participant acknowledged the potential harm in doing so:

*Before I started seeing (*psychologist) I would just block it out. That was my go-to and that was making my anxiety worse and worse, just hiding everything. (Cade, 28, M)*

Blocking out and burying speak to repression and suppression, which form part of avoidance and emotion-focused coping (described above). Although this strategy initially allowed participants to cope and function, by essentially avoiding having to deal with everything altogether, continued and prolonged use of this strategy appears to have the potential to do more harm than good.

4.3.2 Withdrawing and distancing oneself to stay safe

This theme reflects the participants' tendency to disengage from others in relationships and from high stress situations as a way to protect themselves and manage whatever seems unmanageable at the time. This disengagement was either done physically, emotionally or sometimes both. Many participants spoke of reaching a point where they felt the need to emotionally pull away or distance themselves from their family environment growing up, some specifically from their alcoholic parents. For others, withdrawing or distancing oneself entailed trying to physically escape in some way. Cade spoke of finding his escape amongst friends, to whom he would frequently go to to 'take his mind off' what was going on at home. Devon, on the other hand, spoke of having a wild imagination as a child in order to escape from his reality:

...and throwing myself into that world of sort of dancing and music... And even before that like I said a wild imagination, I was a power ranger... I would withdraw into that world to get away from my current chaos, the world that I was in. (Devon, 29, M)

Kiara conveyed her desperate need to escape from her home life that was in disarray and her willingness to do so at the expense of herself.

And there was one point where I realised that I can't live like this anymore, I need to get out of this. I ended up taking an overdose. (Kiara, 31, F)

What is evident from above is that the participants learned, in their own way, that withdrawing or distancing oneself (physically, emotionally, or both) was an effective way to cope or deal with living in their environment and with their specific experiences. It is understandable, then, that some would continue to make use of this strategy later on in life and even consider it their ‘go-to’. Evidence for participants’ current use of this coping mechanism can be seen in the following excerpts.

What I used to do when I had trust issues with my ex I would just keep quiet. Like if I was feeling insecure I would withdraw. (Devon, 29, M)

That’s exactly how I am with everyone I cross paths with. As soon as you hurt me I put up such high walls and cut you off completely. And I know it’s because of my past and because I haven’t dealt with it. (Kiara, 31, F)

Kiara displays her need to withdraw and distance herself with the powerful use of the metaphor ‘to put up high walls’ which rests on our understanding of a ‘wall’ as something that is built to separate and protect. This symbolically conveys Kiara’s method of coping and the usefulness in doing so as it provides her with a sense of protection and safety from harm and keeps her from feeling vulnerable. However, a wall is also seen as something that is ponderous and impenetrable making it difficult to break down and overcome once built. A consequence of this, although it may initially serve a protective function, is that it may also create further challenges in relationships, such as being able to connect/reconnect.

4.3.3 Hypervigilance: the need to intervene, protect and monitor

As discussed in an earlier section in this chapter, the need to intervene, protect and monitor was formed earlier on in life in trying to manage the familial conflict and chaos that arose as a result of the alcoholism. This same need appeared to form part of many of the ACoA’s ways of coping later in life as it appeared to provide them with a sense of control of their situation and also served an anticipatory function. However, reliance on this method would, at times, lead to controlling behaviours. Kiara spoke of how just being there to monitor a situation provided her with a sense of respite:

I limit what we do together and what we do on our own. So we have this thing, well especially me, where you have your friends and you go see them for 2/3 hours and that’s basically it. There is no overstaying. If there is a braai I need to be

there so that I can keep an eye on things and stuff like that. Whereas if I should trust him... I don't trust him enough... he hasn't drank for eight years and that should prove to me that this man has put everything aside for me. But because of my trust level I try to have control of every little situation. (Kiara, 31, F)

In recognising how she has 'carried' this strategy over from the past Kiara, revealed that it is not always as effective as it used to be.

I have carried that over. And that is what has pushed me into depression so many times because I have always wanted to take control of situations that were out of my control. Constantly my mom was homeless I needed to look after her, my dad was in an accident needed to be there and I put all these things on my shoulders. I needed to be there and take control and fix the situation. (Kiara, 31, F)

4.3.4 Reflection and introspection

In describing how they coped with issues arising from being an ACoA, many participants alluded to withdrawing into the self and attempting to deal with it all internally. The way in which this took form differed slightly between participants. For some, attempting to deal with it internally meant actively trying to process whatever they felt distressing at the time.

I go silent.. and then I just take a while.. think about it.. maybe a long time too.. I don't say anything.. I don't react immediately. I'm very delayed. So once I feel like I understand how I feel and then only can I speak about it. (Cade, 28, M)

I do withdraw but also I would find myself crying. Like crying a lot but that would be by myself processing it. Whether its anger or its fear or it's just something I can't control I feel like I have to cry it out by myself and feel silly about it. But I always do it by myself.... Within our church cell group there's a lot of ladies and I know that I can speak to them, like they won't say anything, like confidentially if I go to them. But I won't. It's not something I would do, there's just one person that I'm close to that I would say to "this is what's happening". But it would take a long time for me to want to say something to someone. I would rather process it on my own, deal with it by myself. (Rachel, 36, F)

Some also attempt to deal with things that they went through by trying to make sense of their

experiences in some way. This is evident in the following excerpts.

I suppose bury it or try to deal with it internally. I think there was just so much going on with everybody around us that.. My brother and I only spoke about what we had been through as adults. (Sophie, 34, F)

Not back then but I think growing up and trying to understand what happened early on in life like my mom would make things a little bit clearer. Like explain to us how things took place. (Devon, 29, M)

Interestingly, much of this reflecting and ‘trying to make sense of’ only happened later on, in their adult years. Sophie’s explanation for this was that “there was just so much going on with everybody around us” suggesting that there was no room or time in the home for her and her brother to process what was happening. With this in mind and given they had no one to turn to to process what was happening in the home environment, and not having the psychological capacity as a child to do so themselves, it is understandable how the development of such avoidant strategies, such as blocking out and withdrawing, would come about.

4.3.5 Reaching out to others

Majority of the participants’ learned, mostly only later on in life, the value in reaching out to others to help cope with circumstances that they perceived as overwhelming and unmanageable. Kiara, Devon and Jack spoke of periodically utilising their partners as a source of support in times of need which displays their realisation that relationships could be different from what they had previously witnessed and experienced. Devon highlighted the importance of communicating in stating:

I have to communicate it, ja. Where before I would internalise everything, I’d just keep pain, sadness, happiness, everything just inside.. But now if I do have trust issues, some things I do keep to myself but I’ve learned to.. If I’m not going to speak to him about my insecurities then he’s not going to know and we’re not going to move forward from... (Devon, 29, M)

Having a connection with a higher spiritual power appeared to be a significant element in the lives of some participants that helped them to cope with circumstances that rendered them powerless. The following excerpt highlights Kiara’s experiences of religion as a good source

of support which was echoed by both Rachel and Jack.

For me my Christianity has really pushed me to an extent that I can actually be happy. I say to myself, if I have a God that's made all things possible then why do I need to cry about it because if it's not meant to happen then it's not going to happen. I can't be taking everything on my shoulders if it's not going to work out.... That's my support mechanism because if anything I know that I can sink into God and he makes it better. (Kiara, 31, F)

Religion appears to provide them with a safe place to turn to, for strength and support, and, in some ways even positions God as a stable and consistent attachment. Furthermore, several ACoA's reported benefiting greatly from being a part of some sort of support group, such as AA/Al-anon/Alateen, and/or from accessing more formal psychological services. After having to hold everything in for so long, Cade spoke of how helpful it has been to have a therapeutic space to process everything:

*..and now actually speaking with (*psychologist). I think I've been seeing him for about a year and a half now, it actually turns out that by holding all of that in for all of these years, I've been suffering with anxiety and depression for almost ten years now. And it's because of that, the anger that I've had to hold inside the whole time. And now by speaking about it I actually feel a lot better. (Cade, 28, M)*

This same view was echoed amongst other participants who stated that going to see a psychologist provided them with a lot of insight into their experiences. In addition, a therapeutic space also appeared to foster healthier coping strategies outside the therapy room.

