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Partners' perceptions regarding problematic alcohol use and the effects with romantic relationships : a qualitative study

Meghan E. Wilson
Smith College

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Meghan Emma Wilson
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ABSTRACT

This thesis is an inquiry into the role of partners' perceptions concerning problematic

alcohol consumption and its effects on romantic relationships. This study sought to unpack the

role of perceptions within romantic relationships. The study's sample included 12 participants

who were currently involved in heterosexual romantic relationships for at least one year with

significant others struggling with alcohol use. The study used an inductive, exploratory design

implemented through a semi-structured interview. Within the category of perceptions of

problematic drinking, three major themes emerged—disruption of social obligations and

responsibilities; drinking in excess/ out of control alcohol consumption; drinking as a coping

mechanism. The category of effects of problematic drinking within romantic relationships

yielded five themes—emotional distancing between partners; increased conflict/arguments

between partners; regret/remorse for actions while intoxicated; participants reaching out to

friends/family members for support around partners' problematic drinking; unbalanced support

or care between partners within romantic relationships. The research study suggested that

relationship stressors could play a role in maintaining homeostasis. The implications of these

findings for clinical social work practice and future research are discussed.

PARTNERS' PERCEPTIONS REGARDING PROBLEMATIC ALCOHOL USE AND

ITS EFFECTS WITHIN ROMANTIC RELATIONSHIPS: A QUALITATIVE STUDY

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

Meghan Emma Wilson

Smith College School for Social Work
Northampton, Massachusetts 01063

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TABLE OF CONTENTS

LIST OF TABLES

Table

CHAPTER I

Introduction

This study is an inquiry into the following question: How do individuals' perceptions of their partners' unacceptable alcohol use affect their romantic relationships? I am particularly interested in how individuals formulate their perceptions of problematic drinking and/or unacceptable alcohol use, and how these perceptions affect current romantic relationships.

The operational definition of *unacceptable alcohol use,* for the purpose of this study, refers to alcohol consumption that is deemed socially unacceptable by the partner in a romantic relationship. The phrase *romantic relationship* refers to two people in a monogamous romantic relationship for at least one year. *Perceptions* refer to the ability to understand, make sense of, or discern. Lastly, *partner* refers to a romantic significant other in a romantic relationship.

I sought to better understand the role of perceptions and how individuals negotiate and navigate relationship dynamics, specifically when one partner exhibits behaviors that are deemed problematic by the other. I grounded my research in a systems theory framework due to how researchers have utilized this theoretical approach to better understand how relationships function, thrive, and are maintained by romantic partners. When delving into research on perceptions, "systems theory also helps us understand the inevitability of multiple perspectives, in that each of us will base our understanding of any situation on our direct experience, which will be influenced by a number of contextual factors" (Smith-Acuña, 2011, p. 14). Multiple perspectives and various perceptions of each partner affect the overall functioning of the system

each individual inhabits (e.g. the romantic relationship). Systems theory can allow a researcher to more fully understand the role of perceptions within a romantic dyad and their effects on the relationship (Helm, 2009).

This research study is important within the field of clinical social work due to the pervasiveness of alcohol (ab)use affecting individuals directly and secondarily (e.g. partners, family members, friends). According to Substance Abuse and Mental Health Services Administration (SAMHSA, 2016),

> In 2014, about 21.5 million Americans ages 12 and older (8.1%) were classified with a substance use disorder in the past year. Of those, 2.6 million had problems with both alcohol and drugs, 4.5 million had problems with drugs but not alcohol, and 14.4 million had problems with alcohol only. (Substance Use Disorders section, para. 2)

SAMHSA (2016) reflects how substance (ab)use permeates across all communities in the United States of America.

Not only does addiction affect the lives of those struggling with substance abuse, but it can also lead to emotional and financial burdens for family members and friends of addicts (Rodriguez, Øverup, & Neighbors, 2013). Conducting a research study that focuses on partners' perceptions of problematic alcohol use brings to light ways in which individuals understand, comprehend and navigate stressors related to substance (ab)use within intimate relationships. As well, this research study provides clinicians with better insight into how romantic partners navigate issues regarding substance (ab)use within their romantic relationships. This study highlights how substance (ab)use influences and impacts relationship dynamics and a relationship's homeostasis.

