2013

Secure attachments and how they promote resilience in children of alcoholics

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ABSTRACT

Children of alcoholics (COAs) experience risk factors including difficulties in school, behavioral issues, psychological distress, and the potential to become a substance abuser themselves. However, there is also research to support that not all COAs experience negative outcomes as a result of their alcoholic parent's influence. This qualitative study sought to explore whether positive attachments promote resilience in COAs from the perspective of COAs themselves.

Semi-structured interviews were conducted with nine participants who were COAs and could identify a positive attachment relationship from the time period when they lived with their alcoholic parent(s). The major finding of this study was that, while having a positive, secure attachment was beneficial in promoting resilience, it was not enough to mitigate all potential negative consequences COAs experience. Implications of this finding for future research and social work practice are discussed.

SECURE ATTACHMENTS AND HOW THEY PROMOTE RESILIENCE IN CHILDREN OF ALCOHOLICS

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2013

ACKNOWLEDGEMENTS

This thesis could not have been accomplished without the assistance of many people whose contributions are gratefully acknowledged.

I wish to thank my brave participants for participating in a study that can be a difficult topic for people to discuss. I want to thank my advisor, Natalie Hill, for all her guidance and effort. Most importantly, I want to thank my family and friends for being so supportive and heartening throughout this journey. I am so grateful for all of your support.

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CHAPTER ONE

Introduction

The influence on development and potential negative effects that alcoholics have on their children is a cause for concern in today's society. In 2007, the U.S. Department of Health and Human Services and Substance Abuse and Mental Health Services Administration (SAMHSA) estimated that there were 76 million adult children of alcoholics (COAs) in the country (cited in Hall & Webster, 2007b). Some risk factors associated with being a COA include difficulties in school, behavioral issues, psychological distress, and the potential to become a substance abuser oneself (Werner & Johnson, 2004). However, there is also research to support that not all COAs experience negative outcomes as a result of their alcoholic parent's influence (Chassin, Carle, Nissim-Sabat, & Kumpfer, 2004; Edwards, Eiden, & Leonard, 2006; Hall, 2007; Hall & Webster, 2007b; Lease, 2002; Moe, Johnson & Wade, 2007; Walker & Lee, 1998; Werner & Johnson, 2004). Resilience is defined as the ability to achieve good outcomes, recover well, and find strength after experiencing adversity (Hartling, 2008; Masten & Coatsworth, 1998; Walsh, 2003). It is important to study resilience factors to allow for the promotion of these concepts in the treatment of and relationship with COAs. While there may be similar dynamics for those whose parents have other forms of addiction, they are beyond the scope of this study.

The literature suggests that one significant factor influencing resilience in COAs is secure attachment. Secure attachment is defined as "the stable tendency of an individual to make substantial efforts to seek and maintain proximity to and contact with one or a few specific

individuals who provide subjective potential for physical and/or psychological safety and security" (Berman & Sperling, 1994, p. 8). In studies by Fraser, McIntyre and Manby (2009), Hall (2007), Lease (2002), Moe et al. (2007), and Werner and Johnson (2004), evidence is presented that developing secure attachments provides COAs with the ability to have an outlet in times of stress related to parental alcoholism. It is noted that secure attachments provide a buffer from a familial dysfunction that is likely to occur. By utilizing secure attachments, children of alcoholics work to develop a positive sense of self.

The current study explores COAs' own perceptions of the benefits of having a secure attachment, and its relationship to indicators of resilience. The characteristics of resilience include the ability to develop appropriate coping mechanisms for difficult life stressors, less evidence of depression, higher self-esteem and healthy intimate relationships (Lease, 2002; Werner & Johnson, 2004). Throughout the literature it has been evidenced that maintaining a secure attachment, whether to a non-alcoholic parent, other family member, or mentor promotes a positive sense of self in a tumultuous environment (Fraser et al., 2009; Hall, 2007; Hall and Webster, 2007b; Lease, 2002; Menees, 1997; Moe et al., 2007; Werner & Johnson, 2004).

This study looks at COAs' perceptions of how these positive attachments helped to intervene and diminish the harmful effects that growing up in an alcoholic home were likely to provide. Participants were asked to describe their home life when they were growing up, who provided a protective relationship for them, and how they are functioning currently in regards to their relationships and other aspects of their lives. They were also asked to reflect on whether and how their protective relationship was beneficial in cultivating their ability to function relationally with others.

While COAs have been studied at length, the lack of qualitative data suggested a need for further research. By learning more about how COAs experienced living in an alcoholic home, rich details can be provided and expanded upon. The topic of attachment is another that is also well known; however, combining the experience of growing up in an alcoholic home with how that affected the COAs' attachment to other figures is an interesting and important area of inquiry. Looking at these positive attachments could serve as a foundation for preventative practices for clinicians serving this population.

The relevance of COAs as an at-risk population within social work practice, policy and education realms is undeniable. Many risks are associated with growing up in an alcoholic environment. However, it is also important to acknowledge and give credit to the strengths and resilience of this population in order to not pathologize them for a life that they did not choose for themselves. By studying how some people are able to overcome adversity in childhood, clinicians can work to teach and implement practices that will be beneficial to this population. The current study is also one of the few qualitative studies providing an in-depth perspective into the lives of children of alcoholics.

This study will address these questions beginning with a comprehensive review of the literature in Chapter 2 defining COAs, long-term consequences of being a COA, resiliency, attachment, and attachment in COAs. Next, Chapter 3, Methodology, will outline the process of recruiting participants and the design of the study. The findings based on responses of nine participants will be outlined in Chapter 4. This study will conclude in Chapter 5 with a discussion of the findings, limitations of the study and potentials for future research.

CHAPTER TWO

Literature Review

A review of the literature demonstrates that there are many aspects to children of alcoholics (COAs). There are risk factors involved with being a COA, but that are also many protective factors that exist. Risks include growing up in a chaotic home, risk of mental health problems, genetic factors and issues with intimate relationships. However, resiliency, and specifically resiliency fostered through positive attachments can act as a mitigating factor. This review will outline both risk and protective factors and ways to promote resilience in COAs. It is hypothesized that positive attachments help to promote resilience in COAs.

What is a Child of an Alcoholic?

COAs are those that grow up with one or both parents abusing alcohol at some point in time (Kroll, 2004). According to the National Survey on Drug Use and Health:

> Combined data from 2002 to 2007 indicate that over 8.3 million children under 18 years of age (11.9 percent) lived with at least one parent who was dependent on or abused alcohol or an illicit drug during the past year. Of these, almost 7.3 million (10.3 percent) lived with a parent who was dependent on or abused alcohol, and about 2.1 million (3.0 percent) lived with a parent who was dependent on or abused illicit drugs. (Substance Abuse and Mental Health Services Administration [SAMHSA], Office of Applied Studies, 2009, In Brief section, para. 1)

While these numbers are alarming it is likely that they underrepresent the actual incidence of COAs as many cases go unreported.

Long-term Consequences of Being a COA

Many concerns can be associated with being a COA. These concerns include genetic risk for alcoholism, a chaotic home life, risk for mental health issues, and issues within interpersonal relationships. There is also concern that these issues will not be resolved (Goertzel & Goertzel, 1962; Goodwin, 1991; Hall, Webster, & Powell, 2003; Menees & Segrin, 2000), "with some of these children carrying the legacy of social and emotional adjustment problems into adulthood" (Hall & Webster, 2007a, p. 425). These issues are addressed further below.

Genetic risk. One of the biggest concerns with this population is that COAs will become alcoholics themselves. In general, COAs do not become alcoholics and vice versa, alcoholics rarely have alcoholic parents (Fingarette, 1988). However, there is some evidence that alcoholism is in part a genetic predisposition. According to Cuijpers, Langendoen and Bijl (1999), research looking at twin, adoption and family studies implies that there are genetic factors that increase the risk of becoming an alcoholic, especially in sons of alcoholic fathers. However, it is important not to rule out environmental factors as contributors to alcoholism. The likelihood of inconsistency, familial dysfunction, and chaos in the home can lead a COA to seek out ways to mitigate the stressful environment (Masten & Coatsworth, 1998; Walsh, 2003). Depending on parental modeling, alcohol may become an acceptable stress reliever (Beesley & Stoltenberg, 2002).

However, the risk of COAs developing an addiction may only be higher for a subset of alcoholic families. Alcoholic families can be divided into two types: one in which, "the alcoholic is tolerated and/or supported in drinking behavior and one in which this behavior is

considered unacceptable and is not allowed to interfere with ongoing family activities" (Ullman & Orenstein, 1994, p. 2). It is the first type of alcoholic family that is likely to produce more offspring that are alcoholic. This is due to the fact that, in this situation, the alcoholic holds the power. Others work to maintain the alcoholic's status quo and rearrange themselves in order to accommodate. The behavior of the alcoholic is modeled as one to be admired and strived for; "Thus, an expectation is created: drinking enhances one's power to obtain good things" (Ullman & Orenstein, 1994, p. 6).

Chaotic home life. COAs often experience tumultuous and unpredictable home environments, which puts them at risk for a number of negative long-term consequences (Moos & Billings, 1982). Alcoholic families are believed to be more disorganized, less cohesive, emotionally constricted, conflictual, hostile, and chaotic (Cuijpers et al., 1999; Walker & Lee, 1998). This atmosphere can create bigger issues for COAs as they grow and develop.

Risk of mental health problems. COAs are at a higher risk for symptoms such as "conduct problems, psychological distress, lowered academic achievement, and alcohol and drug use" (Chassin et al., 2004, p. 138). COAs are also at a greater risk of experiencing a wide range of mental health diagnoses such as conduct disorder, attention deficit hyperactivity disorder (ADHD), major depressive disorder, and anxiety disorders (Clark, Cornelius, Wood & Vanyukov, 2004). These disorders are also risk factors for potential substance abuse, creating a vicious cycle of addiction.

Relationships. Another consequence of being a child of an alcoholic is the potential for struggle in intimate relationships. Beesley and Stoltenberg (2002) argue that growing up in a dysfunctional environment has an impact on the interpersonal functioning of COAs. They no longer have a stable sense of self and often seek approval from others as a way to feel accepted.

COAs often work to maintain peace amidst the chaos of their homes, which may manifest into being people pleasing and cautious in order to avoid upset in other areas of their lives (Beesley & Stoltenberg, 2002). Some characteristics such as judging themselves without mercy, difficulty having fun, overreacting to changes over which they have no control, and impulsivity can further complicate relationships for COAs later in life (Seefeldt & Lyon, 1992).