*Now I try do a bit of mindfulness and meditation just to relax and that links between that and my running I can just let go of everything. Started researching a bit on mindfulness before I went to (*psychologist) then he spoke about it when I did start seeing him. (Cade, 28, M)*

4.4 Making meaning and lessons learned

All of the participants in this study spoke at length about some very difficult experiences they had to endure and the ramifications of growing up in a family with alcoholism that, at times,

continues to impact them in their lives and in their relationships today. However, upon further reflection, each participant was able to acknowledge and identify the lessons they have learned and possible positive outcomes of their experiences. This last theme encapsulates two important subthemes that capture this, namely, breaking cycles of the past and positive reinterpretation and growth.

4.4.1 Breaking cycles of the past

All of the participants in this study communicated a strong sense of wanting to do things differently and to ‘break the cycles of the past’. This was evident in all areas of their lives and in all of their relationships, including; their relationship with alcohol, relationships with their families, partners and children; and even had a major influence on the parents they were or wanted to become. Some participants spoke more generally about how they wanted something different for their life and their family and how they have worked hard to do so. Others highlighted the specific areas in their life where they wanted to do things differently. Kiara and Rachel spoke explicitly about breaking the cycle of alcoholism in the family.

Because of how things were in the past we have decided to break the cycle of alcoholism in our home so my husband and I decided to quit drinking. If we are at a family function where there is alcohol, look a glass of wine is fine, but when it starts getting to another level we cut that off and go. (Kiara, 31, F)

In addition, several of the ACoA’s expressed how their earlier experiences taught them exactly what they did not want in a marriage or in a relationship and, in a way, helped them to develop standards for future relationships.

Well my parents do teach me exactly what I don’t want in a marriage.. and what an unhealthy relationship would be like... (Madison, 20, F)

I will never get into a relationship where couldn’t speak properly to a woman or have no respect. Any type of relationship.. If you can’t respect then it’s not going to work. We have to be on an equal level, I wouldn’t get into a friendship or relationship where we not on an equal level. (Kiara, 31, F)

The way in which participants described the kind of relationship they witnessed between their

parents' portrays a level of dysfunction and, at times, even toxicity. Kiara's emphasis on never allowing herself to enter into an 'unequal' relationship suggests that her early relationship experiences were characterised by disparities, which often appeared to be skewed toward or favoured the alcoholic. As a result, many ACoA's reported choosing partners who were the total opposite of their parents, especially their alcoholic parent. One participant also expressed a strong desire to conduct himself and his relationships in a way that was the complete opposite to his father.

When I saw that the first time, I was in my teenage years, I always made a promise that I will never lay my hand on a lady. Nor will I use any vulgarity, nor will I.. My mom always tells me that "you are the total opposite of your father". Total opposite because I've never sworn at a lady, I've never raised my hand. If there's an argument, even in my past relationships, I would jump in my car, take a drive or I would go outside... (Jack, 33, M)

Furthermore, it appears that being an ACoA also had a significant influence on their parenting philosophies with many participants stating that their mother/father taught them exactly what kind of parents not to be for their children. Participants also spoke of wanting to prevent similar experiences that they had growing up for their children and worked hard at trying to create a different relational experience to what they had.

Home should be a place where you can actually be yourself, where you can actually.. and I want my children to know that home is a place that you can cry and you can be angry and you can do all of those things at home and it's okay. And if you leave you can still come back home and it's still okay. When I was growing up I couldn't express my emotions because I was scared of how they would.. What would they think of me? And because my mum also had kicked me out that time when I had gone to stay with my grandmother. I don't want them to feel like you can't go back home. I want them to feel like you can get angry and you can shout at me and it's still home. (Rachel, 31, F)

In reviewing the above excerpts one can see how this need to 'break cycles of the past' might form part of their relationships as adults and how it might influence the way in which they experience these relationships.

4.4.2 Positive reinterpretation and growth

In putting aside the negative effects alcohol has had on their families and in their lives, participants were asked to reflect on the meaning of their experiences and how their experiences as a child have helped them today. As covered in the previous section, all of the participants alluded to the idea that their experiences of growing up in a family with alcoholism pushed them to do things differently and to break the cycles of their past. In addition, some ACoA's felt that they, as a result of their experiences, had an increased sense of understanding, patience and compassion towards others. Whilst others highlighted that their experiences have made them stronger, more resilient and independent people. Interestingly, Devon spoke of how his experiences have taught him to be a good judge of character and have helped him to be more perceptive of others emotions.

I think I'm a very good judge of character and I think that's got something to do with growing up in that sort of.. because I could judge from my dad's moods and that from very young. I think I've got a sense of people's reactions to situations and that sort of thing. (Devon, 29, M)

Lastly, some participants reframed their experiences in a more positive light by highlighting how it has made them more appreciative and how their experiences are a testimony with which to help others (which appeared to also have altruistic functions).

That's why I say you know, my journey, even though it's been so painful, I would never wish it on my worst nightmare but its help me grow, its help me appreciate, its help me appreciate the time of laughter in a home, to hear my kids laugh... (Kiara, 31, F)

I don't ever look at it as a deficiency on my path. And I will never use it as an excuse for anything because we all have our own destinies I believe and we choose where we want to go. Nobody can make you do something; it is up to you as an individual. Which is why my two brothers and myself, I think we've done okay with all things considered. And I always think there is people worse off than us.... And I also like uh I also believe that what happened to me and my family is a testimony for those that are going through it as well. And I would love to um you know uh help as well. I have always thought that I could try to help others with my story. (Jack, 33, M)

The participants' displayed an ability to recognise the good that has resulted from their experiences. However, for all but two participants, talk of positive outcomes did not did not emerge naturally in discussing their experiences and instead came about only once the researcher probed for this. This aspect of positive re-interpretation and growth from their experiences thus needs to be understood tentatively in relation to the other results.

4.5 Conclusion

Chapter 4 focused on an exploration of the findings that emerged through the analysis of the interviews and took the form of key themes and subthemes. Four master themes emerged from the individual analysis and cross analyses: (1) growing up in a family with alcoholism, (2) linking past relationships to present, (3) managing the unmanageable, (4) making meaning and lessons learned. In the next chapter, these findings will be discussed in relation to the studies research questions and other relevant literature.

CHAPTER FIVE

Discussion

The current chapter aims to provide a synthesized account of the main findings of the study and does so in relation to the study's research questions. In addition, such findings are discussed in relation to the relevant literature and theory, presented in Chapter 2, in order to further demonstrate a more in-depth and holistic understanding of the phenomenon of interest. As mentioned previously, this study endeavoured to answer three specific questions in the area of ACoA's, namely:

- 1) How do adult children of alcoholism (ACoA's) experience close relationships in adulthood?
- 2) What challenges do ACoA's face in these close relationships?
- 3) What strategies do they employ in dealing with issues arising from being an ACoA?

In trying to address these research questions it became apparent just how all the factors pertaining to these questions are all so closely intertwined. Therefore, in order to gain a more in-depth and holistic understanding of ACoA's and their experiences it was important to consider these three questions, and their interactions, altogether. As is discussed in more detail in this chapter, the central theme around which these factors are based appears to be the issue of trust. This issue seems to stem from an inability to establish trust in the primary attachment relationships early on in the family with alcoholism. Therefore, the chapter begins with an overview of what growing up in a family with alcoholism was like and then moves on to linking these early relationships to ones formed later on in adulthood. The chapter concludes with a discussion of the specific challenges ACoA's experience within these close relationships as well as the common strategies that are employed in dealing with issues that arise.

5.1. Growing up in a family with alcoholism

As mentioned briefly above, the findings of this study suggest that understanding the early life experiences of growing up in a family with alcoholism is central in making sense of how ACoA's experience relationships as adults. Furthermore, it also has the potential to give insight into the challenges they face within these close relationships, and the ways in which they cope with such challenges, as many of the reported challenges and ways of coping appeared to have been formed early on in the family environment. Attachment theory (discussed in more detail below) states that one's family and early life experiences are critical

in forming the foundation from which we later go on to see ourselves and experience the world around us. Given this conceptualisation, attachment theory proves to be a particularly relevant framework for understanding the effects growing up in a family with alcoholism can have on an individual throughout his/her life (Buddy, 2015; Kelley et al., 2010).