The results from this study can help to increase the rather limited selection of academic literature on perceptions of alcohol use within an intimate partner relationship. Although research on substance abuse and specifically alcohol use is growing, there continue to be crucial gaps in the literature that need to be addressed. Currently, literature on alcohol use in an intimate relational context has been increasing (Roberts & Limney, 2000; Rodriguez et al., 2013; Peled & Sacks, 2008), as well as information regarding perceptions and emotions of partners within intimate relationships (Solomon, 2009; Ruvolo & Fabin, 1999). However, there are gaps in research concerning how partners of those struggling with alcohol use perceive problematic drinking and how these perceptions affect romantic relationships. This research study conveys the need for clinical social workers to more fully understand how individuals that may not be directly experiencing alcohol abuse understand substance (ab)use, and how they cope with relationship dynamics that are affected by their partners' problematic alcohol use. This study may be particularly useful for mental health practitioners that want to conduct couples therapy and family therapy.

I conducted a qualitative study that sought to expand the understanding of perceptions and its role within romantic dyads. Interviews were conducted on 12 participants to explore participants' perceptions of their partners' unacceptable alcohol use. Participants discussed how these perceptions affected their romantic relationships. I utilized convenience sampling and recruited participants through networking with Al-Anon facilitators. I also utilized snowball sampling and asked participants to refer friends or individuals experiencing similar relationship dynamics. I hypothesized that understanding participants' perceptions regarding problematic alcohol use allowed for both the researcher and participants to better understand romantic relationship stressors that centered on alcohol consumption. I asked participants questions

influenced by previous research regarding: participants' personal history with alcohol; self-perceptions; perceptions focused on problematic alcohol consumption; current relationship dynamics; and stressors within romantic relationships that are related to substance (ab)use.

While conducting the research study, it became clear through the findings that perceptions play a crucial role in how individuals navigate and negotiate their romantic relationship stressors. Due to the lack of literature currently available on perceptions of alcohol use within intimate partner dyads, it is my hope that this research study highlights how individuals' perceptions impact and influence relationship dynamics, as well as how perceptions maintain and shape romantic relationships.

Chapter II

Literature Review

This literature review primarily focuses on research that highlights the role of partner perceptions in romantic dyads that involve problematic drinking. Specifically, the literature review analyzes how an individual forms an understanding of problematic drinking, and how these perceptions affect a romantic dyad, when one individual does not problematically drink and the other does. The chapter is divided into three sections. Section one provides a theoretical framework on which the research is conceptualized- a systems theory framework. Section two delves into the role of partner perceptions within intimate romantic relationships. Section three describes how negative perceptions regarding partner alcohol use affect romantic relationships.

Systems Theory Framework

Systems theory has been widely used as a framework to understand how romantic relationships function and thrive. Systems theory can be defined as a set of principles that describe how an organization or system operates (Smith-Acuňa, 2011). Systems theory can be used as a tool to better understand how the role of perceptions affects a relationship or the "meaningful whole."

Murray Bowen, one of the founders of systems theory, describes this theoretical framework as moving away from traditional clinical treatment that focuses solely on the individual or patient, to understanding how larger systems and individuals impact each other in a circular causation pattern. Bowen initially developed systems theory through studying the family

unit as a system. Individuals within a family influence the family dynamic and simultaneously are impacted by the system. As Bowen (1985) reiterates,

> There was a fluid shifting of strengths and weaknesses from one family member to another. It was as if the family were a giant jigsaw puzzle of strength and weakness with each family member holding parts of the same puzzle, and with much trading of the pieces. (p. 105)

As Bowen (1985) notes, strengths and weaknesses are passed between (family) members within the familial unit.