Being a COA can also affect one's ability to build trust, which is key in relationships, due to expectations of keeping family issues within the family and not sharing one's feelings with outsiders (Hall & Webster, 2007a). Alcoholism can be a family secret (Kroll, 2004). It can be difficult to navigate situations, such as whom to trust, depending on the setting (home versus in public). Beesley and Stoltenberg (2002) say that:

> ACOAs are at a distinct disadvantage in that they have limited access to models for healthy relationships and an even more limited understanding of the key elements necessary for establishing and maintaining adaptive relationships: intimacy, vulnerability, trust, honesty, and mutual sharing. Their inability to express their needs and feelings are based on ingrained patterns of distrust, secretiveness, and fear of intimacy and abandonment. (p. 283-4)

Feeling as though one needs others to function well coupled with an inability to trust and open up can leave COAs in limbo regarding intimate relationships. They can become exhausted trying to control their environment and are likely to be persistently frustrated and have difficulty relaxing (Beesley & Stoltenberg, 2002).

The lives of COAs are marked by secrecy and deception:

> What seemed to evolve for many of the children was "a conspiracy of silence" where shame and fear of consequences effectively cut families off from both wider family and

> community. This had obvious implications in that children were effectively muzzled and isolated from potential sources of support that might foster resilience. (Kroll, 2004, p. 132)

This sense of aloneness can lead to feelings of depression and the sense the family reality is the only reality. When asked what they needed, "Many children felt that it would help to have someone to confide in or to be able to talk to openly about the problem within the family" (Kroll, 2004, p. 137). It is imperative to consider other resources for support. This may come in the form of a non-alcoholic parent, a sibling, or an outside source.

Resiliency

COAs experience many difficulties from a chaotic home life, risk of mental health problems, genetic risks of addiction, and issues with relationships. These issues are likely to affect COAs in all aspects of their lives. It is the ability to find strengths in their situations that allows some COAs to be resilient. While some COAs go on to become alcoholics themselves and develop maladaptive coping strategies, this is not always the case. Although the range of negative outcomes described above is possible, such outcomes are not inevitable. Instead, many COAs demonstrate resilience. Resilience is defined as the ability to achieve good outcomes, recover well, and find strength after experiencing adversity (Hartling, 2008; Masten & Coatsworth, 1998; Walsh, 2003). The experience of growing up in an alcoholic home could be considered an experience of adversity.

Because not all COAs grow up to experience negative outcomes, a new, strengths-based framework is needed to highlight those factors that allow some COAs to become resilient. These factors may include both intrinsic qualities and environments that offer support and opportunities for mastery (Chassin et al., 2004). Some intrinsic qualities include intelligence, locus of control,

social skills, affectionate temperament, higher self-esteem, and ego development (Luthar, 1991; Werner, 1986). Environmental factors that promote resilience include maintaining routines such as vacations and birthdays, higher levels of family cohesion, parental supervision, and extra-familial influences such as friends (Chassin, et al., 2004; Curran & Chassin, 1996; Ohannessian & Hesselbrock, 1993; Wolin, Bennett, Noonan, & Teitelbaum, 1980). By looking at resilience as something that is developed through relationships, as opposed to something that one is born with or not, one can begin to appreciate the benefits of having a strong support system.

While resilience is often seen as an individual trait, it is important to consider how outside forces work to help a person to become resilient. Focht-Birkerts and Beardslee (2000) state, "children are at risk for developmental derailment if they must 'sequester' painful emotions, or 'disavow vulnerability' because these reactions of distress are neither welcomed nor permitted by their caregivers" (p. 420). If a child grows up in an environment where they feel that they cannot express their emotions, good or bad, they are likely to internalize and grow to have difficulty sharing their feelings with others. COAs do not know what "normal" is because their home life skewed their ability to properly interpret feelings and how to react to situations (Cable, 2000). A nurturing atmosphere with supportive people can help to counteract this learned response. Healing and developing resilience for COAs can therefore be a collective process as opposed to a personal odyssey.

COAs can rely on others to help them develop ways to cope with their difficult life position. Having an alcoholic parent can feel isolating, as though the COA is alone in their struggles. In contrast, those COAs who become resilient tend to be "nourished by relationships with kin – a parent, sibling, grandparent, aunt or uncle – or with a teacher, coach, counselor or mentor" (Walsh, 2003, p. 54). In fact, relationships with "caring prosocial adults" are one of the

greatest predictors of resilience among COAs and at-risk youth more generally (Masten & Coatsworth, 1998, p. 212).

Relationships are the mechanisms that help individuals recognize their worth and strengthen their ability to believe that they can be resilient (Hartling, 2008). When thinking of how one promotes resilience, acknowledging and taking advantage of supportive relationships is likely to be beneficial. However, some amount of resilience is needed to develop and sustain meaningful relationships. The ability to have resilience in one's relationships is imperative if one hopes to have those relationships be sustaining; resilience is demonstrated in relationships through "affirming belief systems, effective communication patterns, and relationships that are flexible, cohesive, and adaptive" (Walker & Lee, 1998, p. 524-5). These factors allow for reciprocity in the relationship. One cannot expect to have an enduring relationship if one is not willing to compromise and discuss conflicts rationally as they arise. Relationships are hard work and to have them be successful, a measure of resilience is often required.

Attachment

Secure attachment is defined as "the stable tendency of an individual to make substantial efforts to seek and maintain proximity to and contact with one or a few specific individuals who provide subjective potential for physical and/or psychological safety and security" (Berman & Sperling, 1994, p. 8). In a measure assessing how childhood attachment styles affect adult love interests, securely attached people would identify with the statement reading: "I find it relatively easy to get close to others and am comfortable depending on them. I don't often worry about being abandoned or about someone getting too close to me" (Hazan & Shaver, as cited in Berman & Sperling, 1994, p. 53). Those who are insecurely attached struggle to maintain relationships as they do not have a model or scaffold from which to work (Berman & Sperling,

1994). Insecure attachment styles can be characterized by, "engaging in anxious/uncollaborative or avoidant/disengaged behaviors" (Mills-Koonce et al., 2011, p. 278). Some individuals with insecure attachments may feel as though they are unlovable and unworthy of attention and support, or as though they deserve punishment (Berman & Sperling, 1994).

Attachment theory helps to explain how early attachments can affect development later in life by offering "a means for understanding how parent-child relationships affect a child's early psychological organization and subsequent development throughout adulthood" (Jaeger, Hahn & Weinraub, 2000, p. 267). By looking at how a parent relates to their child and vice versa, one can gain a better understanding of how that child organizes their world. How information from one's parents is interpreted lays the groundwork for how one will function later in life.

It is also believed that one's need for attachment can be pervasive and continuous into adulthood: "the function of attachment remains unchanged from childhood to adulthood; that is, proximity to a special and preferred other is sought or maintained in the expectation of finding security" (El-Guebaly, West, Maticka-Tyndale, & Pool, 1993, p. 1406). Generally, people want to be close to other people. People find comfort in others, whether sharing ideas, emotions or experiences.

In addition to parents, siblings may also become attachment figures: "Older siblings may on occasion, play a parental, caregiving role with one or more of their younger siblings and thus may become supplementary attachment figures for them" (Ainsworth, 1989, p. 714). Walker and Lee (1998) also agree that siblings could be a "built-in resource to cope with alcohol-related and other sources of stress" (p. 527).

Attachment in COAs

Positive attachments are a paramount protective factor for COAs. While having an alcoholic parent can be detrimental to development, it is important to consider others outside of that parent who could provide important modeling behaviors. Hartling (2008) states, "children who have at least one supportive relationship (connection) with an adult can achieve good outcomes despite severe hardships" (p. 63). While research does show that COAs experience relational impairments (Beesley & Stoltenberg, 2002; Bosworth & Burke, 2001; El-Guebaly et al., 1993; Focht-Birkerts & Beardslee, 2000; Hall & Webster, 2007a; Hall, 2008; Jaeger et al., 2000; Kroll, 2004), the presence of positive relationships during childhood may improve outcomes (Focht-Birkerts & Beardslee, 2000; Hall, 2008; Kroll, 2004; Masten & Coatsworth, 1998; Rutter, 1999; Walker & Lee, 1998). Relationships that change the internal working model of attachment figures compel COAs to alter that model to accommodate the new experience (Berman & Sperling, 1994). Additionally, Hall (2007) posits that kinship social support networks may help to buffer effects of parental alcoholism by providing emotional support and assistance.

One should not assume the absence of secure attachments in COAs. While alcoholics may have been inconsistent in their caregiving, their spouse or others may have filled in the gaps. Of course, there are also cases in which proper attachment was not established, creating difficulties for COAs in their future. Therefore, if an alcoholic parent was not nurturing enough and only provided basic care on an inconsistent basis, this may lead the child to develop an insecure attachment style, which could follow them indefinitely (Mothersead, Kivlighan, & Wynkoop, 1998). However, if there happens to be a nurturing attachment figure (e.g., a non-

alcoholic parent, sibling, or outside resource), the child may develop a secure attachment style in spite of the alcoholic parent.

Present evidence exists that developing secure attachments provides COAs with the ability to have an outlet in times of stress related to parental alcoholism. It is noted in the literature that secure attachments provide a buffer from familial dysfunction that is likely to occur. By utilizing secure attachments, children of alcoholics work to develop a positive sense of self (Chassin et al., 2004; Edwards et al., 2006; Hall, 2007; Hall & Webster, 2007b; Lease, 2002; Moe et al., 2007; Walker & Lee, 1998; Werner & Johnson, 2004).

For children whose fathers are alcoholic, a secure attachment to the mother has been shown to protect against the development of behavioral problems (Edwards et al., 2006). This could indicate that a strong attachment figure may help to mitigate issues and promote resilience in COAs. It has yet to be determined whether the protective value of a secure attachment is influenced by the identity of the attachment figure (i.e., parent, sibling, extended family or unrelated).

Supportive relationships early in life are important to note as they help to build the foundation for later in life. Werner and Johnson (2004) conducted a longitudinal study of adult COAs that followed participants from age one to age 30. The study was conducted in Kauai, Hawaii and provided the opportunity for data to be collected from participants who may not have been in a clinical setting. The purpose of the study was to determine factors that promote resiliency in COAs. It was found that COAs who relied on more social supports exhibited better coping mechanisms than those who did not have as many social supports: "Some 51% of the offspring of alcoholics satisfied the criteria for 'successful adult adaptation'" (Werner & Johnson, 2004, p. 705). The role of the non-alcoholic parent was identified as crucial to the

development of a COA: “The more supportive the non-alcoholic parent, the more likely there is available the nurturance, protection, and guidance that children need for optimal development” (Werner & Johnson, 2004, p. 707). Thus, secure attachment seems to have protective value beyond the benefits of social support more generally.

The Current Study

The capacity of a COA to be resilient relies on many factors. Positive attachments help to promote resiliency in COAs by providing a nurturing atmosphere and helping the COA develop a positive sense of self (Chassin et al., 2004; Edwards et al., 2006; Hall, 2007; Hall & Webster, 2007b; Lease, 2002; Moe et al., 2007; Walker & Lee, 1998; Werner & Johnson, 2004). Positive relationships with non-alcoholic adults seem to be the most important protective factor in ending the cycle of maladaptation and addiction (Walker & Lee, 1998). Therefore, it is important to research how COAs view these protective relationships and how such relationships influenced their development, capacity to be resilient, and to maintain positive attachments in their adult lives. It would also be useful to look at the sibling relationship in comparison to a non-alcoholic adult. It is the purpose of this study to explore these questions to better understand how positive attachments promote resilience in COAs.