Broadly, this study revealed that growing up in a family with alcoholism often results in a range of negative familial experiences and, at times, intolerable domestic circumstances. To begin with, the participants highlighted inconsistencies, unpredictability and chaos in the home. This was often in relation to the behaviours of the alcoholic parent, which often changed drastically under the influence of alcohol and frequently resulted in various abusive and traumatic experiences. As a result of the alcoholism, the day-to-day interactions, functioning and overall dynamics within the family, appeared to be in an unpredictable state of flux and can be likened to what Dayton (2012) considered to be living in emotional, psychological and behavioural extremes. These findings are in accordance with existing literature, such as in the work of Ackerman (n.d), Hall and Webster (2007) and Suneel et al. (2017); who all shed light on the inconsistencies, unpredictability and chaos that appears to be characteristic of such families, with one researcher considering the overall family functioning in families with alcoholism as exceedingly negative when compared to non-alcoholic families (Breshears, 2015).

Secondly, many ACoA's in the current study reported experiencing a sense of helplessness in their situation, and in their ability to instil change, which was often compounded by feelings of not having anyone to turn to for safety or support. This correlated with Järvinen (2015) and Geoke's (2017) respective studies whose participants often emphasised having no one to count on growing up. Moreover, the participants in the current study often felt encumbered by parental needs with the focus being largely on the moods and needs of the parents, specifically the alcoholic parent which appeared, in part, to be reinforced by larger societal beliefs that alcoholism is a disease that exists, affects and is treated solely within the individual (Gold, 2013). As a result of their familial experiences, the needs of the participants were often experienced as being largely unmet and many participants felt that they were deprived of their childhood in some way. This was either attributed to a sense of unfairness of missing out on what other children did or had or as a result of the roles and responsibilities that they had to take on, as a consequence of the deleterious effects of the alcoholism, and the need for them to always be on high alert. Similarly, both Haverfield and Theiss (2014) and Goeke (2017) found in their qualitative studies that many ACoA's identified with a felt sense

of missing out on their childhood. Goeke (2017) emphasised that ACoA's frequently report experiences of always having to be on high alert. Haverfield and Theiss (2014) spoke specifically around the issue of parentification and other demands placed upon them at a young age that may have led to this experience.

As can be seen from the above, much of the reported experiences and perceptions of growing up in a family with alcoholism aligned with what has previously been described in existing literature in the field. This apparent unanimity could suggest a general trend in the make-up and dynamics of a home where alcoholism exists. With this in mind, one can then see how conceptualising alcoholism as a disease that only affects the individual is inadequate and runs the risk of negating the experiences of those who have had first-hand exposure to the disease and are consequently affected by it (Haverfield & Theiss, 2014; Huckabay, 2014). This is in line with the basic tenets of family systems theory which states that a family is like a system where change in one or more family members affects all the other members of the family (Alford, 1994).

5.2. Linking past relationships to present

In aid of furthering our understanding of how ACoA's experience close relationships as adults, and keeping in line with attachment theory, it is important to examine their earlier, and most significant, relationships growing up. This is important as how we learn to relate in our early relationships forms a template of how we relate throughout our lives (Dayton, 2012). For the participants in the current study, growing up in a family with alcoholism often negatively affected the quality of the parent-child relationship. As assumed, and as informed by existing literature, this was often in relation to the alcoholic parent, with participants describing the relationship as strained, unreliable and unsafe. This experience correlates with the findings of Kelley et al. (2010) and Haverfield and Theiss (2014) who found that alcoholic parents have often been characterised as being unstable, unpredictable, inconsistent and insensitive towards others in the family. Additionally, the majority of the participants in the current study reported either, or both, physical and emotional absence of their alcoholic parent which appeared to be exacerbated during bouts of heavy alcohol use (Eiden et al., 2002; Bickelhaupt et al., 2019). However, as Daniels (2017) also found in his qualitative study on ACoA's, participants appeared to experience a level of ambivalence towards their alcoholic parent which demonstrates the complex relational struggle between the love and desire for closeness with their alcoholic parent, and the confusing and chaotic experiences they had to witness and endure as a result of the alcoholism. As a result of these experiences, participants

were often left unsure on how to integrate and navigate their earlier experiences in this parent-child relationship.

Interestingly, the quality of the relationship with the non-alcoholic parent also appears to have been negatively affected by the alcoholism in the home as all but two participants in this study reported having a distant or turbulent relationship with their non-alcoholic parent growing up. One might assume, as previous research suggests, that this could be due to the non-alcoholic parent being perceived as being overly consumed or preoccupied with their partner's alcoholism and, as a result, emotionally inaccessible or depleted for the rest of the family (Dayton, 2012; Hall, 2007). With this in mind, and given the findings of this study, one might further deduce that the overall emotional availability and therefore quality of caregiving received, from both parents, might become compromised in a home where alcoholism exists.

In sum, the overall way in which participants described their early relationship experiences with their parents suggests, for the most part, a pattern of unhealthy, negative and inconsistent parenting and parent-child interactions. With this in mind, and given their early experiences in their family environment, it is possible that ACoA's issue of trust might be rooted in not being able to establish trust early on in their family environment and specifically in the primary attachment relationships. According to attachment theory, this might indicate that an insecure attachment orientation may have been formed early on. Existing research in the field, that also utilised the framework of attachment theory, found that there appears to be a significant relationship between parental alcoholism and the prevalence of insecure attachment styles in children of alcoholics (Hendrickson, 2016; Kearns-Bodkin & Leonard, 2008; Kelley et al., 2010; Vungkhanching et al., 2004). Given the premise that the nature of one's attachment with primary caregivers as a child shapes an individual's attachment orientation later in life (Ainsworth, 1989, cited in Kelley et al., 2005), one could assume that if one's early attachment orientation was of an insecure nature then the same might be true in their relationships as adults, or it might at least impact their ability to form healthy and secure relationships later on.

Although the findings of the current study revealed that the parent-child relationship was considered unsafe for majority of the participants, some found safety in other relationships growing up, such as with siblings, extended family (such as a grandparent) and friends. These relationships all appeared to serve various functions such as a means of temporary escape, source of strength and support, a space to share and be vulnerable and, at times, even fulfilled

a parental role for them. What became evident about these safe relationships is that they all appeared to help buffer some of the adverse consequences of growing up in an alcoholic home where one or both parents were perceived as emotionally unavailable and unsafe. This finding is in line with other authors (Hall, 2008; Huckabay, 2014; Goeke; 2017) who all considered having some form of safe, supportive and secure relationship growing up as the most influential protective factor for those growing up in an alcoholic home.

Interestingly, although some participants had the opportunity to experience aspects of what a healthy relationship should be like they still exhibited, albeit some to a lesser degree, similar patterns and reported similar experiences as those who did not have such safe relationships. Therefore, although these safe relationships could have potentially served as a buffer they did not leave the individual completely unscathed from the deleterious effects of the alcoholism in the home. This could be suggestive of two things. Firstly, it could imply that having an appropriate frame of reference to refer to and learn from whilst growing up contributes to only part of one's relational script. Secondly, it could further point to the significance of the parent-child relationship and the powerful influence it can have on one's experiences of relating later on in life.

Turning now to relationships today, given their early experiences within their family and within their parent-child relationships, many ACoA's reported being disconnected or cut-off from their families as adults. Those that were close to family members appeared to have had more positive experiences with them growing up or because reparation had been made in some way. These findings could point to various conclusions. Firstly, that the quality of one's early relationships appears to have a lasting impact on the trajectory of the relationship over time, with more negative experiences potentially resulting in more disconnection and distance and more positive experiences resulting in connection and closeness.

Secondly, that change, even in an early fragmented and often dysfunctional relationship, is possible through a process of reparation and healing suggesting one's relational style may not be static but rather something that is fluid and has the potential to evolve and change. For two of the ACoA's in this study, reparation had been fostered by the sobriety of their alcoholic parent. This finding is similar to that of previous research that found that the treatment and recovery of the alcoholic parent served as a protective factor, by lessening possible negative effects (Goeke, 2017) and assisting in the process of forgiveness for ACoA's (Breshears, 2015). In this way, reparation of these earlier relationships may have provided ACoA's with

an opportunity to establish trust in a previously unsafe and mistrustful one. Furthermore, viewed from a family systems perspective, one can see how change in one component of a system, such as the recovery of the alcoholic, affects all of the other components (i.e. the other members of the family) (Stollman, 1991). Nevertheless, for others, reparation had not been possible due to ongoing transgressions which resulted in participants making a decision to cut ties, or at least distance themselves, in order to protect themselves from being affected by their unhealthy and, potentially toxic, families. Again, in utilising the family systems perspective, one could assume that some ACoA's felt that they had no choice but to disconnect from the system in order to stop being affected by it. Participants in Haverfield and Theiss's (2014) study echoed similar experiences. Haverfield and Theiss (2014) found that many ACoA's parents never reached recovery and, as a result, ACoA's were continuously being faced with the hurt and other dysfunctional features that negatively impacted their ability to have more positive and healthy relationships with their parents as adults. This may have been the case for some of the participants in the current study, which in turn, may have served to reinforce their earlier relational models and subsequent negative relational attitudes that were formed growing up in a family with alcoholism (Haverfield & Theiss, 2014).