Although systems theory mainly focuses on the family unit as a system to further analyze, it is important to better understand how subsystems can influence the larger (familial) structure. Romantic dyads fall under a subsystem within the overarching family system (Helm, 2009). As Minuchin (1974) highlights,

> The family system differentiates and carries out its functions through subsystems. Individuals are subsystems within a family. Dyads such as husband-wife or mother-child can be subsystems. Subsystems can be formed by generation, by sex, by interest, or by function. (p. 52)

There are many reasons as to why problematic drinking can arise within a romantic subsystem. According to Bowen (1985), excessive drinking occurs when family anxiety is high. Bowen views drinking and anxiety as a circular causal relationship:

> The appearance of the symptom stirs even higher anxiety in those dependent on the one who drinks. The higher the anxiety, the more other family members react by anxiously doing more of what they are already doing. The process of drinking to relieve anxiety,

and increased family anxiety in response to drinking, can spiral into a functional collapse

or the process can become a chronic pattern. (p. 259)

Alcohol can become fixed within a family system, particularly maintaining homeostasis through

regulatory behaviors such as routines and rituals (Steinglass, 1987). Alcohol can become a part

of family rituals through incorporating alcoholic drinks at family dinners and holiday parties.

Additionally, it can become routine within a family structure, such as drinking alcohol to wind

down after the workday, and before bedtime. Hurcom, Copello, and Orford (2000) suggest that a

family's stability can sometimes revolve around alcohol consumption, thus making alcohol much

more difficult to navigate and eradicate.

A (family) systems view is an important framework in which to view problematic

drinking, as it challenges the idea of substance abuse being solely an individual problem, but also

as a systematic issue. Understanding how relationships function around alcoholism as a stressor

provides strong evidence of the resiliency of individuals and families to tolerate distress. As

Steinglass (1987) highlights,

> Family-oriented clinicians and researchers have drawn on the burgeoning interest in
>
> family systems theory and on findings from family interaction research to suggest that
>
> families with alcoholic members constitute highly complex behavioral systems with
>
> remarkable tolerance for stress as well as occasional bursts of adaptive behavioral
>
> inventiveness that provoke wonder and admiration in observers. (p. 8)

A systems theory framework provides further insight into how problematic alcohol use functions

within a romantic relationship despite its negative effects (Hurcom et al., 2000). As Bowen

(1985) notes,

From a systems viewpoint, alcoholism is one of the common human dysfunctions. As a

dysfunction, it exists in the context of an imbalance in functioning in the total family

system. From a theoretical viewpoint, every important family member plays a part in the

dysfunction of the dysfunctional member. (p. 262)

An imbalance in functioning within a romantic dyad could result from the over-functioning of

some family members due to the under-functioning of others (Bowen, 1985). Problematic

drinking could result in one individual not performing their prescribed duties, resulting in an

imbalance in functioning within the dyad. Regardless of who is to blame for problematic

drinking in romantic dyads, it is apparent that relationships that contain alcoholic partners exhibit

more negative behavior and less positive attributes compared to "nondistressed" couples (Haber

& Jacob, 1997).

It is important to utilize a systems framework when working with individuals that may

suffer from substance (ab)use, as well as their partners, because a romantic subsystem can be a

potential system of support for change (Lander, Howsare, & Byrne, 2013). As well, substance

(ab)use not only affects the individual directly impacted by it, but others that are within close

contact to the individual (Lander et al., 2013). Many of these researchers similarly view

alcoholism as a systemic issue that directly affects the individual abusing the substance as well

as friends/family members who are affected secondarily by it.

Each of these researchers provides succinct information regarding the necessity of

understanding problematic drinking through a systems theoretical framework. However, there

continue to be gaps in the literature regarding the role of perceptions within a system/subsystem.

Understanding how individuals perceive problematic drinking will also provide a much needed

glimpse into how systems cope with this particularly stressful dynamic. The role of perceptions,

which is oftentimes overlooked, is an important factor to further analyze when utilizing a systems theory framework.

Effects of Perceptions within an Intimate Romantic Relationship

This section explores how perceptions of one's partner can affect an intimate romantic relationship. Understanding interpersonal perceptions is critical for fully comprehending intimate relationships and how relationships adjust to perceptual validity as well as bias in intimate conflicts (Sillars & Scott, 1983). Further delving into an intimate partner's perceptions is critical because it helps an individual understand interpersonal dilemmas and ways individuals can better sustain relationships (Overall, Fletcher, Simpson, & Fillo, 2015) As Rodriguez et al., (2013) highlights regarding positive and negative perceptions within intimate relationships,

Positive perceptions of one's partner have been associated with positive relationship outcomes, such as increased relationship satisfaction and commitment. Conversely, perceiving that one's partner falls short of one's ideals may lead to relationship dissatisfaction and dissolution. (p. 628)

Perceptual validity and bias will fluctuate within an intimate romantic relationship. As Sillars and Scott (1983) note, partners may be both the most knowledgeable and least objective observers. According to Sillars and Scott (1983), perceptual bias can be viewed as, "systematic differences between the perceptions of intimate partners" (p. 155). Impressions between partners may gather momentum from years of interactions, and also misperceptions may become high when partners undergo personal changes from substance abuse and/or recovery.