CHAPTER THREE

Methodology

The purpose of this study is to explore whether positive attachments promote resilience in COAs. Data were gathered examining secure/positive attachments, age and length of time that a COA lived with the alcoholic parent(s), the status of COAs' relationships with others and with their alcoholic parent(s), and their personal use of substances and mental health services. The investigation explored how COAs viewed these positive attachments and whether they found them to be beneficial in coping with having an alcoholic parent. Participants were adult males and females who identified as having lived with an alcoholic parent during childhood and could also identify a secure relationship from that time.

The study was a qualitative study using interviews of open-ended questions, and flexible methods research to gather data. Flexible methods were used because according to Anastas (1999) "in flexible methods research, unstructured data are used in order to capture the phenomena of interest in the words or actions of those who embody or live them and to capture them in context in terms that are as 'experience-near' as possible" (p. 57). This allowed the researcher to attempt to understand that lives and experiences of the COAs.

The desired sample size for this project was 12; however, there was difficulty in cultivating interest in the study. It is possible that the study sounded more negative when it was being advertised, as opposed to highlighting the strengths that would be discussed. It can also be difficult to talk about one's experience as a COA, potentially contributing to reluctance to

participate. To overcome these issues, the researcher e-mailed and contacted colleagues and professional contacts multiple times, explaining that the study was strengths-based and that participants were still needed. The researcher also asked previous participants about whether they knew others who may qualify for the study and would be willing to participate. In spite of these efforts, only nine participants completed interviews (n=9). Recommendations for recruitment in future studies will be made in Chapter 5.

Participants

The researcher used purposive, snowball sampling methods. The researcher created a Facebook page and an accompanying post to gather participants where people could "like" the post and inquire about participation if they felt they met the criteria. The same information contained in the Facebook post was also emailed to the researcher's contacts, who were asked to forward the email to others. To participate, individuals must have been 18 years or older, speak fluent English, and live within an hour of the Boston area. They must also have memories of having lived with an alcoholic parent who abused alcohol for at least 2 years while the participant was under the age of 18. Finally, participants must have been able to identify a relationship that made them feel safe and secure during the time that they were living with their alcoholic parent.

The ages of the participants ranged from 22 to 58. The average age was 34.2 years old, the median age was 28 years old, and there were two modes of 24 and 28 years old. Eight (88.89%) of participants were female and one (11.11%) was male. Ethnicities included eight (88.89%) Caucasian and one (11.11%) Asian. Occupations ranged from student to photographer to many advocacy roles. Marital status included three (33.33%) single, two (22.22%) in a relationship, three (33.33%) married, and one (11.11%) divorced. The highest education level

completed ranged from a high school diploma (n=2) to a Master's Degree (n=1) with most participants working on or having obtained a Bachelor's Degree (n=6).

Data Collection

The Smith College School for Social Work Human Subjects Review Committee approved this study (see Appendix A). Interviews were conducted in person, in a public, semi-private area, such as a library study room, to help protect confidentiality. Interviews were audio-recorded with participants' consent and lasted between 15 minutes and 1 hour and 46 minutes. Participants each signed an Informed Consent form (see Appendix B) and were provided with a list of available mental health/support resources (see Appendix C) at the time of the interview. They were informed that they could withdraw from the study at any time and that any materials relating to them would be destroyed if they chose to withdraw.

General demographic information was gathered. Open-ended interview questions were used in this study to explore COAs' ability to be resilient after having lived with an alcoholic parent. Resilience was defined as the ability to achieve good outcomes, recover well, and find strength after experiencing adversity (Hartling, 2008; Masten & Coatsworth, 1998; Walsh, 2003). The factor hypothesized to promote resilience in COAs was positive attachments from the time period that COAs lived with their alcoholic parent. Secure attachment is defined as "the stable tendency of an individual to make substantial efforts to seek and maintain proximity to and contact with one or a few specific individuals who provide subjective potential for physical and/or psychological safety and security" (Berman & Sperling, 1994, p. 8). It was believed that having an attachment figure that was seen as safe and secure increased a COA's ability to be resilient. Questions were broken up into three sections, parental alcohol use, relationships, and other factors of resilience (see Appendix D). Some questions asked included: "How long

was/were your alcoholic parent(s) actively abusing alcohol during the time that you lived with him/her/them?;" "Whom do you identify as a safe and secure relationship from when you were living with your alcoholic parent?;" and "Have you ever received treatment or sought out counseling for yourself?"

Data Analysis

All interviews were audio-recorded and transcribed by the researcher. A content-theme analysis was used to code the interviews. Interviews were initially read and as themes emerged, a coding system was created. At the outset, each interview was coded individually for themes. Then as more themes were recognized, interview sections were grouped together that focused on the three content areas specified. These were assessed for similarities and differences among participants. Finally, the researcher looked for patterns that emerged associated with demographics, descriptions of parents' alcohol use, and indicators of resilience. This was done to determine if factors such as age, gender, etc., were associated with different themes. Once all interviews had been coded, they were each reviewed to determine whether additional themes emerged. Findings from this study can be found in the following chapter.

CHAPTER FOUR

Findings

The hypothesis of this study was whether having a protective relationship would promote resilience in children of alcoholics (COAs). Interviews explored what participants' home life was like when living with their alcoholic parent, what their protective relationship provided for them, and how resilient they are today, especially in terms of their ability to form other safe and secure relationships. Analysis of these factors will be divided into three categories including 1) experiences of parental alcoholism, 2) protective relationships, and 3) indicators of resilience.

Experiences of Parental Alcoholism

Of the nine participants, seven (77.78%) identified that they had one alcoholic parent while two (22.22%) participants had both parents or a biological parent and a stepparent who were abusing alcohol. Of the seven who identified one alcoholic parent, four (57.14%) reported that their father was an alcoholic and three (42.86%) reported that their mother was an alcoholic. One (11.11%) reported that both parents were alcoholics and one (11.11%) reported that both her mother and stepfather were alcoholics. Participants lived with their alcoholic parents on average 15.67 years with the shortest amount of time being 4 years and the longest being 24 years. Three (33.33%) parents still currently abuse alcohol. One (11.11%) participant's father was sober for 2 years, but had relapsed and currently abuses alcohol. Five (55.56%) parents were able to gain sobriety however, two parents (22.22%) have since passed away. Six (66.67%) participants believe that their parent had some form of mental health problem but four (44.44%) were unable

to verify due to lack of information from their parent. Two-thirds (n=6) of participants' parents divorced and/or separated. In two instances (22.22%), siblings were separated from one another with one or two children living with one parent and the rest living with the other. Participants' descriptions of their home lives fell into three categories: 1) Behavioral reactions, 2) Emotional reactions, and 3) Outcomes. Responses will be outlined below.

Behavioral. Six (66.67%) participants identified that they actively avoided their homes in order to not have to deal with their parent's addiction. One participant stated:

> I was in high school. I worked two jobs. I was in theater, sometimes two different theater programs. I would babysit; I would walk the dog, I would go to the friend's house, I would do whatever there was to do not to go home.

This participant used outside activities to keep occupied while being able to avoid going home. Another participant avoided her home life by withdrawing from her family even while home: "I didn't like to be really surrounded by people in my house; I kind of kept to myself." These reactions were a way to maintain a sense of self apart from the parent's addiction. Avoidance provided an outlet to escape their current reality.

Another common theme that was raised by six (66.67%) participants was the secrecy that COAs had to maintain in order to not let the public become aware of their parent's flaws. For example, one participant stated, "I mean obviously you're not allowed to tell anyone what's going on at home. Not allowed to say anything to anybody about anything." The above quotation illustrates how secrecy was a family rule for some (n=4, 44.44%); others (n=2, 22.22%) presented it as their own choice:

> Because alcoholism and being a child of an alcoholic is really isolating… it also makes you want to keep a lot of secrets. Like I wasn't really comfortable telling my friends about it and I felt really alone in that.

This kind of secrecy sometimes interfered with participants' friendships. Two (22.22%) participants felt as though they could not bring people home for fear that their "secret" would get out:

> I don't think my mom really wanted us to have people over to the house because it was like hoarder house and my dad was drunk on the floor a lot of the time and so I had friends, but not like you might think, not like a normal 10-year-old girl would have friends.

Many (n=4, 44.44%) stated that they worked hard to maintain positive public appearances in order to not arouse suspicion. To this day, many (n=3, 33.33%) of the participants reported their friends were unaware of what was going on in their homes.

Six participants (66.67%) cited their parents' unpredictability as a common problem that was difficult to combat.

> The thing about my family was they were very unpredictable, like if my mother was there and drunk they could either completely ignore me or I would be screamed and yelled at for being two minutes late or not being this or this or not doing that or you didn't do your chores or you didn't do this.

One participant described her mother as being like a monster.

> It was kind of crazy.... She was like a Dr. Jekyll/Mr. Hyde. She could be really lovely and warm and provide a really beautiful, nice home for us and support or she would be like drunk in the morning, drunk in the day, like around the clock basically. So you

didn't really know what you were going to come home to after school. Like a nice mom or like a really angry drunk and so it was really inconsistent and that was really hard.

Another participant discussed feeling disappointed after her mother had shown progress for a few days. She stated, "You know so we'd have a good day and think "Oh, everything's going to be OK," and then you know, inevitably, things would be awful again". Another participant talked about the lack of safety in her home and how this created trauma in her life.

> It was very chaotic and unpredictable and just frequently, it was the unpredictableness that was the really critical part. You didn't know if it was going to be a violent, chaotic day or a semi-normal day or safe to bring anyone home or not safe to bring anyone home. It was traumatic.

As noted, the unpredictability often created a sense of fear for participants. It also created a sense of false hope when the alcoholic parent was able to function appropriately.

Five (55.56%) participants also identified times when this unpredictability took a dangerous turn, leading to dangerous situations, irresponsibility, abuse and neglect. Some (n=4) lived in a constant state of fear, not knowing what was going to happen next.

> Enormous amounts of fear and trust issues so on the one hand I'm his little girl, ballroom dancing while standing on his feet, and the next minute I'm hiding under my bed because I spilled a glass of milk and I know he's going to come beat the crap out of me so....

Others (n=5) were placed in dangerous situations, but being so young, they were unable to recognize the potential for harm at the time.

> I mean it was pretty unstable… there was no abuse, like I was never like hit or anything, but a lot of unreliability and inconsistency. And a lot of dangerous situations. Like there would be times when family didn't know where I was.

One participant is now able to look back on childhood memories and see the danger her father put her and her siblings in.

> Sometimes he would take one or two of us kids fishing with his brother, and now I remember we didn't have to wear seatbelts and we were in the back of the truck, we were like playing and jumping around while him and his brother were like drinking on the way to go fishing.

Still others (n=2, 22%) were placed in a position where they had to fend for themselves in order to survive. They were placed in parental roles being responsible for finding food or taking care of daily activities.