In talking about their experiences of growing up in a home with alcoholism, many participants in the current study alluded to wanting to break the cycles of their past and their attempts to do so appeared to be evident in all areas of their lives, including their relationships. It would make sense then that this desire to do things differently might have a direct impact on how they experience their close relationships as adults. For instance, many of the ACoA's reported wanting different relational experiences to what they experienced first-hand and witnessed between their parents. For this reason, many ACoA's reported choosing partners who were the total opposite of their parents, especially their alcoholic parent. Interesting, this finding contradicts popular belief that ACoA's may unconsciously seek co-dependent relationships or unknowingly marry an alcoholic later in life (Hendrickson, 2016; Gold, 2013). Nonetheless, Nasr (2015) also found support for ACoA's desire to break the cycles of their past and, in particular, their desire to change the way they experienced relationships, in a way that was 'better' than what they had previously experienced in their early relationships. In a way then, breaking cycles of the past can almost be seen as a framework in which the ACoA's in this study experience their adult relationships, or as internalised guidelines or standards of what and what not to do.

However, despite wanting to do things differently on a conscious level, it became evident in talking deeper about their close relationships as adults that many participants experienced these relationships with trepidation. Many spoke of having few close friends, often keeping others at a distance. Those that did consider themselves close to their partners and friends admitted, through deeper exploration, that there was always a limit to how much they would share, trust and be vulnerable. One recurring theme that kept emerging throughout the exploration of these relationships is that the majority of the participants' desired closeness but found themselves wary, guarded and cautious in their close relationships and with people in general. This finding is in accordance with Kelley et al. (2005) who argued that although ACoA's desire closeness, many appear to perceive and experience their adult relationships with a level of cautiousness. Interestingly, this desire for closeness but need to be wary, which appears to be linked to the issue of trust, is not only evident in their relationships formed as adults but can also be seen throughout their relationships histories. This again points to the significance of these early relationship experiences in forming a template in which an individual then goes on to relate throughout their lives.

From an attachment perspective, the findings of this study could suggest that an insecure attachment representation may still be at play for many of the ACoA's. This hypothesis is supported by existing research in the field (Kelley et al., 2005; Loera & Engle, 2010; Vungkhanching et al., 2004). For instance, Kelley et al. (2010) stated that many ACoA's experience unstable attachments to family members, friends and romantic partners as a result of growing up in a home with alcoholism. Similarly, Kearns-Bodkin and Leonard (2008) found parental alcoholism to be negatively associated with both husbands' and wives' attachment representations. More recently, Hendrickson's (2016) systematic review revealed that COA's often have insecure attachments with caregivers which later translates into insecure attachment representations in their adult relationships and gives rise to the various challenges ACoA's tend to face in their relationships as adults. These challenges, that appeared to frequently colour the participants' relationship experiences, are discussed below.

5.3. Challenges faced in close relationships

The ACoA's in this study reported a number of challenges that they tend to frequently encounter in their relationships as adults. Broadly, those that were found to occur most commonly amongst all of the ACoA's, and frequently coloured their relationship experiences, included: difficulty trusting, distance or wariness in relationships, difficulty connecting and

finding it hard to open up (i.e. sharing and being vulnerable with others). Many of these identified challenges corresponds with existing research in the field.

In keeping with existing literature, this study found that trust, which participants considered the most important component in a relationship, is not easily formed in ACoA's relationships as adults (Hall & Webster, 2007; Hendrickson, 2016). One might assume that if someone has never given you a reason to doubt or not to trust them, then they should be given the benefit of the doubt. This was not the case for the ACoA's in this study and, instead, trust was considered something that is 'earned'. The current study also expands our understanding of this relationship challenge in stating that, for ACoA's, trust might also be something that remains fragile even once formed. It is possible that this difficulty in establishing and maintaining trust may have originated from their past experiences in growing up in a family with alcoholism. This issue of trust appears to be the root which all other relationship challenges stem from. If their primary caregivers were not experienced as trustworthy or dependable then how could they have a framework for this in later relationships? Furthermore, not being able to experience trust in a relationship could have implications on an individual's ability to form close and healthy relationships with others. Evidence of support for this hypothesis is not only seen in existing literature (e.g. Hall & Webster, 2007) but can also be seen in the interviews with the ACoA's in this study, with one participant stating "if you cannot trust someone you can't be close to them in any way".

Secondly, as mentioned in the previous section, the ACoA's in this study appeared to experience their relationships with trepidation. This would often present in relationships as hypervigilance, where they would frequently question others' motives and authenticity, and would always remain on high alert for being hurt in some way. This could pose a challenge in relationships where such hypervigilance is not applicable in the current relationship or situation and, instead, is just a projection of past unresolved hurt and fears into present day relationships. Kearns-Bodkin and Leonard (2008) and Dayton (2012) are in support of this hypothesis. Specifically, Kearns-Bodkin and Leonard (2008), who conducted a quantitative study in the U.S., revealed that those who were raised in families with alcoholism may import the problematic effects of their early family environment into their adult romantic relationships. The findings of the current study extend that of Kearns-Bodkin and Leonard's (2008) in that this importation was not only found in ACoA's romantic relationships but was also evident in other close relationships as adults.

The third challenge that this study found significant was that of a difficulty in sharing and being vulnerable with others. Participants often attributed this difficulty to their past experiences, albeit for different reasons: some felt that it was a direct consequence of not feeling safe to share their emotions and be vulnerable with others in their family growing up; others attributed this difficulty to not being shown how to share and be vulnerable with others growing up. Furthermore, others expressed having learned that it is better not to be vulnerable. This perspective appears to provide support for Ruben's (2001) earlier claim that there are various unspoken rules that are inherent in such families (such as; it's better not to talk about family problems with others and sharing and expressing feelings openly is not recommended). However, more often than not, it was a combination of these three kinds of experiences that appeared to come into play which later translated in a general inability or unwillingness to fully open up and be vulnerable with others as adults and in their adult relationships.

Lastly, the participants in this study expressed difficulty in both connecting with others and, more specifically, in reconnecting in times where their existing relationships had lost their sense of balance or where the connection had been severed in some way. Dayton (2012) likens this difficulty in reconnecting as 'getting lost in the storm' where ACoA's are often left feeling unsure of how to work through issues that arise within their relationships, or how to come back from them, which is said to be characteristic of families where alcoholism exists. Viewed from a family systems perspective, this difficulty in reconnecting could be equated to a difficulty in restoring the balance or returning the relationship 'system' to a state of equilibrium. Turning now to their general difficulty in connecting with others, one could deduce, in considering all of the challenges described above, that if one is constantly distrustful and wary or hyper-vigilant of others, resulting in an inability or unwillingness to share and be vulnerable, then being able to connect with others would, naturally, pose a significant challenge. In this way, it is possible that many of the challenges experienced by ACoA's may not exist in isolation of one another but rather may be interlinked and feed into or fuel each other in some way, with the issue of trust taking centre stage around which these other challenges and experiences are based.

In order to develop a deeper understanding one needs to consider the possible origins of such challenges that appear to be common amongst the ACoA's in this study. Research points to the earlier relationship experiences within their family with alcoholism as an explanation of such challenges. Beesley and Stoltenberg (2002), Loera and Engle (2010) and Haverfield and

Theiss (2014) all concur that the intimate relationship struggles that ACoA's are often faced with may be a reflection of the unhealthy interactions they may have had within the family and with their alcoholic parent/s. Interestingly, the participants in this study also appeared to attribute their challenges in their relationships to their earlier experiences growing up in a home with alcoholism. These challenges were often understood in terms of their personal learning experiences, the implicit messages they received whilst growing up, and the resulting negative relational attitudes that were formed, with one participant explicitly stating that her difficulties may stem from her lack of adequate role models whilst growing up. In keeping with participants' understanding, Kearns-Bodkin and Leonard (2008) and Haverfield and Theiss (2014) hypothesized that the struggles ACoA's face in intimate relationships could be due to the lack of positive role modelling with regards to what healthy relationships should be like, leaving them ill-equipped on how to engage in and navigate such relationships.