When unpacking the role of perceptions within intimate romantic dyads, researchers such as Ruvolo and Fabin (1999) examine the role of social projections. Allport (1924) describes social projection as the process of an individual attributing her or his own beliefs and opinions

onto another person. Ruvolo and Fabin's (1999) study on social projection finds that when there was a higher degree of emotional intimacy, more social projections were demonstrated. Within the study, 301 dating couples were asked to rate themselves and their partners on four continuous attachment facets (i.e. security, dismissiveness, preoccupation, fearfulness). This study highlights that people perceive their partners to be more similar to them than they really are. A reason why social projection may be more frequent within emotionally intimate relationships is that projections allow people to feel happiness and can cause an individual to believe that others agree with their views even when they may not. The study, however, does not yield evidence for idealization, as partners are rated less positively than they rate themselves. This study highlights the concept of perceptual bias, aforementioned. When forming perceptions about a partner's behavior, individuals may at times project their own conceptualizations onto the other, without truly being objective.

Giving and receiving care are other components to romantic relationships that can affect relationship satisfaction. Solomon (2009) refers to *giving care* as being available to a romantic partner during a particularly stressful time and "being loving, being respectful of the truth of another, and accepting a range of being and feeling" (p. 234). Solomon (2009) explains further that when an emotional need is not met, the secure attachment between the individuals become stressed, affecting the overall dynamics of the system:

> When deep core emotions are inaccessible and emotional needs remain unmet, powerful
> dysregulated feelings often interfere with the ability to self-regulate or repair injuries...it
> is clear that many partners fail to give and receive the very things that are essential for
> maintaining a secure attachment- empathy, listening, touching, dyadic resonance, a sense

10

of seeing and being seen by each other and ultimately an opportunity to be in touch with core emotions while remaining present with each other. (p. 232)

Care and empathy are necessary components for keeping a relationship functioning.

In a study conducted by Davis and Oathout (1987) on the maintenance of satisfaction in romantic relationships, it was noted that perceptions of partner behaviors are associated with one's satisfaction within a romantic relationship. During the study, 264 heterosexual romantic couples were asked to complete relationship questionnaires that measured relational competence. Davis and Oathout's (1987) study describes relational competence as characteristics that facilitate the formation and development of mutually satisfying relationships. The self-reports highlight how partner perceptions heavily influenced satisfaction within relationships. This study is a necessary component for the overall research question, due to the correlation between partner perceptions and how satisfied partners are in an intimate relationship. This study relates back to a component of the original research question, as to how partners adjust to stressors in relationships, when one partner may perceive another partner's actions as negative or harmful.

Again, this concept of positive perceptions heavily influencing the satisfaction of romantic relationships is further touched upon when analyzing interdependence. Sillars and Scott (1983) highlights the concept of interdependence, which refers to

The notion that each person's behavior is partly a response to his or her partner. Although it is a truism that interdependence is present in all interactions, interdependence must be considered particularly high in intimate relationships, given the negotiation of unique modes of conduct, specialized codes, and a joint identity- all of which have been said to characterize intimate relationships. (p. 162)

Interdependence can exacerbate perceptual bias as noted by Sillars and Scott (1983),

11

With increasing interdependence, the correspondence between a person's behavior and

his or her underlying traits, attitudes, intentions, or perceptions is increasingly

ambiguous, because a given behavior may be motivated by any or all of several factors,

including individual attitudes and traits, past behavior, and negotiated patterns or

expectations. (p. 162).

Although partners within a romantic dyad may be very knowledgeable and familiar with each

other, perceptual bias plays out in order to keep the relationship functioning through motivation

and expectation.