> So it was pretty chaotic and they, there was a lot of tension at home and it got really violent. Like if my older sister wasn't home, we had to kind of find stuff to eat and there wasn't always food at home, so.... It was pretty tough. I think it was just kind of the opposite of what it should be.

This participant describes what it was like to get up for school each morning.

> My earliest memories were of just complete neglect. Just taking care of myself, often taking care of her. Waking up in the morning, pushing the chair up to the stove making eggs when I was like four or five. Brushing my teeth, waking her up, and saying, "C'mon mom, gotta go to school!"

Without a reliable caretaker in some instances, COAs had no structure or sense of order. While they may have worked hard to maintain some sense of normalcy, this became difficult. One-third (n=3) of participants described how there was a sense of chaos within their homes that seemed to permeate other aspects of their lives as well.

> I mean I don't remember specific events at all, but the general feeling was kind of chaos. Like just real fast. Like it really never settled down. Like moment to moment, too, not even just day-to-day or week-to-week. Like moment to moment.

These behaviors either by COAs or by their parents caused many (n=4, 44.44%) to feel unsafe at home and as though their parent could not be trusted.

Emotional. Along with these behaviors come emotional responses that can have lasting effects. Throughout the course of the interviews, many participants identified emotions that they experienced while living with their alcoholic parents. One emotion that three (33.33%) participants identified was that of feeling isolated. They felt isolated in their struggle with dealing with an alcoholic parent. One participant noted that, when she tried to intervene when her parents were fighting by calling the police, this led to social isolation:

> I always felt really isolated… I think it was hard to trust people and when…I was little, and my parents were fighting a lot and I would call the police, I mean that was… people stopped letting their kids play with us.

Participants felt isolated in their inability to deal with parental alcoholism as well as being isolated from their community. This feeling of isolation was exacerbated by their parent's emotional unavailability, even when they had periods of sobriety. Many participants (n=3, 33.33%) noted that efforts made to connect with their parents were often disregarded: "But like I said, she was never really available to me when I needed her to be available to me." Feeling isolated can make COAs feel hopeless, as though their current reality is the only reality that they will ever know.

One participant (11.11%) expressed self-blame at the time for her mother's addiction, having no one else to turn to for help and solace.

> For me, I'm an only child and my mother is an only child so my life was very isolated in a sense so growing up there was no one else to kind of talk to or express myself to and I took a lot of blame for what happened. I was the only one, so their fighting was because of me or this is my fault or I didn't do right so and there was no one else to say "well, maybe it was you" or "maybe, maybe" and…I know my mother took a lot of her anger from the relationship with him out on me.

Without others to turn to at the time, this participant became a scapegoat and easy target for her mother's aggression, which was exacerbated by a violent relationship with her husband.

As participants got older and became more aware of what addiction was and how it was affecting their home lives and their personal lives, five (55.56%) became less willing to deal with their parents' addiction:

> He got so bad when I was in high school that it was kind of a love/hate thing. I was really fed up with it. I didn't have any time or energy or patience to keep dealing with the rage and the all-nighter.

Teenage years can be a time of separation from parents anyway, but coupled with parental alcoholism, this participant expresses greater frustration:

> I went through a phase when I was a teenage when I was just like pretty angry at my mom, like I just didn't want to be around her. I thought she was like really irritating. I was sick of her, you know?

In contrast to this irritation, other participants (n=4, 44.44%) continued to live in fear, not knowing what to expect next.

> I remember vividly walking up the steps and just having to take a breath before I opened the door, because I knew when I opened the door I didn't know what it was going to be

like at home and I would stand at the door, and I have all this sensory stuff…did I smell vomit? Did I smell booze? Did I smell blood? You know, was everything OK?

Coupled with the behaviors mentioned previously, the outcomes of these emotions could lead to more problems within the home.

Outcomes. There are many potential outcomes of having lived in an alcoholic home. There is often tension within the home that is created by the strenuousness of living with someone who has an addiction. There is also a question of who takes on the caretaker role, whether it is the non-alcoholic parent, the children, or someone else. There is also the question of who is to blame for allowing this situation to continue.

In a home where the alcoholic is likely to be incapacitated at times, the caretaker role is often assigned to others. In some instances, participants (n=2, 22.22%) reported the non-alcoholic parent was able to compensate for the alcoholic and provide a stable home. She stated, "Well my mom's always been a social worker and…she's always worked very hard except for when we were very, very little. I mean, everything, she did a good job kind of keeping things in control." Other times (n=3, 33.33%), the non-alcoholic parent was unable to fill both parents' roles, often trying to support the family financially and, as a result, withdrawing from parenting. One participant stated, "My mom was very absent, she worked a lot. She was working two jobs to support my dad who was an addict and an alcoholic." On occasion, a supportive relationship outside of the home provided caretaking for the family. Another participant stated, "[My aunt] had more resources, financial, emotional, psychological resources, than my parents did and it was just a big safety net." However, most often, participants stated that they (n=2, 22.22%) or their siblings (n=4, 44.44%) fell into the caretaker role, often in a role reversal with their parents. They did their best to take care of their "sick" parent and to help maintain a semblance of

normalcy and consistency within the home. One participant stated "I felt like I was parenting her." Another participant elaborates on this concept:

> But I think my mom… she would just sleep for days and we would have to kind of scavenge for food, it was a mess. So I don't know how you would describe like what kind of relationship that's like. Like we were there to take care of her when she wasn't doing well.

One participant describes the role that her older brother took on despite them only being 22 months apart. She stated, "[My brother] was like cooking and cleaning, taking care of us when we were sick, he was like the grown up in the house." The caretaking role can also continue into the COAs' adulthood if the alcoholic's addiction continues, as is the case for one participant:

> So I mostly deal with my mom's bullshit. I don't know, it's just strange. So our relationship… it's more explicitly defined by her drinking. Like it always was, but now we talk about that a lot and it's most of what we ever talk about now and…I wind up, like taking her to the hospital, and like doing all this stuff, and whatever.

The caretaker role can be taken on by many different people, sometimes unjustly.

Being placed in a parentified role can create resentment for COAs. Three participants (33.33%) reported assigning blame to someone for their difficult childhoods. Two (22.22%) COAs from this study blamed their non-alcoholic parents. One participant stated, "Whenever my dad was not well… I sort of blamed my mom, which I know now wasn't her fault". Being outside of the couple relationship, it can sometimes be easier to see what unacceptable behavior is. This participant discusses how her mother justified staying with her alcoholic father:

> I judge my mother much more harshly for leaving us in that situation and violence, leaving us, my brothers and I. It was sort of my job to protect, or be thinking more

> quickly than her. I sort of pity her choices. I remember her saying this was, I was five, she had kicked my father out of the house and then gathered my brothers and I back in the car a couple weeks later and said, "Well I've decided to give daddy another chance." And I looked at her like, "Are you out of your mind? Are you out of your mind? I'm five and I know you shouldn't be giving daddy another chance." She was horrified that her kids were not happy that daddy was coming home. She had convinced herself that she was doing it for us.

These behaviors, emotions, and outcomes could easily have led to a bleak outlook on life for our participants. They experienced disappointment (n=2, 22.22%), abuse (n=4, 44.44%), fear (n=4, 44.44%), and lack of emotionally connectivity to their parents (n=4, 44.44%). Although participants experienced significant difficulty as a result of their relationship with an alcoholic parent, the current study's hypothesis was that a positive relationship might be a protective factor. The next section will review this relationship and how it was beneficial to the participants.

The Protective Value of Positive Relationships

Positive and protective relationships may be helpful to mitigate harmful environments, which are imposed by parental alcoholism. The relationships can serve as models of how to interact with others in a healthy manner, as well as communicating to COAs that someone does acknowledge them, care for them, and love them (Berman & Sperling, 1994). Of the nine participants, two (22.22%) identified their non-alcoholic parent as their protective relationship. Three (33.33%) participants identified older siblings. Two (22.22%) participants identified surrogate families who took them in as their own. One (11.11%) participant identified her aunt and the final participant (11.11%) stated that "I had more secure relationships with my friends."

In addition to these primary relationships, two (22.22%) participants also identified a schoolteacher and a dance teacher as being supportive and the noted that they felt acknowledged by these people. This section will outline 1) how these relationships felt, 2) what the supportive relationship gave to the COAs, and 3) how this relationship was beneficial to the COA in terms of being resilient and building other safe and secure relationships.

Eight participants (88.89%) had sibling relationships and of those eight, all stated that they had a positive relationship with their sibling(s) during their childhood and currently. Participants saw this relationship as one that was strong and unbreakable. This may be why many (n=3, 33.33%) participants identified older siblings as their protective relationships. A participant stated, "Yeah, we still talk a lot. We try to talk every day. We don't get to but we try to talk. We don't talk every day but pretty often." One participant works to maintain regular contact despite being so far away from her siblings:

> We're in constant touch, all my sisters and I, so it's funny, it was so awful but we've stayed so close compared to people, other people that I know, they just, like years go by, and they don't talk to their siblings, and we live, 2 of them live in Oregon and one of them lives in Alaska, and we talk to each other many times a month.

Another speaks about how siblings continue to support each other and their growing families.

> Now it's great. I spend as much time as possible with my siblings, and they all have kids, so our kids spend as much time together as possible. I think we tried to be supportive to each other because we didn't have our parents to be supportive of us. We banded together a lot and took care of each other a lot.

Participants saw their siblings as people who would never leave them. They had experienced the same hardships and therefore understood each other on a far more intimate level.

How it felt. For many of the participants (n=8, 88.89%), their safe, protective relationships were the opposite of what their relationships were like with their alcoholic parent. Many participants (n=6, 66.67%) felt that their alcoholic parents were not supportive of them or their achievements, whereas their protective relationship was able to provide that support:

> She is a social worker so she was just always that kind of mom that always made you feel like even when you thought you had a really big problem, that she knew your problem was fixable. And that makes things safer.

Another participant describes her preference for her supportive older sister:

> She was always around when I was a kid and she was just a warm and supportive and happy and kind, energetic person in my life. She was one of my family members that I, like, most enjoyed being around.

One participant's friends were supportive of her personal choices in life. She stated, "They were supportive in not putting me in a surrounding that I would have alcohol around me. I was fortunate enough that all of my best friends at my high school didn't drink at all". Here, participants explain a few ways that they were supported. Whether fixing a problem, being present and enjoyable, or being understanding of the participant's life choices, these people provided something that the alcoholic parent was unable to give.

Along with being supportive, these relationships were often able to provide the consistency that was lacking from participants' everyday lives. Two participants (22.22%) identified their solid presence as a source of comfort. This participant reminisces about going over to her surrogate family's home:

> And that is just predictable and safe and loving and just knowing that any time I went there it was going to be that way again. It didn't matter if it was a Thursday or a Saturday night or Sunday morning.

Another participant describes her father's consistency:

> Because he was sober and secure, I feel like I always used to go to my dad and my step-mom. And I would know, they were consistent all the time. They were the ones that were there for me…. He's always the same, it's not, it's just nothing's different, it's just consistent.