Alternatively, these interpersonal problems could also be further understood in terms of the quality of the attachment they had within their troubled family environment. If the quality of one's early attachments has an impact on how an individual relates as an adult, then it is possible that it may also inform the types of challenges one might face in these close relationships. This appears to be the case for the participants in this study with many of the challenges experienced suggesting that an insecure attachment orientation might still be at play (as mentioned above). Support for this can be found in existing literature. Other authors (Hendrickson, 2016; Kelley et al., 2005; O'Connor, Sigman & Brill, 1987) assert that the interpersonal problems experienced by ACoA's may be a result of the quality of the attachment they had within their troubled family environment. Kelley et al. (2005) found that ACoA's, in general, had a more insecure and fearful style of adult attachment and, more specifically, had a more anxious/ambivalent and avoidant style in romantic relationships. Those with a more anxious-ambivalent style of relating might often tend to worry about the commitment level of their partners (Loera & Engle, 2010), whilst those with a more avoidant style of attachment may have difficulty establishing close relationships often finding it hard to trust and depend on others (Kelley et al., 2005) both of which appear to be evident in the ACoA's relationships experiences in this study.

It is possible that the myriad of difficulties experienced by ACoA's might become disruptive in their interpersonal relationships and therefore become a barrier to them forming and sustaining healthy and lasting relationships with others (Beesley & Stoltenberg, 2002). This could inadvertently reinforce their relationship script as well as their resulting insecure attachment orientation, which appears to have its roots in their earlier experiences within their

alcoholic families. This finding brings into question how ACoA's might deal with such challenges that arise within their relationships as well as the kinds of strategies they employ, more generally, with the issues that arise from being an ACoA.

5.4. Managing the unmanageable

The findings of this study suggest that ACoA's may make use of a variety of healthy and unhealthy coping skills and defence mechanisms in dealing with issues that arise from being an ACoA. Interestingly, these skills and defence mechanisms appeared to be intertwined and, together, appeared to form a unique pattern of coping. This finding contradicts the more traditional view that coping and defence mechanisms are distinct and separate concepts and is in line with more contemporary views, such as that of Bouchard and Thériault (2003), who advocate that these two concepts are more interrelated than what was previously assumed.

The ways in which the ACoA's in this study tended to 'manage the unmanageable', which will be unpacked individually below, can be best described as the following: blocking out and burying, withdrawing and distancing oneself to stay safe, hypervigilance: the need to intervene, protect and monitor, reflection and introspection (about self, others and experiences) and reaching out to others. Blocking out and burying either appeared to occur without participants' awareness (and was described by the participants as 'having a bad memory' or 'forgetting') or it was a conscious or semi-conscious decision to avoid or postpone having to deal with emotionally distressing material. This is congruent with existing research that suggests that ACoA's tend to deny and suppress their emotions in order to cope in situations that they find unmanageable or overwhelming at the time (Dayton, 2012; Hart & McAleer, 1997; Klostermann et al., 2011). Alternatively, participants would often find themselves withdrawing and distancing themselves from relationships and from distressing situations in order to stay 'safe'. This was either done physically, emotionally or sometimes both and is similar to what Klostermann et al. (2011) considered mental and behavioural disengagement. One commonality that exists between these two strategies is that they both enable participants to cope by allowing them to avoid having to deal with whatever is distressful at the time. This forms part of emotion-focused coping which, according to Lazarus (1993, cited in Moran, Turiano & Gentzler, 2018), passively deals with anxieties and resulting distress rather than the actual cause of the stress. As stated by Whitty (2003), this can be appropriate to use in situations that are low in changeability.

Through deeper exploration it became evident that both of these strategies appeared to have

been formed early on whilst growing up in a home with alcoholism and with the specific experiences that came with it. As mentioned above, the majority of the participants felt that they had no-one to turn to for safety and support whilst growing up. Those that they would usually turn to for support (i.e. their parents), in order to help make sense of and process what was happening within the family and to weather out any emotional storms, were often the very same people that were causing the distress (Dayton, 2012). Alternatively, their parent/s were experienced as inaccessible due to their own stress or the problematic dynamics and unspoken rules that arose within the family (such as “don’t talk about it”). With this in mind, and given the fact that a young child does not have the psychological capacity to process and make sense of what was happening within the family alone (Dayton, 2012), it is understandable how these two emotion-focused/avoidant coping strategies would come about and prove to be useful. However, although they may have been useful and even necessary for survival growing up, it is possible that these methods came with a trade-off in that they never allowed ACoA’s to fully deal with and process what happened in their alcoholic families. According to Dayton (2012) these feelings and experiences need to be processed and dealt with at some point so that they do not re-emerge or get played out in adult relationships. It is possible that this may be the case for the ACoA’s in this study, with issues left unprocessed resurfacing in their adult relationships and forming part of their relationship experiences as well as relationship challenges.

Furthermore, according to Hall and Webster (2002), another issue arises when, although the use of these ways of coping may have been helpful early on, continued and over-reliance of these methods into adulthood may become more harmful and even maladaptive for the individual and even potentially destructive in their relationships. With this in mind, and looking through the lens of attachment theory, it is possible that having an insecure attachment style may not only leave the individual anxious and avoidant in their adult relationships but also in their ability to cope (Haverfield & Theiss, 2014). This appeared to be the case for many of the ACoA’s in this study, with only a few participants having an awareness of the potential harmful effects.

Another way that ACoA’s tended to manage the unmanageable, which also appeared to have its roots growing up in a family with alcoholism, is linked to the issue of hypervigilance which was discussed in an earlier section in this chapter. The ACoA’s in this study expressed feeling a need to constantly intervene, protect and monitor the family climate growing up, in order to try and manage the familial conflict and chaos that arose as a result of the alcoholism

(Beesley & Stoltenberg, 2002; Suneel et al., 2017). The usefulness in doing so can be attributed to the concept of cybernetics which falls under the general systems perspective (Von Bertalanffy, 1967). According to this theory, a system always responds to situations in a way that maintains or regulates the systems functioning. Considering the family as a system, it is possible that those growing up with an alcoholic parent may have learned ways to monitor and minimize the conflict in the home, in order to maintain/regulate the overall functioning of the family system. In this way, ACoA's experienced need to always intervene, protect and monitor the family climate would have served an important role in maintaining the functioning of the system at the time. However, this same need appeared to form part of many of the ACoA's ways of coping later in life as it appeared to provide them with a sense of control of their situation and also served an anticipatory function. However, reliance on this method would, at times, surface in relationships as controlling behaviours. This finding is in accordance with that of Beesley and Stoltenberg (2002), whose quantitative study revealed that ACoA's display a higher need for control which is evident not only within the individual but also appears to get carried over into their relationships. According to Bepko and Krestan (1982, cited in Beesley & Stoltenberg, 2002) this may impede an individual's growth later in life and may be detrimental to their ability to form healthy relationships.

One can see from the above that many of these ways of coping were formed early on whilst growing up in a family with alcoholism and appeared to form a template of how the ACoA's later went on to cope throughout their lives and in all areas. This finding is in accordance with Moran et al. (2018) who, in their study of parental warmth during childhood, suggested that one's early life experiences can have an impact on and may even predict coping and well-being in adulthood. However, the findings of the current study also tend to suggest that although these ways of coping served an adaptive purpose early on, many had begun to out serve their purpose and, instead, could even be considered maladaptive especially when they were used rigidly and excessively across varying situations or if age- or situationally inappropriate (McWilliams, 2011). In the current study, one can see how some of the challenges that ACoA's face in their relationships might be perpetuated by their unique ways of coping. For instance, becoming avoidant in dealing with issues that arise within a relationship, by burying such issues or by withdrawing or distancing oneself to stay 'safe', might become dysfunctional in relationships and could even be an explanation for the severed connections that the ACoA's in this study spoke of experiencing and of struggling to come back from (i.e. their difficulty in reconnecting described above).