As aforementioned, partner perceptions do heavily impact the satisfaction within a

romantic relationship, however these perceptions can be both accurate as well as biased. In a

study implemented by Kenny and Acitelli (2001), 238 dating and married heterosexual couples

participated in a 90 minute face-to-face interview with researchers, out of earshot of their

partners. Respondents were asked about their living situation as a romantic couple and questions

focused on closeness, enjoyment of sex, job satisfaction, and care. The study highlights that

individuals (in a close relationship) view their partners fairly accurately, since individuals in a

relationship are very familiar with the other person. However, as Kenny and Acitelli (2001) note,

Accuracy and bias coexist in the perception of others. Because person perception is social

perception, the perceiver has biases that create the potential for change and

transformation in social reality. If the perceiver were totally accurate, this would be

impossible. (p. 445)

This study highlights how perceptions can be both accurate and biased within intimate romantic

relationships. Individuals within romantic dyads can perceive their partner fairly accurately since

they have an intimate connection. However, the research study also found that partners hold perceptual biases that influence how they view their partner.

Lemay's (2014) study further explores how partner perceptions can hold both bias and accuracy. In Lemay's (2014) study, 116 heterosexual couples participated in research that suggests that people who value partners achieve security through their responsive behaviors to their partners. The study highlights that partners are capable of achieving security through both accurate and biased self-perceptions of responsive behaviors. During the study, interviewers asked couples to generate three to five instances that produced unresolved conflict in their relationship, and both partners jointly identified one conflict to analyze. Each partner described how she/he felt during the argument and discussed partner attitudes, habits, and behaviors that bothered each other. Analyses explored whether or not perceivers who valued their partners exaggerated their responsive behavior or accurately described their behavior. The study highlighted that perceivers' representations of their behaviors were both accurate and biased. Participants viewed their perceptions of behaviors as determinants of their own relationship security. Lemay's (2014) study highlights the importance of perceptions for relationship stability and notes the importance of partner perceptions as determinants for relationship stability and security. A limitation of the study, which remains a limitation for all perceptions studies, is that it is very dependent on person, situation, and relationship. Partner perceptions may vary drastically between relationships and may be more accurate or biased depending on the perceiver. In order to control for this limitation, it is critical for researchers to study relationship dynamics that are similar.

It is also important to note how partner perceptions change over time. As well, it is necessary to understand how blame can create negative perceptions of romantic partners. In

Luckey's (1966) study of 80 married couples, the longer spouses were married, the less likely each partner saw the other as well thought of, respectful, independent, and helpful. Each married couple surveyed in the study was married for at least two years. It was unclear, however, if the changes in perceptions were due to an actual change in partner behavior or due to personal biases because of an emotional shift in the relationship. As well, a study conducted by Thompson and Kelley (1981) reported that individuals within romantic dyads accepted less responsibility for negative occurrences and actions than for positive events. Together these two studies indicate that individuals may take less responsibility for negative occurrences and see their partner in a less satisfying light over time.

These various studies on partner perceptions provide readers with expansive knowledge concerning how perceptions can be informative and accurate, as well as biased and misguided. Both positive and negative perceptions between romantic partners will inevitably affect how romantic dyads function. Social projection, interdependence, and expectation will also influence how an individual perceives their partner's motives and actions. When an individual perceives their partner's actions as positive, an individual may be more apt to provide care to their partner. The literature provides great detail into how perceptions shape a romantic dyad between two individuals. However, there are still gaps in information available on how perceptions are formulated and crafted. Motivation and expectation are components of how perceptions are formed, but they do not comprehensively describe how individuals perceive notions as problematic. As well, a lot of the previous research done on the role of perceptions is very dependent on person, situation, and relationship (Lemay, 2014). This research study seeks to fill gaps in perceptions research by exploring how individuals formulate and define problematic perceptions and how these perceptions affect romantic dyads.

Substance Abuse, Perceptions & Intimate Romantic Relationship Dynamics

This section focuses on perceptions of (problematic) alcohol use and how these perceptions influence and frame romantic relationships. Through the founding and substantial growth of Al-Anon in 1951, it has become understood that substance abuse and specifically an individual's problematic drinking behavior, affects and influences close others (Roberts & Limney, 2000). Examining substance abuse through a systems theory framework highlights how problematic drinking can affect close others, such as romantic partners. It is a widely accepted belief that individuals abuse alcohol to cope with tension and stress in intimate partner relationships (Roberts & Limney, 2000). This section explores how negative perceptions around problematic alcohol consumption affect relationship dynamics.