For these two participants, their supportive relationships provided a safe place to land in times where this was not easy to come by.

Five participants (55.56%) reported that these significant people took on caretaking responsibilities, including providing meals, transportation, or even allowing the participant to live with them. Emotional support came in the form of "nurturing" and six participants (66.67%) described their supportive relationship as a surrogate parent or sibling. One participant shared a common sentiment that this kind of support was "absolutely critical to any success that I had in my adult life."

The ability to be reliable was important, as described by five participants (55.56%). As noted in the previous section, alcoholic parents were often unreliable and unpredictable. The participants were able to find people who were able to be there for them in their time of need. One participant stated, "And I mean just knowing that I always had someone to talk to about it. So if something was going on there was always her." Another participant, who reported having a very emotionally restricted family, was able to align with her older sister:

> I think with my sister I've always felt very kind of like safe and there was never like a question of, "oh, if I go to my sister right now, is she gonna, like how is she going to respond."

For this participant, reliability implied safety, something that continues now into her relationship with her sister: "She was just super reliable, really kind. So I felt really safe with her. And she was there. She's still there for me."

As noted previously, some (n=5, 55.56%) of the participants experienced dangerous situations, abuse, and neglect. Their protective relationships were a refuge from that experience. One participant was severely beaten by her stepfather and immediately sought sanctuary at the home of her surrogate family across the street. She quotes the family after the ordeal stating: "Don't worry, we'll keep you safe. You can stay here as long as forever, this has always been your home." Another participant, who also experienced neglect, saw her protective relationship figure actually confront her mother in regards to keeping her children in an unsafe environment: "I saw someone, who my mom was friends with since the 80's, I saw someone sort of standing up to my parents and it made me feel like, 'Hey, I can do this.'" This moment provided validation to let the participant know that the way she was living was wrong and was unnecessary and that she was capable of better.

Many participants (n=3, 33.33%) felt as though, because of the situation they were in, they were unloved by their alcoholic parent(s). Their protective relationships were often able to provide the love and care that so many (n=5, 55.56%) felt was lacking in their lives. A participant stated, "I would just go over there. Where it was safe. Even though it was a little crazy and chaotic, too, there was still clear love." A different participant also stated, "She just

unconditionally loved me, I guess that was it. I was never afraid of her. She's my safe person." Here, these two statements link love with safety.

Due to the isolation that most participants felt, "normal" was something to be grasped at, but never attained. They had no model for what "normal" was, having never experienced it and not generally spending much time in other people's homes due to secrecy and extra responsibility. For four (44.44%) the protective relationships were able to begin to give meaning to what "normal" could be:

> It was more that there were houses that were normal, like my friend's house… who had a mom and dad, and who loved them, and took care of them, and took care of their friends, and let us come over and play cards, like that's weird.

This sense of normalcy also provided hope for three (33.33%) participants. If the life participants were living was not what set the standard for others, then they had a chance to do better and be better. They had a chance to break the cycle for their own future: "It made me feel loved and normal and stable. It made me feel like I could have a life like her life when I grew up and not like my parents life." These positive and protective relationships helped the participants experience healthy emotions in a way that was hopeful and growth inspiring. The COAs had a place where they could feel accepted and loved without judgment or condition. It is also important to consider what these relationships gave to the participants.

What they gave. In their protective relationships, COAs were given things such as acceptance, encouragement, and acknowledgement that they may not have received from their parents. Feeling accepted was something that many participants (n=3, 33.33%) spoke about. Having felt so alone and outside of their community due to their parent's addiction, it was wonderful to feel as if they belonged to something, that they fit somewhere: "When I went to live

with her, when I lived with her, she took me as her kid." This participant describes being taken into her protective person's home and being treated as one of the family. Another participant reported that feeling as though there were no conditions on their relationship helped: "There was just a universal acceptance and a universal love from somebody who could take care of me." The gift of acceptance was one that provided a safe haven for participants. They had a place to land. This was helpful in battling their feelings of isolation.

In homes filled with secrets and lies, it is difficult to have open conversations about anything. Open communication (n=2, 22.22%) in protective relationships was valued as were warnings (n=2, 22.22%) and encouragement (n=2, 22.22%):

> She definitely taught me and she said verbally what to look for in friendships and romantic relationships in comparison to our [family] because she was obviously a little bit afraid that I would do what I saw and not what I learned…. A lot of it is probably that my mom said it out loud to me and made sure that I had it straight and I had her voice in the back of my head reminding me and she handed me books that told me about the likelihood that I would date alcoholics. And when she thought my boyfriends drank too much, she told me.

One participant's protective relationship figure used her mother as an example of what not to become. She also made it clear that having an education was a valuable asset.

> She said it outright that you don't have to have this life. [D]on't start drinking, don't do drugs, don't go out and have sex at 14 and get pregnant like my mom did… Oh, [she] always told me I could go do other things. She told me "you can go to college, you have to go to college."

The protective figure often verbalized what COAs should look out for including whom to date, what to aspire to, such as an education, and also what their worth was (n=3, 33.33%). The participants were encouraged to strive for more than they had seen their parents do.

Living with an alcoholic parent and trying to hide that from the community, it can seem as though no one sees your pain. One participant was taken aside by a teacher and was told that she could go to her for anything. The participant's reaction was, "And I wouldn't know what I would say, but it meant a lot to me that she just said that, because nobody else talked about anything." When no one acknowledges that there is something wrong, it can be very disconcerting and can almost make someone feel as though they are crazy. To be seen and acknowledged is important to validate a person's lived experience (n=2, 22.2%).

> She was also just really honest about everything that was happening with my dad. It was never a secret… [As] opposed to I guess feeling like I'm imagining it or not understanding it she always made sure that we actually knew what was going on. I think that… it made me feel more like she saw my pain and that I wasn't somebody who was alone in that.

These relationships were helpful in filling the gaps of what was missing in the lives of these participants. They provided helpful guidance and allowed participants to experience positive regard that was lacking at times. It is also important to consider how these relationships were helpful to the participants. The next section will discuss how resilient the participants were given their alcoholic upbringing as well as their protective relationship.

Adult Functioning and Resiliency

Resilience, as defined previously, is the ability to achieve good outcomes, recover well, and find strength after experiencing adversity (Hartling, 2008; Masten & Coatsworth, 1998;

Walsh, 2003). It was postulated that growing up in an alcoholic home would qualify as an adverse experience. While the participants continue to navigate their relationships and personal histories, it is important to note the positive and negative attributes that make up who they are today, including personal relationships with substances, mental health, treatment history, and adult relational functioning. This section will look at these categories to determine how resilient the participants have been.

Substance use. One topic that was discussed with all participants was their past and current relationship to alcohol and other drugs. Of the nine participants, two (22.22%) had a history of drug and alcohol abuse, but were not currently abusing substances. Three (33.33%) are avoidant of alcohol. Of these, one participant is highly rigid about his drinking habits, stating, "Currently? I mean I drink beer. I have a personal rule that I don't drink wine and I only drink small amounts of very, very specific types of liquor." The remaining two (22.22%) abstain altogether. Four (44.44%) participants are able to drink socially and are aware of their limits. One of these participants is aware of her drinking patterns and works to ensure that she is very careful if and when she consumes alcohol: "So I limit myself because I know that I have a pattern of drinking heavily." All participants are aware of the heredity that comes with alcoholism and many (n=6, 66.67%) have generational substance abuse on one or both sides of their family. They work to recognize this factor, but are still able to drink socially.

Despite their ability to drink socially, some (n=5, 55.56%) participants still fear addiction. Having seen what addiction can do to a family, they worry that if they were to slip into a similar pattern, they may not be able to get back to their healthy selves. One participant is able to recognize that she has a strong desire to drink to excess, but is able to limit herself:

> I try not to drink very much, because if I have like two glasses of wine, I'll want to drink the whole bottle. Like I'll say this is my mission, to get through all of the alcohol in the house. And I don't know why that happens to me. I don't want that to happen.

Another also recognized that she greatly enjoys alcohol and that it is important to be aware of that:

> I'm giving it up this time because I'm really uncomfortable with how much I like it. And I was finding myself using it as a coping mechanism, like, "Oh my God, I'm really looking forward to that 5 o'clock glass of wine." Even if it was one or two, I was really; really looking forward to it and it scared the crap out of me.

Knowing that addiction has inheritable factors, as well as knowing that modeled behaviors are remembered even from early childhood, it appears that the participants' fears are warranted.

Mental health. Seven (77.78%) participants stated that they had been or were being treated for a mental health condition. Of these seven, all reported experiencing depression at one time or another, four (57.14%) reported anxiety, and one (14.29%) reported an eating disorder. Four (57.14%) of these participants had been hospitalized for mental health reasons. Two (28.57%) of these participants admitted to having been suicidal at points in their lives. The other two (22.22%) participants felt that they did not have any mental health issues and that this was not an issue for them.

Six (66.67%) participants reported engaging in individual therapy. One (16.67%) of these participants reported using her time in therapy to work through her array of feelings from childhood. She stated, "I go to therapy and a lot of my therapy is sort of around my problems with the way I grew up and anger/guilt/control mixture that I have with my parents."

Participants were also asked what their relation was to Al-Anon, AA, and other support groups.

Two (22.22%) participants found support groups and 12-Step programs to not be helpful, but they were open to the experience: “It just didn't serve any purpose so I haven't done anything like that again. I'm open to it.” Others (n=7, 77.78%) found support groups to be very helpful for them in overcoming their adversities:

> I went to a meeting for [ACA] and read… the various little small pieces of literature and read the lists and that kind of stuff and went, "Oh my God, was someone spying on me? Um... yeah, this is my life. This is so my life." And started going to meetings and it helps a lot.

One participant discusses how support groups and contacts help her function on a regular basis. “I went through Al-Anon and Adult Children, with an Adult Children of Alcoholics focus. Yeah, if I don't have sort of daily contact with a therapeutic-like community then things get off the rails pretty quickly.” These types of support can be helpful for those who respond to 12-step programs.

Inner strength. Throughout the interviews, participants mentioned situations in which they called upon their inner selves to be able to handle what was happening. As one participant put it:

> I’m me, I’m still going to be me. I’m the kind of person, you push me down I’m going to pop back up twice as hard as I did before you pushed me down. I’m celebrating my life I don't care because I did this and through everything, I still did this. I have the power to really change and trying to understand that because I can't change others, I have to work on me.

Along the same line, three (33.33%) participants expressed a sense of optimism, one for their future, one for their relationships, and one for people in general:

> I'm not really sure, because there is really no foundation for this, but I kind of always want to find the good in people….I think it's because, with everything that I've been through, I'm still optimistic. I'm still generally a positive person that there's good in everyone.

By maintaining an optimistic view, these participants have been able to improve their outlook on life and on others that they interact with. They are able to remember that although some people do bad things, not all people are bad. This is a powerful lesson that not all people are able to learn.