As a result of their earlier experiences, many ACoA's considered themselves 'internal processors' meaning that they have found it useful to deal with things on their own, either by trying to process, both mentally and emotionally, whatever they felt distressing at the time or by trying to make sense of their experiences in some way. This can be likened to a process of reflection and introspection, where the individual attempts to examine and better understand self, others and experiences. This displays a huge shift from a time where they would just attempt to manage the unmanageable by burying, withdrawing and avoiding things altogether. One finding that inadvertently forms part of this way of coping was evident in participants' ability to reframe their experiences in a more positive light and identify ways in which their experiences had a positive impact on their lives. However, all but two participants did not initially acknowledge this as their way of coping. Instead, their use of this method only became apparent later on in the interview process through direct and specific questioning. Nonetheless, Anderson et al. (2002) considers being able to reframe experiences in a more positive light as a type of emotion-focused coping as it provides relief from a distressing situation that has been appraised as beyond the individual's ability to change or control.

Lastly, the majority of the participants' spoke of the value in reaching out to others to help cope with circumstances that they perceived as overwhelming and unmanageable. Some made use of their partners in times of need whilst others found comfort and support in having a connection with a higher spiritual power. This finding is in line with Haverfield and Theiss (2014, p.171) whose analysis of online support groups revealed that many ACoA's shared a belief in a higher power to "help them cope with circumstances that rendered them powerless". In addition, it is possible that the way in which some participants positioned God as someone who "makes it better" may even suggest that God provides some individuals with an opportunity for a stable and consistent attachment, which they so lacked in their alcoholic homes. Furthermore, several of the ACoA's in this study reported benefiting greatly from being a part of some form of support group, such as AA/Al-anon/Alateen, and/or from accessing more formal psychological services. Not only did this provide them with a supportive network or therapeutic space to process everything but also appeared to have the potential to help foster healthier coping strategies outside of the therapy room. In keeping with the findings of this study, Geoke (2017) considered the utilization of programs such as AA/Al-anon/ACA meetings, as well as seeking individual psychological treatment, to be important protective factors that helped ACoA's cope through their journey of being an ACoA and the specific experiences and challenges that came with it.

It's important to note that much of this active processing, 'trying to make sense of', positive reinterpretation and seeking support only happened later on, in their adult years. This is understandable due to their inability to do so growing up in a home with alcoholism. These ways of coping, although still considered types of emotion-focused coping, are potentially more adaptive and more appropriate than the ones the participants learned during their childhood. These new ways of coping, appears to allow them to process their feelings and experiences in a way that does not run the risk of severing one's connection with self and others and, in fact, allows for a deeper level of awareness and understanding to come about.

Finally, the fact that majority of the ways ACoA's reported 'managing the unmanageable' speaks to emotion-focused coping might explain why this study found the concepts of coping and defence mechanisms to be so interrelated. Research suggests that the boundaries between emotion-focused coping and defences can become unclear and that emotion-focused coping includes defensive processes which, as a result, becomes integral to an individual's style of coping (Lowry, 2008; McWilliams, 2011; Miceli & Castelfranchi, 2001). Therefore, in relation to this study, categorising the ways in which one 'manages the unmanageable', as either a coping style or defence mechanism, may not be useful as these strategies have the potential to serve different purposes at different times. It is more useful to consider this in terms of a continuum, with coping styles at one end and defence mechanisms at the other. Whether coping becomes a defence can shift over time and circumstance. What is important to note in this regard is that, rigid and over-utilisation of such methods (or if its use is not contextually appropriate), may become maladaptive and dysfunctional, and therefore counterproductive. It is in these times that a call for a new method of coping may be required.

5.5. Conclusion

This chapter discussed the findings of this study in relation to the research questions, previous literature in the field as well as relevant theory. In doing so, the research was able to highlight the most pertinent and significant features that this study brought to light and that aid in the understanding of how ACoA's experience their close relationship as adults, the challenges they face within these close relationships and the strategies they employ in dealing with issues arising from being an ACoA. In the closing chapter, relevant conclusions will be drawn whilst highlighting various strengths and weaknesses of the study, and ending off with possible directions for future research in the area of ACoA's.

CHAPTER SIX

Conclusion

6.1 Main findings

Adult children of alcoholics are those who, as children, grew up with an alcoholic parent or caregiver. Previously, the focus has largely been on the alcoholics themselves with not much attention being paid to those who have been directly affected by the alcoholism on a daily basis. However, there has been a shift with more recent research highlighting the lasting impact growing up in a home with alcoholism can have on an individual, which can potentially impact them throughout their lives. Given the fact that relating and relationships form such an integral part of our everyday life, it brings into question the influence growing up in a family with alcoholism can have on one's experiences of relationships, especially those formed later in life. Evidence of growth of published research in this area can be seen internationally but nationally appears rather limited. This gave rise to the current study which aimed to gain a deeper understanding of how adult children of alcoholic's experience relationships as adults. In addition, the study also aimed to explore and describe the challenges ACoA's may face within these close relationships and the strategies they make use of in dealing with issues that arise from being an ACoA.

Broadly, the findings of this study suggest that although ACoA's desire closeness, they tend to experience their relationships with trepidation. This was present not only in romantic relationships but extends to other types of relating. As a result of their wariness, the ACoA's in this study were found to be hyper-vigilant and untrusting in relationships, often finding it hard to open up, share and be vulnerable and, consequently, expressed a difficulty in connecting and reconnecting with others. Many of these challenges, that appeared to frequently colour the ACoA's relationship experiences as adults, were in line with existing literature in the field. Interestingly, the ACoA's often attributed their relationship experiences and challenges to their earlier experiences of growing up in a family with alcoholism, which shows the lasting impact and far-reaching effects growing up in such an environment can have on an individual throughout their lives.

The strategies that ACoA's made use of in dealing with issues that arise from being an ACoA suggests an overall pattern of emotion-focused coping. The methods used, to manage the unmanageable, included: blocking out and burying; withdrawing and distancing oneself (physically and/or emotionally) to stay safe; hypervigilance: the need to intervene, protect and

monitor (people or situations); reflecting and introspecting (about self, others and experiences); and reaching out to others (in the form of social, professional and religious/spiritual support). The first three methods reported above emerged early on in their family with alcoholism and formed part of their template on how to cope throughout their lives. However, although these coping methods were initially useful and even necessary for survival growing up, the use of these strategies in adulthood had begun, at times, to be more maladaptive and even detrimental in their ability to form and sustain healthy relationships. The latter two ways of coping were formed later in life and, although still considered types of emotion-focused coping, are potentially more adaptive and more appropriate than the ones the participants learned during their childhood.

The results of this study are broadly consistent with existing research in the field of ACoA's. However, the findings of the current study extend that of previous research in that the relationship experiences and challenges identified and explored go beyond that of romantic relationships and include other types of relationships such as; family relationships, friendships and acquaintanceships. The fact that common themes were found across these different kinds of relationships, and were still in line with the findings of existing research, suggests that a general pattern of relating may exist for ACoA's, even across relationship types. Furthermore, the qualitative nature of this study allowed a more in-depth and holistic understanding of ACoA's experiences, as well as the complexity of their experiences, to become apparent. This demonstrates the usefulness qualitative research can have in not only corroborating quantitative research findings, but also adding to it in ways that expand or enhance our understanding in the area of interest.

6.2 Limitations

There are a number of potential limitations of this study that are important to recognise and consider. Firstly, the size of the sample may be considered too small to allow for generalisations of the findings to the wider population. However, this was not the central purpose of this study, which instead aimed to gain a deeper understanding of the experiences of ACoA's. Additionally, the consistency of the themes that emerged across the participants, which matched that of current literature, speaks to the validity and reliability of the findings and specifically suggests that transferability may be possible to other, similar contexts. Secondly, the terms 'alcoholic' and 'non-alcoholic' were utilised in order to remain consistent with, and connect the current study to, previous research in the field. However, it is possible that the use of such terms may have inadvertently evoked a more negative response bias

among participants. Although this did not appear to be the case, this potential limitation could have been avoided by making use of less negative language to describe the parent's behaviour such as 'parent/s who abused alcohol' or 'parent/s who struggle with alcoholism'. Thirdly, although this study had a relatively diverse final sample, in terms of age, gender and ethnic group, it unfortunately failed to recruit members of the black South African population. This failure may have resulted naturally from the recruitment methods in this study, namely that of convenience and snowball sampling techniques, or may be due to the availability and willingness of eligible subjects belonging to this population. This raises the question of whether inclusion of members of this population might have revealed different relationship experiences, challenges and ways of coping. Lastly, it became evident during the interviews that the majority of the ACoA's had been a part of some form of support group or more formal psychological services, which could imply that this sample represents a particular segment of the ACoA population, one that might display more insight into the effects alcoholism has had on them and their lives compared to those who had not accessed such services.