A study conducted by Rodriguez et al., (2013) examined how perceptions of an individual's romantic partner's drinking as problematic impacted one's relationship satisfaction and commitment. Within the study, 78 dyads completed an online survey assessing alcohol use, perceptions around alcohol intake and relationship outcomes. Results found that when individuals were drinking and their partners found their alcohol intake to be problematic, partners viewed their relationships negatively. One limitation within the study, that I hope to expand upon in my research study, lies within the notion of perceptions. The aforementioned study does not address specific determinants of how partners perceive problematic drinking and how these perceptions affect romantic dyads. This study suggests that perceptions are a critical component to the success or failure of an intimate romantic relationship. Perceptions function as necessary parts that keep a romantic relationship fully functioning.

A study conducted by Levitt and Cooper (2010) explored the associations between drinking and close relationship processes. The study examined the daily reports of alcohol use

and relationship functioning from 69 heterosexual couples over three weeks. Couples wrote in a diary twice a day for three weeks about daily alcohol use, relationship functioning and negative relationship events. The study notes that alcohol has both positive and negative effects on relationship processes. Positive effects include partners feeling closer toward each other if both partners were consuming alcohol. The study highlighted that female participants drank more than male participants when responding to relationship difficulties and feeling disconnected from their partners. Interestingly, the study highlighted that partners who did not drink as heavily as their partners in one particular night, viewed their partner's drinking as a negative partner behavior. In regard to this research question, one limitation in Levitt and Cooper's (2010) study is that it does not specifically focus on alcohol abuse, but rather alcohol use in a general sense.

Peled and Sacks (2008) explored self-perceptions of women in romantic relationships with alcoholic partners. During this qualitative study, 10 women who lived with their alcoholic partners participated in in-depth interviews that focused on self-perceptions. The interviews found three central themes around which women's self perceptions grew: deviance, strength, and fulfillment. Their stories of coping revealed that many of them found alcohol addiction to be non-normative and many had to over-function within the relationship by taking over the partner's role as parent, as well as breadwinner for their family. This study illuminates the various coping strategies of individuals in partnerships with problem drinkers. Coping strategies that many women mention include taking more of an active role in parenting and finding strength and self-fulfillment in being a strong and present parent. It is important to note that the family unit, and particularly the role of motherhood, became a source of strength for the participants. Although many of the women described themselves as "unfulfilled women who missed out in their lives," these women also described the notion of the "family unit" as a source

16

of resiliency and strength (Peled & Sacks, 2008, p. 399). Although this study provides deep insight into the self-perceptions of a partner committed to a problem drinker, a major limitation in this research study is the small number of research participants.

Bamford, Barrowclough, & Booth (2007) conducted a study examining presenting symptoms of patients that were struggling with alcohol (ab)use and were seeking treatment with their significant others. The study examined how substance abuse impacted partner distress, relationship quality, and treatment attendance. Forty-nine dyads used an Illness Perception Questionnaire and results noted that alcohol abuse was found to be associated with patient relationship quality. This study highlights the importance of the role of significant others in recovery and notes the need for more of an emphasis on the social environment in treating alcohol abuse. Bamford et al.'s (2007) study indicates the importance of exploring the social environment and understanding the role of a significant other for patient recovery.

Many of these aforementioned studies thoroughly examine how alcohol abuse affects interpersonal dynamics; however, these studies fail to assess how partners conceptualize problematic alcohol use. The research studies within this section note that individuals perceive their partners' excess alcohol consumption in a negative light. Participants in Peled and Sacks's (2008) study describe having to overcompensate within their family, for example by becoming more of an active parent for their children and as the breadwinner. Levitt and Cooper's (2010) study highlights how alcohol consumption and relationship processes can become bidirectional. These studies indicate that individuals who drink less than their romantic partners negatively view their partners drinking behavior.