One participant struggled with her faith in a higher power for many years; having been abused and seen so many hardships, she did not believe that there was a divine power that was working to make sure that she was okay. As she matured and started to attend church and support groups more regularly, she was able to recognize her faith working to help her solve her problems. She stated, "…now that I have a more spiritual side I feel that God squeezed his way in really interesting and creative method." Her spirituality is now a great source of comfort and support for her as she works to raise her own children and achieve higher educational goals.

The ability to forgive is something that most people struggle with on a good day. Having the knowledge, that someone is capable of causing you pain and continuing to allow them into your life in hopes that this does not happen again takes strength. Many (n=4, 44.44%) participants spoke about their ability to forgive. For one participant, forgiveness began with the ability to be more honest with her mother, who has notoriously been closed off emotionally and by her drinking.

> Anyway… our relationship in general has just really gotten more honest, I guess. Like, we now talk openly about her drinking, plenty. And have kind of started to be able to

> talk… more about how her drinking affected us as her children and all this kind of stuff, and what it has done to my kind of psychological make-up.

A different participant forgave most transgressions but was unable to completely open herself up to either of her parents. They were also unwilling to apologize for much as well.

> I had my expectations fully adjusted and forgave and accepted as much as I could. And just didn't put myself or my kids into any dangerous situations and gave opportunities to both my parents to work through it as much as they were able to or willing to. And accepted what was left over.

Spirituality, perseverance, optimism, and forgiveness all come from within a person. To be able to maintain these is to be able to see good in the world. Each participant is still able to see the unseen benefit in his or her lives.

Educational and vocational achievement. Living in such a dismal environment as growing up with an alcoholic parent, it might be easy to give up or take the easy way out in order to escape quickly. However, given that many of the participants were either working on Bachelor's degrees (n=1, 11.11%), had achieved them (n=7, 77.78%), or were entrepreneurs working for themselves (n=1, 11.11%), this does not seem to be the case. All of the participants worked to persevere to achieve their goals, showing that educational or vocational achievement is an indicator of resilience. One participant knew that sports and extra-curriculars looked good on college applications. She states, "I just knew that when it came time to apply to school you had to have that in your application. I wasn't good at any of them so I figured I'd double up or triple up on them." The participants worked to overcome their hardship and are now able to celebrate their achievements proudly.

Relational functioning. There are many benefits to having affirmative people in one's life. For eight (88.89%) of these COAs, they were able to experience positive regard in their protective relationship that they may not have otherwise been able to receive. One significant benefit of having this relationship was an opportunity to witness a healthy relationship in action. Many (n=5, 55.56%) participants noted that they found their protective relationship figure to serve as a role model in order to help them in the future.

One participant used her protective relationship as a working model as she progressed through life, and attributes this relationship to helping her with her current relationships:

> So I wonder if my relationship with her, I don't know if it has made me more able to form safe and secure relationships, but I think it certainly is a model for me, like now that I'm becoming more cognizant of this, I think that my relationship with her is something that I can hold in my mind and be like, "No, people are caring and good." You know?

Another attributes her current success with her husband and children to her protective relationship figure:

> When all of the crazy things were happening in my house and there was drunken fights and my dad was like burning down our couch, falling asleep with a cigarette, and I would go to [her] house and see how people who aren't alcoholics and people who aren't addicted live, she, because she was a nurse, and her husband worked for the city, I don't know what he does, but he has a degree in English and she has a degree from in Nursing and they just are educated and level. I think I sort of thought of that as what I wanted to be like… She sort of helped teach me how to treat other people and I don't think that I would have a nice stable relationship with my husband or my kids now if it weren't for [her].

The positive relationships were able to act as models for how people should be treated and how to treat others. They were prototypes that the eight COAs (88.89%) were able to carry with them into the future and that have helped them to form stable and healthy relationships that they currently enjoy.

All nine participants were also very social. They blended into peer groups relatively easily:

> I always had friends in every circle…I mean I had my close circle of friends, but growing up in high school, I wasn't in any clique. I had friends on the cheerleader squad, and I had friends in the drama crew, and I had friends in the sports, and they were friends, they were genuine friends. I never felt cliquey. I never felt outed by anybody.

Many (n=6, 66.67%) participants had a core group of friends or relied on one now to help them overcome hard times. Having a core group of friends was identified as one participant's safe and secure relationship. A participant stated, "With my friends, the friends that I do have, our relationships are still really strong." One participant had very lax family rules and seemed to use her friends as her surrogate family at times:

> So I spent a lot of time with my friends. Like I was saying how I spent a lot of time at school. And that was in elementary school, too. I would take off after school and go hang out at my friend's house.... When I went to high school, I went to a private school that was partially a boarding school… [A]ll my friends were boarders so I spent a lot of time on campus with them, you know, and had a typically tight-knit kind of group of high school friends.

Friendships continue to be important to maintain. A participant finds her friendships to be vital as her friends are in tune with her, sometimes more than she is with herself.

> I have to say that I have a… fantastic network. Not just the families that I have but I also have some really, really wonderful friends that seem to have some intuitive like radar on me, like the intuition GPS and it starts beeping when they know something's going on with me.

These friendships provided support and a refuge from the chaotic home life that many (n=5, 55.56%) participants were working hard to avoid.

Protective relationships also helped to act as models of trust for the participants. All participants were asked whether they feel they have issues with trust/intimacy. Six (66.67%) participants stated that they are still working through some of their trust and intimacy issues that began in their childhoods, and have had difficulty forming trusting relationships. Others (n=2, 22.22%) had difficulty maintaining appropriate boundaries:

> I guess that's a problem with trust and intimacy, not being able to set boundaries. So when you first said that, I was thinking like, do you have trouble letting people in? I don't think I ever really had trouble with that; it was more keeping people at a safe distance.

One participant goes on to talk about her difficult maintaining boundaries of intimacy:

> I think I was more trusting before, but in an unwise way. I didn't know how to, it was all or nothing. And it was mostly all, like "Oh, I'll just totally, oh you like me? Oh sure let's go sleep together."

The lack of boundaries mimics the lack of stability the participants were shown by their parents. However, some (n=6, 66.67%) were able to state that, while they still struggle, they have been able to make progress. It is a daily task, but they are able to move forward. Here, a participant discusses how her safe relationship with her protective figure contributed to her ability to be

relationally open as an adult: “I think because I had some safety nets and safety in my life that I'm not afraid to give people a chance and to share myself and to talk to people and that kind of stuff.” Where some (n=4, 44.44%) participants originally felt hopeless, through their positive relationship, they were able to develop healthy models for how to have relationships and learned that trust is possible and something that has to be maintained. By experiencing a trusting relationship that was unconditional, these participants were able to move forward and continue to build relationships.

However, the need to maintain secrets from others also worked to keep friendships tenuous. For three participants, it often seemed safer to only be friends fleetingly in order to not get too close:

> I kept a lot of secrets and would only become friends with people for a little while and then I'd hop around from friend to friend. I think it did affect my relationships, even today. I don't know, I just haven't been as consistent as a friend because I think I can't be honest. But I try to be now.

The lack of regular closeness can create distance even when a person has a close group of friends. It is easy to be friends, experience everyday trials and tribulations, but never go deeper. One participant felt that it was easy to potentially lose friends given her emotionally lacking relationship with her alcoholic mother:

> There’s pretty few people that I'm really, genuinely close to emotionally. I could probably count them on one hand. And those have mostly been people that I've been romantically involved with. Just always being afraid that if I were to tell somebody something that they'd get mad at me.

This suggests that even with the presence of protective relationship(s), all the relational difficulties that come with being a COA are hard to overcome. It is possible that one positive relationship cannot counterbalance the presence of many dysfunctional relationships.

Another issue that three (33.33%) participants encountered was their pattern for attracting other alcoholics and addicts. A participant stated, "I ended up marrying an alcoholic and a drug addict. Which I'm finding is actually pretty common." Another participant had similar sentiments: "I always attract people who are abusing alcohol in some way shape or form." This can be common with some COAs.

Three (33.33%) participants had difficulty with self-awareness. A participant stated: "I think that I ran into a lot of trouble with not being self-attuned, and not being able to know or understand what I needed or what was good for me, or bad for me, and not being able to communicate those things." Without helpful modeling from their positive attachments, these patterns could likely continue. For this participant, this lack of boundaries occurred when she was in college, and she has since been able to set boundaries that are more appropriate. Seven participants continue to struggle with relationships, but cite that their positive relationships did help to mitigate some of the negative impact of their alcoholic parent's instability.

The final way that participants noticed their relationships were negatively affected was with their current relationships with their parents, or the ones they had before their parent passed away. Many (n=4, 44.44%) participants wanted help to gain better understanding about their experiences growing up in an alcoholic home, and sought that from their parents when they became old enough to have that conversation. Unfortunately, many (n=5, 55.56%) were met with a wall that their parent has put up, leaving them to decipher their experience in other ways.

This lack of closure led four (44.44%) participants to engage in only surface relationships with their parents as adults. A participant stated:

> [S]he tries much more now and I have to give her that. I don't know if it's regret, I don't know if it's seeing her old age in front of her. Like, "Oh my god, this woman might have to take care of me when I'm old." I don't know if it's realization that she just has her husband and me.

A realization of one's own mortality can be a strong motivator to cultivate and foster a better relationship with loved ones. Another participant describes what her mother wanted to talk about before she passed away: "But she just wanted to talk about her garden, and you know, what we were up to, but just in the present." The relationship with the alcoholic parent may have improved, but was not able to become a deeper connection for these four participants.

One participant also discusses her relationship with her non-alcoholic mother, as her father has since passed away. This participant blamed her mother for keeping them in a violent and tumultuous situation:

> It's perfectly acceptable. You know, she's getting older. No, she's not getting older, she's old. She's 80, almost 80. I've known for a long time now that she's not going to, she does not want to look at what happened. She does not even see it and my brother, who's sober, my brother and I talk about it frequently and we just recognize that it's never going to happen, so we've moved on to whatever type of level of relationship we can have now. She's an incredible grandmother. Just the best. A very kind, loving person, so it's easy to have a relationship with her.

For these participants, it is enough to have regular contact with their parent and to have them be a part of their lives and their families' lives.

Summary

The findings compiled from interviews with COAs suggest that while having a positive relationship during childhoods filled with adversity can help to mitigate some of the stressors and increase adult relational functionality, it is not always possible to foresee other issues that arise further along in adulthood. These relationships served as models for the COAs and as safe havens to seek refuge during difficult times. Participants continue to carry these representations with them and often continue to have lasting relationships with their protective figure, serving as a regular reminder of all the good relationships can bring. Unfortunately, some (n=3, 33.33%) participants continue to remain hesitant to trust others. The following chapter will discuss the significance and implications of these findings and look for potential opportunities for further research.