As one can see from above, the current study is not without limitations and, as such, the findings should be interpreted in the context of such limitations. However, it is hoped that the strengths of the study will outweigh its limitations. In addition, many of the limitations listed above give rise to opportunities for future research and investigations in the area of ACoA's.

6.3 Recommendations for future research

This study brought to light several insights that can be used as a point of departure for future researchers working in the area of ACoA's. With this in mind, the following recommendations are made for future research:

- The findings of this study suggest that larger societal beliefs of alcoholism as a disease that exists, affects and is treated solely within the individual might still be at play. This could potentially run the risk of negating the experiences of those, such as those within the family, who have had first-hand exposure to the disease and are consequently affected by it. Future research is needed to further investigate this hypothesis.
- The fact that this study failed to include members of the black South African population could indicate that a gap in the current body of knowledge still exists in this regard and could be an area that future research in the field of ACoA's could attempt to fill. To develop this recommendation further, future research could also investigate these issues in the context of a South African rural community in order to gain a deeper

understanding of their experiences and how their experiences might differ to that which has already been studied.

- This study found that change in an earlier unhealthy and insecure parent-child relationship was possible through a process of reparation and healing which, for some of the ACoA's in this study, had been fostered by the sobriety of their alcoholic parent. It would be interesting for future research to investigate this finding further in order to gain a deeper understanding of the effects having a parent reach sobriety, and the recovery process altogether, might have on ACoA's and on the family as a whole.

6.4 Implications

The findings of this study have various practical implications that may prove helpful to ACoA's as well as health professionals working with ACoA's and their families.

- Firstly, the findings of this study suggest that having an understanding of ACoA's early life experiences provides a basis for understanding their experiences later in life. This might therefore be a good starting point to work with in trying to understand and deal with the issues that arise for ACoA's.
- It is possible that, at times, some of the strategies that ACoA's make use of to 'manage the unmanageable' might inadvertently perpetuate more challenges within their relationships or fuel existing ones. Therefore, work around building more effective ways of coping to replace the less effective ones should be done.
- Additionally, the majority of the ACoA's expressed a strong desire to break the cycles of their past with clear attempts evident in all areas of their lives including their relationships. One might assume though, given their challenges and some of their ways of coping, that breaking these cycles could pose a challenge and even prove to be an ongoing battle until these issues are addressed in a way that healing can take place. With this in mind, ACoA's should be encouraged to seek support or professional assistance for these issues and to not only work through these issues individually, but also try to work on them within their relationships.
- Furthermore, this study points to the importance of recognising the potential positive influence protective factors can have in lessening the negative effects of growing up in a family with alcoholism. Specifically, having a safe relationship to turn to whilst growing up and having a parent in recovery were found to be particularly valuable buffering factors for the ACoA's in this study. This could suggest that early intervention programs for the children of alcoholics (CoA's) might be useful to help bolster these protective factors.

- However, the findings of this study also suggest that having such buffering/protective factors does not leave the individual completely unscathed from the negative effects. This could imply that more direct work needs to be done within the families where the alcoholism exists.
- Lastly, given the lasting impact growing up in a family with alcoholism can have on ACoA's, work needs to be done to address the inadequate perceptions, that appears to still exist within the ACoA community, of alcoholism as being a disease that affects and is treated solely within the individual. This also has implications for larger intervention programs who need to make more of a shift towards treating alcoholism as a family illness, allowing for reparation within the family to be made and collective healing to take place.

6.5 Conclusion

This closing chapter summarises the main findings of the current research whilst highlighting the limitations of the study, potential areas for future research as well as relevant implications. The hopes for this research are threefold. Firstly, it is hoped that the findings of this study will add to the current body of literature in the area of ACoA's. Secondly, that inspiration for future research and theorising will emerge as a result of this study and, lastly, it is hoped that the findings of this study may also assist adult children of alcoholics, as well as those close to them, gain insight into the ways in which alcoholism may have affected them, their relationships and the quality of their lives.

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APPENDIX A

Interview Schedule

Introduction

Introduce self and explain project

Demographics

Code:

Age:

Sex:

Race:

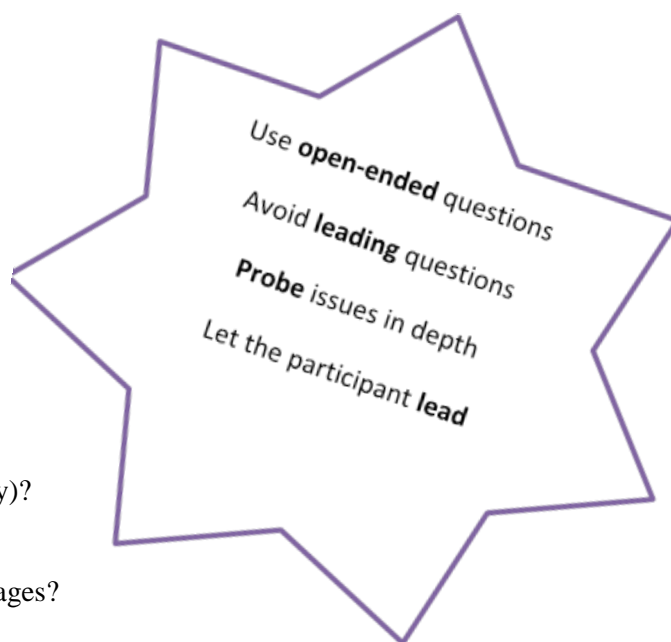
Marital status:

How many siblings do you have (if any)?

Do you have any children?

If so, how many and what gender and ages?

Are your parents still alive?



Family of origin

Can you tell me a little bit about your family of origin?

When did you first realise your mother/father was an alcoholic?

How did your mother/father typically behave when she/he had been drinking?

Is your mother/father in any sort of recovery program? Or has he/she ever been in one?

Can you describe the relationship you had with your alcoholic parent as a child?

Can you describe your relationship with the rest of your family while growing up?

Can you describe how it felt living with an alcoholic parent?

Can you tell me about some of your experiences as a child, growing up in a family with alcoholism?

What were your roles/chores and what were your sibling's roles/chores (e.g. who did the cooking)?

Is there a situation/event/time that stands out to you or that you remember most?

Why do you think it's something you have never forgotten?

How did you deal or cope with living in such an environment and with your specific experiences?

Growing up what did you learn from your family about emotions and being vulnerable?

Relationships today

Who do you think are the closest people in your life at the moment?

How would you describe the relationships you have with them?

Can you think of any challenges that you have recently faced in these relationships?

Are there any 'long-standing' or recurring challenges that you seem to face in these (or previous) relationships?

How do you cope or manage such challenges that arise?

Do you experience any difficulty relating with others? If so please explain..

When you have done wrong to someone else in the past, how do you usually deal with the situation?
(What is your go to - say sorry, blame, justify, minimise, withdraw, try to undo/overcompensate, feel excessive guilt)

What do you feel are the three most important things in a relationship?

How would you describe your current relationship with your alcoholic parent? (If applicable)

How do you think your experiences from growing up have shaped how you see relationships today?

Can you talk about someone in your life that you feel you could be vulnerable and open with?

Are you as an adult still affected by your parent/s drinking?

If you have children: how would you explain the relationship with your child?

How do you deal with alcohol and your children?

Personal questions

How do you think your experiences have affected you in life and currently?

How do you cope with general issues that arise from being an ACoA/s?

Have you ever been for therapy before? If so, what kind of experience was it for you?

What do you like most about yourself?

Is there any aspect of yourself that you wish you could change or work on?

How do you feel about expressing your own emotions to others?

How do you experience trust (does it come naturally to you)?

When you are confronted with a stressful situation, how do you first respond?

In what ways do you think your experiences as a child have helped you today (positive aspect/outcomes)?

Conclusion

Debrief

Did this interview evoke any feelings within you? If so, can you describe them?

Do you have any further remarks or questions?

Concluding remarks from researcher

Thank interviewee for their time and the valuable contribution they have made.

APPENDIX B

Information sheet and consent to participate in research

Request for your participation in a study: Experiences of adult children of alcoholics close relationships in adulthood.