These findings all support the notion that an individual that does not drink in excess views their partner's abuse of alcohol as a negative partner behavior, and that their partner's

drinking affects the romantic relationship (subsystem) and larger familial unit. Again, a major gap within the literature is how these individuals understand problematic drinking and how they go about navigating their romantic relationships through their conceptualizations. Also, there is not a substantial amount of literature on perceptions of problematic drinking.

Conclusion

Utilizing a systems theory framework can allow for an individual to better understand how alcohol can become fixed within a system or romantic relationship, potentially maintaining homeostasis through regulatory tendencies such as rituals and routines (Steinglass, 1987). By maintaining the system's homeostasis, alcohol can become fixed within the system, making it difficult to navigate, understand, and eradicate (Hurcom et al., 2000). Understanding the role of interpersonal perceptions contributes to more fully comprehending intimate relationships and how relationships adjust to perceptual validity and bias during conflict (Sillars & Scott, 1983).

There is an increasing amount of literature as to how substance abuse affects relationship dynamics. Circular causality presents itself in the relationship between substance abuse and marital strife, as both are interchangeably the result of the other (Rodriguez et al., 2013; Roberts & Limney, 2000). However, many research studies that explore how substance abuse affects an intimate relationship do not answer questions pertaining to how partners formulate perceptions of problematic drinking. This is a pivotal question that needs to be assessed in order to better understand how substance abuse affects romantic relationships. There continue to be gaps in substance abuse literature on the role of perceptions within intimate romantic relationships, specifically between a partner that drinks heavily and one that does not.

The role of perceptions within intimate conflicts also remains muddled. Partner perceptions can be both biased as well as accurate, and wholly dependent on the particular

relationship structure (Lemay, 2014; Kenny & Acitelli, 2001). However there is strong evidence to believe that partners of individuals struggling with alcohol use may perceive their significant others less positively than the significant others would self-rate (Ruvolo & Fabin, 1999). Due to the nature of a highly intimate relationship, interdependence may be one reason that a partner does not leave a relationship, but rather stays to give care to their significant other that is struggling (Solomon, 2009). In this study, I seek to expand upon the role of perceptions within romantic relationships in regard to problematic drinking.

CHAPTER III

Methodology

This qualitative study is an exploration of the following question: *How do individuals' perceptions of their partners' unacceptable alcohol use affect their romantic relationships?* The purposes of this study are a) to explore how an individual perceives and understands problematic alcohol use and b) how these perceptions affect relationship dynamics between an individual that does not struggle with alcohol use and one that does exhibit problematic alcohol use. Qualitative methods, incorporating semi-structured interviews, were utilized as the foundation for the study's design. This approach was useful because semi-structured interviews allow for complex issues to be examined in great detail and in depth (Anyan, 2013). The participants' responses directed the flow of the interviews, uncovering unique and new findings. Within this research study, interviews were an important form of data collection that enabled individuals to process and talk about their own experiences, conceptualizations, expectations, and needs (Nunkoosing, 2005).

Although research on substance abuse is growing, there continue to be crucial gaps in the literature that need to be addressed. Specifically, this study seeks to fill gaps in research concerning how partners of those struggling with alcohol use perceive problematic drinking and how these perceptions affect romantic dyads. A search in the literature revealed no previous studies that specifically addressed how the role of perceptions affects a romantic relationship

dynamic. For these reasons, the researcher chose qualitative methods to more easily explore the nuances and complexities around this research topic (Engel & Schutt, 2013).

Sample

At the time of data collection, participants for this study were chosen if they met the following inclusion criteria:

- Individuals who were 18 years old or older;

- Interested participants who were currently in a monogamous, heterosexual relationship for at least one year;

- Individuals that fit the following relationship dynamics: interested participants who did not deem their own alcohol use as problematic, but were currently involved in romantic relationships with significant others who currently struggled with alcohol use.

I had originally wanted to include individuals for my study who were not in heterosexual relationships. However, the current research that I sought to expand only fit within a heteronormative framework. As much as I would like to include LGBTQ couples in my study, I believed that by keeping my study focused on heterosexual couples, the study would provide more focused and concise findings. Individuals were excluded from participation in the study if, at the time of data collection, they identified themselves as problematic drinkers, as I was trying to interview individuals that had similar relationship dynamics (e.g. one problem drinker and one non-problem drinker).