CHAPTER FIVE

Discussion

The purpose of this study was to look at positive attachments and whether they promoted resilience in COAs. It was postulated that being a COA was a risk factor for potential hardships in adulthood such as mental health issues and emotional dysregulation (Hall & Webster, 2007a), but these risks may be mitigated by protective factors. The main factor that this study explored was positive attachments from when the child was living with their alcoholic parent. Walsh (2003) and Masten and Coatsworth (1998) spoke about the helpfulness of a caring, prosocial adult. While there have been many quantitative studies done on this topic and population, the current qualitative study sought a more in-depth point of view of the COAs' experiences as they remembered them.

Key Findings

The key finding of this study was that having a positive attachment while the COA was living with their alcoholic parent was indeed helpful in mitigating some of the difficulties that growing up in that situation can bring forth. Participants were nourished by secure relationships with people such as their non-alcoholic parent, sibling, aunt, surrogate family or peer group, whom Walsh (2003) had also claimed were important people in promoting resilience. Participants noted that they were able to use these relationships as a model for their current relationships, and some continue to rely on these people today. Hartling (2008) also stated that these modeled relationships were beneficial. For example, one participant expressed that she

found her supportive relationship to be vital to her ability to function well as an adult; other participants had similar sentiments.

The fact that many of the protective relationship figures took on a caretaking role is also significant as many of the participants were young children when their parent(s) were abusing alcohol. Alcoholic families are believed to be more disorganized, less cohesive, emotionally constricted, conflictual, hostile, and chaotic (Cuijpers et al., 1999; Walker & Lee, 1998). This atmosphere can create bigger issues for COAs as they grow and develop. By having protective relationship figures take on caretaking roles, COAs are granted a reprieve from the chaos and disorganization that exists in their homes.

However, while such relationships were helpful, they were not always enough to protect the participants from having difficulty in relationships and in their personal lives, perhaps because the human experience is too nuanced to be protected by only one supportive person. As was a concern and a risk factor, previously stated in the literature (Cuijpers et al., 1999), participant interviews revealed that some still struggle with substance abuse. Some participants have mental health issues which Clark et al. (2004) stated were likely having grown up in a chaotic environment. Some participants also continue to have difficulty in their interpersonal relationships which Beesley & Stoltenberg (2002) and Seefeldt & Lyon (1992) stated were possible despite the majority of the participants being in relationships and attaining a high level of academic and occupational achievements.

Substance use. Two of the participants revealed that they had struggled with addiction. While there are many environmental factors that could contribute to a COA becoming an alcoholic, including the chaotic environment that many of the participants grew up in (Beesley & Stoltenberg, 2002; Masten & Coatsworth, 1998; Walsh, 2003), genetic factors may have

contributed to the participants' substance abuse, as noted in the twin study conducted by Cuijpers et al. (1999). While the positive relationship may have been helpful in demonstrating appropriate coping strategies, it may not have been able to diminish the genetic component of the disease. The COAs spent more time in the alcoholic home than outside it, and many identified siblings or non-alcoholic parents as their supportive relationships. Therefore, their exposure to the alcoholic was likely equal to or greater than their exposure to positive attachment figures.

Conversely, for some of the participants, seeing the destruction and chaos that alcohol brought to their family was enough to scare them away from drinking at all. While some participants are able to drink socially, they are highly aware of their intake and the surroundings that they choose to put themselves in. One participant stated that her protective figure often provided warnings about the likelihood of becoming an alcoholic herself and therefore she did not make alcohol a priority in her life. She continues to hear that voice in her head that serves as an extra conscience.

Mental health. A majority of the participants (n=7) stated that they had or currently have mental health concerns. Chassin et al. (2004) and Clark et al. (2004) warned of this risk for COAs. The chaos and unpredictability of their homes coupled with the fact that some of the participants experienced abuse, violence, and neglect, make it understandable and likely that they may experience problems such as depression and anxiety. However, all of the participants that stated that they had mental health problems sought treatment at some point in time. For some, the therapeutic community continues to be vital to their success. Others find help and comfort in their protective relationships or in other outlets such as religion or different support groups. In a world where mental health diagnoses are common, these participants are coping productively and with professional help when needed, showing their ability to be resilient and overcome the

adversity of their childhood. This further speaks to their ability to be resilient and to find hope for a healthy future for themselves and their families. While not all people are able to overcome such adversity, it is possible that these participants, with the help of protective relationship figures, were able to see past their difficult childhoods and are able to work through their troubles in a more healthy and adaptive way than their parents.

Relationships. Relationships and their ability to be viable and advantageous were the crux of this study. Beesley and Stoltenberg (2002) and Seefeldt and Lyon (1992) postulated that growing up in a chaotic and dysfunctional environment would have a serious and negative impact on a COA's ability to form and maintain healthy relationships. All participants showed that they were able to maintain a secure relationship as that was a requirement of the study. How they used that relationship to form and build other relationships was an important finding. All participants were able to identify that they had friends and fulfilling relationships with others. Getting to a point where they are able to trust and be comfortable can sometimes take longer. This is one of the points made by Beesley and Stoltenberg (2002) previously. However, given the modeling that they received from their supportive relationship figure, many participants were able to keep that relationship in their mind as a prototype to remind them that not all people are mean and manipulative as many of the alcoholic parents were. The positive figure served as the relationship to which to compare all the rest.

The human experience is filled with twists and turns and pitfalls that are often unseen. It is important to be able to persevere through these to be able to enjoy life. Having a difficult childhood with an alcoholic parent can make seeing the good in life more challenging. The positive attachment that the participants were able to cultivate was imperative to be able continue to form healthy relationships. Resilience is demonstrated in the ability to recognize that one

wrongdoing is not the standard for all relationships. Unfortunately, one relationship cannot protect a person from every issue that might occur. There is too much opportunity for variability in life, and other relationships to override this single relationship's impact on the COAs' ability to form strong bonds. Nevertheless, the protective relationship served to bolster the participants' resiliency to continue to function well into adulthood.

Limitations

The findings of this study are limited by the small sample size and qualitative design. While this methodology allowed for the gathering of rich detail from participants about their experiences and their emotions, it is impossible to generalize these findings to a larger population. The qualitative design is also vulnerable to researcher bias, reactivity and participant bias. Researcher bias that protective relationships would be beneficial to participants in building strong relationships in the future shaped the research hypotheses and could have influenced the interviews. In addition, as a COA, the researcher may not have maintained a fully objective stance. Participant bias may have led some to underestimate the helpfulness of their protective relationships, and others to overestimate how helpful the relationship was to them. Reliability cannot be determined, as there was no control group.

Another limitation was the recruitment process. Those who chose to participate were motivated to do so and this also contributes to potential participant bias: people who are motivated to speak about their experiences are more likely to participate than those who are not as willing to share their stories. Participants were also more likely to feel positively about their identified protective relationship, and be resilient, because they self-selected based on the stated purpose of the study to explore such relationships and resilience. However, those who did participate had a wide variety of experiences and age ranges, which helped to create more

variability in their responses. While the female gender was overrepresented, there were still significant differences in their life experiences. All of these factors limit the generalizability of the findings.

Implications for Future Research

COAs and their capacity to be resilient, as well as attachment figures, are topics that many people can relate to, making them easily expanded on for future research, practice and policy. For many, being a COA can be a sensitive subject and, therefore, recruitment was challenging. In the future, it may be useful to highlight the positive nature of the research as opposed to the negative in order to help people feel more willing to participate. This would also help to recruit a more diverse and expansive sample making it possible to develop more substantial and generalizable findings. Opening up the requirements for how long a participant lived with an alcoholic parent and when they experienced their supportive relationship (before, during, or after that time) would create better circumstances for more comprehensive results.

It is important to examine COAs' personal history or use and current relationship to alcohol and other drugs in order to be better able to catalog and understand the heredity of addiction. It would also be interesting to determine if having these supportive relationships helped to mitigate the COAs' likelihood for addiction themselves. These would be important considerations for future research, in order to gather a better understanding of other factors that go into addiction, and help clinicians to potentially better treat and prevent further addiction cycles.

Another possible exploration for future research could look at the difference between the sibling and adult relationships that served as protective. Was the sibling relationship a built-in protector? Alternatively, did it still need to be cultivated as each child experienced their parent's

addiction differently? Is an adult more able to meet caretaker needs that are being neglected than a sibling? As all but one of the participants identified that they had siblings and some identified those siblings as their protective relationship, it would be interesting to see the juxtaposition of siblings versus other adults.

In terms of practice, this research can help to show clinicians that having secure, positive attachments is highly beneficial and important to cultivate for COAs. Having a consistent person to care for and model a healthy relationship can be beneficial to COAs and to their future relational functioning. While the relationship may not fix everything, it can help to allay some of the risks. Although not all clinicians specialize in working with COAs, by taking on an attachment focus, clinicians can feel better prepared to working with this at-risk population. It could be beneficial to start a therapy group for COAs to foster additional positive attachments. This could help COAs to not feel so isolated and to have a place to process their feelings and ideas with people who have had similar experiences. This also works to lessen the stigma of being a COA.

It would be beneficial for policy makers to identify supports for COAs at the time an issue with their parent becomes evident. Due to the secrecy that revolves around alcoholism, COAs' needs may otherwise be hidden. Having guidelines in place for COAs once their parents have been identified with a problem makes the likelihood of them receiving help that much greater.

Being a COA can be isolating and scary. One can feel embarrassed by their alcoholic parent(s) and not want to reach out for help. However, it is important to foster relationships with supportive others to provide helpful modeling and comfort. By being aware of those around us, and taking some time out of our day to give to a child, more COAs can feel hopeful that they

deserve a future and that they can be successful and without fear. Attachments are fundamental in order to thrive in today's society.

References

Ainsworth, M. D. S. (1989). Attachment beyond infancy. *American Psychologist, 44*(4), 709 716.

Anastas, J. W. (1999). *Research design for social work and the human services.* New York, NY: Columbia University Press.

Beesley, D., & Stoltenberg, C. D. (2002). Control, attachment style, and relationship satisfaction among adult children of alcoholics. *Journal of Mental Health Counseling, 24*(4), 281-298.

Berman, W. H., & Sperling, M. B. (1994). The structure and function of adult attachment. In M. B. Sperling & W. H. Berman (Eds.), *Attachment in adults: Clinical and developmental perspectives* (pp. 1-28). New York, NY: The Guilford Press.

Bosworth, K., & Burke, R. (1994). Collegiate children of alcoholics: Presenting problems and campus services. *Journal of Alcohol and Drug Education, 40*(1), 15-25.

Cable, L. C. (2000). Kaleidoscopes and epic tales: Diverse narratives of adult children of alcoholics. In J. Krestan (Ed.), *Bridges to recovery: Addiction, family therapy, and multicultural treatment* (pp. 41-76). New York, NY: Free Press.

Chassin, L., Carle, A. C., Nissim-Sabat, D., & Kumpfer, K. L. (2004). Fostering resilience in children of alcoholic parents. In K. I. Maton, C. J. Schellenbach, B. J. Leadbeater, & A. L. Solarz (Eds.), *Investing in children, youth, families, and communities: Strengths-based research and policy* (pp. 137-155). Washington, DC: American Psychological Association.