Dear Sir/Madam,

My name is Tyla Jamieson and I am a Clinical Psychology Masters student at the University of KwaZulu-Natal. I am interested in the experiences of adults who were raised in a home where one or both parents/caregivers were alcoholics. Broadly, I am interested in the experiences such individuals have in their close relationships in adulthood. Specifically, I would like to gain a deeper understanding on the challenges you may face in these close relationships and what strategies you use in dealing with issues arising from being an adult child of an alcoholic (ACoA). This study is expected to enrol 6-8 participants around PMB. I would like to request your participation in this study and your willingness will be greatly appreciated.

Your participation in this study will involve being interviewed at a time convenient to you. The interview, which will be approximately an hour long, will consist of questions around your experiences listed above. Although the duration of the study will be throughout 2016, your participation will only be required for the duration of the interview. Demographic information will be requested but pseudonyms will be used so that you will not be identifiable in the write up of the research report. With your permission an audio recording of the interview will be made for data collection purposes.

Your participation in this study is completely voluntary. You are also within your rights to choose not to answer any specific question that you do not want to respond to. You are free to withdraw your consent at any time, and there will be no repercussions.

If you choose to participate in this study I cannot unfortunately offer any direct benefits to you for participating. I do not think there are any risks to your participating in this study as you may refuse to answer any questions that you do not want to answer. However, due to the possibility of being exposed to questions that may be experienced as stressful or upsetting, I will refer you to the Child and Family Centre (033 260 5166) for further management should you require further support. You may also choose to phone them yourself to make an appointment at any stage.

Confidentiality will be maintained by ensuring that signed informed consent forms are stored by myself and are not accessible to anyone else. These consent forms will be kept for a period of five years in a locked drawer and will then be destroyed via a shredder. Pseudonyms will be used in place of your name and the names you may disclose. If the results of this research are published or discussed in conferences, no information will be included that would reveal your identity. Information from this study could be used for further research or published in journal articles in the future. On completion of the study, the research findings can be sent to you via email upon the request of this information.

Thank you for considering this request. If you have any questions about this study, feel free to contact me by email at tylajmsn@gmail.com. You can also contact my supervisor Carol Mitchell on mitchelle@ukzn.ac.za (Tel: 033 260 6054). If you have any concerns about the nature of the study at any point, you may also contact UKZN's Humanities and Social Sciences Research Ethics Committee on HSSREC@ukzn.ac.za (Tel: 031 260 4557).

Please sign and return the following if you choose to take part in this study:

CONSENT:

I..... (full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to being interviewed about my experiences in being an ACoA and my experiences of close relationships in adulthood because of this. I understand that I am not forced to participate in this study, and that I can withdraw at any point should I no longer wish to take part.

Signature

Date

Consent to audio recording of interview

It would be of great value to the study if the researcher could make audio recordings of the interview for data collection and transcription purposes. Any identifying data will not be included in the write up of the report and pseudonyms will be used. The recordings will be destroyed upon completion of the study. However, your willingness and consent is needed in order to record the interview and will be greatly appreciated.

I consent to allowing the researcher to make an audio recording of the interview for data collection and transcription purposes.

Signature

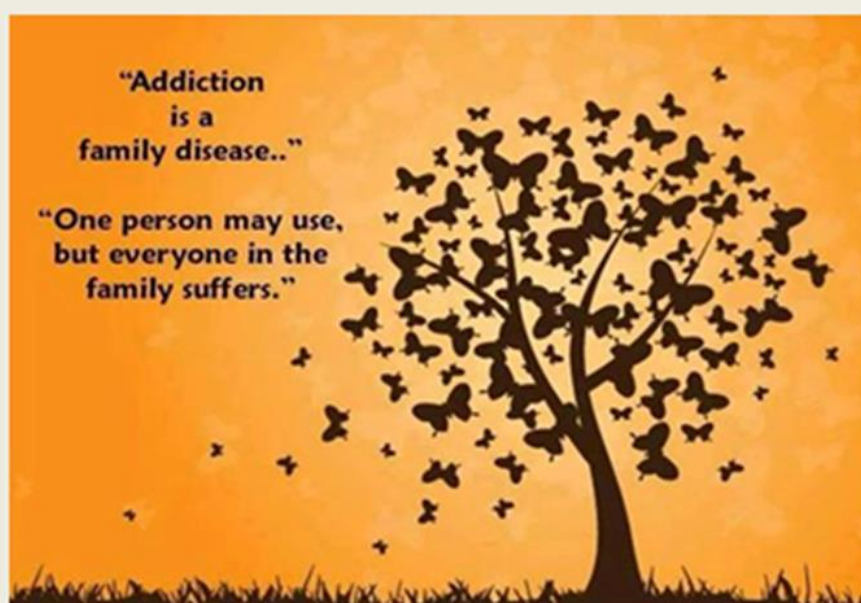
Date

APPENDIX C
Poster for Campus

Research participants wanted:

- Have you ever thought that one/both of your parents had a drinking problem?
- Did you ever try to encourage one/both of your parents to stop drinking?
- Did you ever fight or argue with a parent when he/she was drinking?
- Have you ever heard your parents fight when one/both of them were drunk?
- Did you ever feel like hiding or emptying a parent's bottle of liquor?
- Did you ever wish that a parent would stop drinking?

If you answered yes to **3 or more** of these questions then you were most probably a child of an alcoholic.



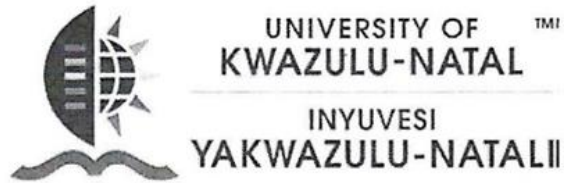
Research project title: How do adult children of alcoholics experience close relationships?

Requirements of the study: participants will take part in a 60 minute interview where they will be asked a series of questions relating to the topic of interest. Eligible participants include all those, over 18, who grew up with at least one alcoholic parent/caregiver.

This research study is in partial fulfilment of a Master's degree in Clinical Psychology. Your participation will be of great value and will be much appreciated! Your personal information will be stored securely and kept confidential. You are free to withdraw from this study at any time.

If you are interested in taking part or would like further information about this research, please contact Tyla Jamieson by email: acoa.relate@gmail.com, or (0732174244)

APPENDIX D
Permission from CFC



24 February 2016

To whom it may concern

This letter serves to provide the assurance that should any participant interviewed by Ms Tyla Jamieson (Psychology Masters student) require psychological assistance as a result of any distress arising from the research project on "*adult children of alcoholic's experiences of close relationships in adulthood*", the service will be provided by Masters one Psychology students and intern psychologists at the University of KwaZulu-Natal, Pietermaritzburg Campus Child and Family Centre – phone 033-2605166.

Yours sincerely,

K.P Maruping

Coordinator of University of KwaZulu-Natal, Pietermaritzburg Campus Child and Family Centre



Child and Family Centre
School of Applied Human Sciences

Postal Address: Private Bag X01, Scottsville, Pietermaritzburg, 3209, South Africa

Telephone: +27 (0)33 260 5166 **Facsimile:** +27 (0)33 260 5809 **Email:** Naidoon2@ukzn.ac.za **Website:** psychology.ukzn.ac.za

Founding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

**APPENDIX E:
Permission from Registrar**



9 March 2016

Ms Tyla Jamieson
School of Applied Human Sciences
College of Humanities
Pietermaritzburg Campus
UKZN
Email: mitchellc@ukzn.ac.za

Dear Ms Jamieson

RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal (UKZN) towards your postgraduate studies, provided Ethical clearance has been obtained. We note the title of your research project is:

"Experiences of adult children of alcoholics close relationships in adulthood".

It is noted that you will be constituting your sample by performing interviews with students who were raised in a home where one or both parents/caregivers were alcoholics on the Pietermaritzburg campus.

Please ensure that the following appears on your notice/questionnaire:

- Ethical clearance number;
- Research title and details of the research, the researcher and the supervisor;
- Consent form is attached to the notice/questionnaire and to be signed by user before he/she fills in questionnaire;
- gatekeepers approval by the Registrar.

You are not authorized to contact staff and students using 'Microsoft Outlook' address book.

Data collected must be treated with due confidentiality and anonymity.

Yours sincerely

**MR SS MOKOENA
REGISTRAR**



Office of the Registrar

Postal Address: Private Bag X54001, Durban, South Africa

Telephone: +27 (0) 31 260 8005/2206 Facsimile: +27 (0) 31 260 7824/2204 Email: registrar@ukzn.ac.za

Website: www.ukzn.ac.za

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