Clark, B. C., Cornelius, J., Wood, D. S., & Vanyukov, M. (2004). Psychopathology risk

transmission in children of parents with substance use disorders. *American Journal of Psychiatry, 161*(4), 685-691.

Cuijpers, P., Langendoen, Y., & Bijl, R. V. (1999). Psychiatric disorders in adult children of problem drinkers: Prevalence, first onset, and comparison with other risk factors. *Addiction, 94*(10), 1489-1498.

Curran, P. & Chassin, L. (1996). A longitudinal study of parenting as a protective factor for children of alcoholic fathers. *Journal of Studies on Alcohol, 57*(3), 305-313.

Edwards, E. P., Eiden, R., & Leonard, K. E. (2006). Behavior problems in 18- to 36-month old children of alcoholic fathers: Secure mother-infant attachment as a protective factor. *Development and Psychopathology, 18*(2), 395-407.

El-Guebaly, N., West, M., Maticka-Tyndale, E., & Pool, M. (1993). Attachment among adult children of alcoholics. *Addiction, 88*(10), 1405-1411.

Fingarette, H. (1988). *Heavy drinking: The myth of alcoholism as a disease*. Berkley, CA: University of California Press.

Focht-Birkerts, L., & Beardslee, W. R. (2000). A child's experience of parental depression: Encouraging relational resilience in families with affective illness. *Family Process, 39*(4), 417-434.

Fraser, C., McIntyre, A., & Manby, M. (2009). Exploring the impact of parental drug/alcohol problems on children and parents in a midlands county in 2005/06. *British Journal of Social Work, 39*(5), 846-866.

Goertzel, V., & Goertzel, M. G. (1962). *Cradles of eminence*. Boston, MA: Little Brown & Co.

Goodwin, D. (1991). The etiology of alcoholism. In D. J. Pittman & H. R. White (Eds.), *Society,*

culture, and drinking patterns reexamined (pp. 598-608). New Brunswick, NJ: Rutgers Center of Alcohol Studies.

Hall, J. (2007). An exploratory study of differences in self-esteem, kinship social support, and coping responses among African American ACOAs and non-ACOAs. *Journal of American College Health, 56*(1), 49-54.

Hall, J. (2008). The impact of kin and fictive kin relationships on the mental health of black adult children of alcoholics. *Health and Social Work, 33*(4), 259-266.

Hall, C. W., Webster, R. E., & Powell, E. J. (2003). Personal alcohol use in adult children of alcoholics. *Alcohol Research, 8*(4), 157-162.

Hall, C. W., & Webster, R. E. (2007a). Multiple stressors and adjustment among adult children of alcoholics. *Addiction Research and Theory, 15*(4), 425-434.

Hall, C. W., & Webster, R. E. (2007b). Risk factors among adult children of alcoholics. *International Journal of Behavioral Consultation and Therapy, 3*(4), 494-511.

Hartling, L. M. (2008). Strengthening resilience in a risky world: It's all about relationships. *Women & Therapy, 31*(2-4), 51-70.

Jaeger, E., Hahn, N. B., & Weinraub, M. (2000). Attachment in adult daughters of alcoholic fathers. *Addiction, 95*(2), 267-276.

Kroll, B. (2004). Living with an elephant: Growing up with parental substance misuse. *Child and Family Social Work, 9*(2), 129-140.

Lease, S. H. (2002). A model of depression in adult children of alcoholics and nonalcoholics. *Journal of Counseling and Development, 80*(4), 441-451.

Luthar, S. S. (1991). Vulnerability and resilience: A study of high-risk adolescents. *Child Development,* 62(3) 600-616.

Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist, 53*(2), 205-220.

Menees, M. (1997). The role of coping, social support, and family communication in explaining the self-esteem of adult children of alcoholics. *Communication Reports, 10*(1), 9-19.

Menees, M. M., & Segrin, C. (2000). The specificity of disrupted processes in families of adult children of alcoholics. *Alcohol & Alcoholism, 35*(4), 361-367.

Mills-Koonce, W., Appleyard, K., Barnett, M., Deng, M., Putallaz, M., & Cox, M. (2011). Adult attachment style and stress as risk factors for early maternal sensitivity and negativity. *Infant Mental Health Journal, 32*(3), 277-285.

Moe, J., Johnson, J. L., & Wade, W. (2007). Resilience in children of substance users: In their own words. *Substance Use and Misuse, 42*(2-3), 381-398.

Moos, R. & Billings, A. (1982). Children of alcoholics during the recovery process: Alcoholics and matched control families. *Addictive Behaviors, 7*(2), 155-163.

Mothersead, P. K., Kivlighan, D. M., & Wynkoop, T. F. (1998). Attachment, family dysfunction, parental alcoholism, and interpersonal distress in late adolescence: A structural model. *Journal of Counseling Psychology, 45*(2), 196-203.

Ohannessian, C., & Hesselbrock, V. (1993). The influence of perceived social support on the relationship between family history of alcoholism and drinking behavior. *Addiction, 88*(12), 1651-1658.

Rutter, M. (1999). Resilience concepts and findings: Implications for family therapy. *Journal of Family Therapy, 21*(2), 119-144.

Seefeldt, R. W., & Lyon, M. A. (1992). Personality characteristics of adult children of

alcoholics. *Journal of Counseling and Development, 70*(5), 588-593.

Substance Abuse and Mental Health Services Administration, Office of Applied Studies (April 16, 2009). *The national survey on drug use and health report: Children living with substance-dependent or substance-abusing parents: 2002 to 2007*. Rockville, MD. Retrieved November 30, 2012, from http://www.samhsa.gov/data/2k9/SAparents/SAparents.htm

Ullman, A. D., & Orenstein, A. (1994). Why some children of alcoholics become alcoholics: Emulation of the drinker. *Adolescence, 29*(113), 1-11.

Walker, J. P., & Lee, R. E. (1998). Uncovering strengths of children of alcoholic parents. *Contemporary Family Therapy: An International Journal, 20*(4), 521-538.

Walsh, F. (2003). Crisis, trauma, and challenge: A relational resilience approach for healing, transformation, and growth. *Smith College Studies in Social Work, 74*(1), 49-71.

Werner, E. E. (1986). Resilient offspring of alcoholics: A longitudinal study from birth to age 18. *Journal of Studies on Alcohol, 47*(1), 34-40.

Werner, E. E., & Johnson, J. L. (2004). The role of caring adults in the lives of children of alcoholics. *Substance Use and Misuse, 39*(5), 699-720.

Wolin, S., Bennett, L., Noonan, D., & Teitelbaum, M. (1980). Disrupted family rituals. *Journal on Studies of Alcohol, 41*(3), 199-214.

Appendix A

Human Subjects Review Committee Approval Letter

SMITH COLLEGE

School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

February 21, 2013

Sheena Mahoney

Dear Sheena,

Thank you for making all the requested changes to your Human Subjects Review application. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

Marsha Kline Pruett, M.S., Ph.D., M.S.L.
Acting Chair, Human Subjects Review Committee

CC: Natalie Hill, Research Advisor

Appendix B

Informed Consent Form

Dear Participant,

My name is Sheena Mahoney and I am a graduate student at Smith College School for Social Work, pursuing a Master of Social Work degree. I am conducting a research study exploring how a significant relationship during childhood may help a child of an alcoholic achieve good outcomes and find strength after experiencing adversity. The data will be used as part of my MSW thesis, and may be used for related publications and/or presentations.

To participate, you must be at least 18 years old, speak English fluently, live in the Boston area, and have memories of living with your alcoholic parent who abused alcohol for at least 2 years while you were under age 18. You must also be able to identify one positive relationship from that period. If you meet these criteria and choose to participate, I will be interviewing you about your experience as a child of an alcoholic and the influence of the positive relationship(s) during that time. The interview will last approximately 1 hour, and be audio taped. I will transcribe the recording, and no one else will have access to it.

A potential risk of participating in this study is that you may experience some emotional discomfort as a result of the content we discuss. A list of mental health referrals is attached to this letter, in case you feel that you need more support around issues that the interview raised. One benefit of participating in this study is that you will be contributing to the body of knowledge on the experiences of children of alcoholics. This knowledge may contribute to helping other children of alcoholics develop resilience. In addition, you may gain new perspective on your own strengths and ability to be resilient. You will not be compensated for participation in this study.

Your responses will be kept confidential to the greatest possible extent. All potentially identifying information will be removed from the transcripts; my research advisor and a colleague who will help me with data analysis will have access to data only after identifying information has been removed. I will also keep this form with your signature separated from the data. In possible publications or presentations, the data will be presented as a whole. When brief illustrative quotes or vignettes are used, your identity will be carefully disguised. All notes, tapes, transcripts and questionnaires will be kept in a secure location for a period of three years as required by Federal guidelines, and data stored electronically will be password protected. Should I need the materials beyond the three-year period, they will continue to be kept in a secure location and will be destroyed when no longer needed.

Participation in this study is voluntary. You may withdraw from the study at any point during the interview, or refuse to answer any question. You may also withdraw your responses by contacting me by March 30, 2013. If you choose to withdraw, all data related to you will be destroyed. If you choose to withdraw or have any questions, you can contact me by e-mail. Should you have any concerns about your rights or about any aspect of the study, you are encouraged to e-mail me or call the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Participant Signature	Date
Researcher Signature	Date

Thank you for your participation. Please keep a copy of this form for your records, and feel free to contact me with any questions or concerns.

Sincerely,

Sheena Mahoney

Appendix C

Mental Health Resources

1. http://therapists.psychologytoday.com/rms/prof_search.php
2. http://www.therapymatcher.org/
3. http://www.nmha.org/go/find_support_group
4. http://www.ma-al-anon-alateen.org/
5. http://acoa1.wordpress.com/

Appendix D

Interview Outline

General Demographic Information

1. How old are you?
2. What is your gender?
3. What is your ethnicity?
4. What is your occupation/job?
5. What is your marital status?
6. What is the highest level of education you completed?

Interview Guide

1. Parental alcoholism specifics
    a. Which parent was an alcoholic, or both?
    b. How long did you live with your alcoholic parent(s)?
    c. How old were you when your parent(s) were abusing alcohol?
    d. What was your home life like?
    e. Is there a history in your family of alcohol/drug abuse?
    f. Were you aware of your parent's mental health status?
    g. Is there a history in your family of mental health issues?
    h. What were your relationships like with others when you were younger?
2. Supportive Relationship
    a. Whom do you identify as a safe and secure relationship from when you were living with your alcoholic parent?
        i. Are they still a source of support?

b. What is you history of relationships since then?

    i. Do you have trust/intimacy issues?

3. Factors of Resilience

    a. What is your personal relationship to alcohol and other drugs currently?

    b. Have you ever received treatment of sough out counseling for yourself?

        i. AA, ACOA, Al-Anon

    c. Have you ever experienced mental health issues regarding things such as depression and/or anxiety?

    d. What are your relationships like currently?