I planned on screening interested participants over the phone (e.g. described the study, risks, benefits, right to discontinue, etc.). If they met the criteria and were still interested in participating, I asked participants to give informed consent (e.g. signed consent form). After

informed consent was given, the participant and I set up a meeting in person, over the telephone, or through Skype.

Recruitment

Prior to the recruitment of participants for the research study, Smith College School for Social Work Human Subjects Review Committee approved the study and all safeguards to ensure ethical standards. In order to recruit my sample, I utilized convenience sampling by networking with local Al-Anon facilitators. I attended open Al-Anon meetings and left fliers for interested participants.

Another strategy for recruitment involved a snowball technique to gather participants. I asked interviewees that I met through Al-Anon meetings to refer their friends or acquaintances in similar romantic situations. As well, I asked them to pass along my research fliers (Appendix A: Research study flyer). Snowball sampling is commonly used in qualitative research. According to Engel and Schutt (2013), "snowball sampling is useful for hard-to-reach or hard-to-identify populations for which there is no sampling frame, but the members of the population are somewhat interconnected" (p. 340). This sampling style was necessary because these types of romantic relationships were not as easily identifiable.

There were a couple of potential biases that could have occurred due to utilizing these types of sampling strategies. For example, drawing from Al-Anon members might result in a sample skewed towards individuals who were actively looking for help in their relationships and individuals who may have conceptualized problematic behavior in the same way. As well, by utilizing a snowball sampling method, I could have only interviewed individuals who were actively discussing their relationship issues with their friends and family members, and actively utilizing support systems. Other potential biases could have related to my small sample size. I

could have potentially over-generalized participants' responses, and I may not have had an accurate reading of the overall population. However, by acknowledging these potential biases in my study, I believe that I have kept these biases in mind while conducting the study and writing the *findings* section to minimize the effects.

If interested participants passed through the criteria required to participate in the study, we made arrangements to either meet in person for the interview, or arranged a telephone call, or scheduled a Skype meeting. If the interested participant decided to meet in person, we picked a confidential and safe location. This could have either been at the participant's office, a quiet local commercial establishment, a park, or over Skype/telephone call, if the participant did not live nearby. It was preferred to have consent forms signed in person, if possible. If this was not possible, I sent the consent form via mail to the participant's home address with a stamped envelope to return the consent form. If this second attempt for signing the consent form was not possible, I also accepted an electronic signature.

During the interview process, I utilized a list of questions that served as an interview guide. I sent a preview list of interview questions (Appendix D: Interview guide) to those who qualified for participation. The interview guide was either sent out or emailed a few days before the interview took place. Before the interview took place, participants were informed that they could refuse to take part in the study *at any time.* If a participant requested to withdraw, I did not use any of the information collected for the study. Participants choosing to withdraw needed to notify me by email or phone by March 1, 2016 at the latest.

Ethics and Safeguards

Protection of confidentiality. In order to maintain the confidentiality of my study participants, I did not use my participants' names or identifying factors. Instead, I used a pseudonym for each of the study participants. I adhered to federal regulations regarding privacy of the participants. I kept interview notes, consent forms, and audio recordings in a safe and locked space during the thesis process and will for three years thereafter, in accordance with federal regulations. After that time, I will either destroy the materials or keep them in a secure location. As well, I did not use demographic data to describe each participant, but combined data to describe the subject pool. Individuals were assured that their confidentiality and anonymity were upheld. The following steps were taken to maintain confidentiality to the best of my ability:

- Interviews were conducted in places that were deemed private by the participant.

- The researcher designed a system that gave each participant a pyseudonym.

- All participants signed consent forms (Appendix B: Consent form for individual interview participant) in order to participate in the study.

- All identifying information was removed before data was shared with the research advisor of this study.

- All quotes from participants used within this study have been carefully disguised in order to maintain the privacy of the participant.

Risks and benefits of participation. Individuals that participated in this study did not gain any sort of monetary benefit. However, they benefited from furthering the field of social work research. Participants could have benefited from gaining insight into how their perceptions of problematic drinking affected their romantic relationships. As well, by sharing their personal

stories, participants may have gained a sense of satisfaction or fulfillment knowing that their

narratives may help others in the future. I tried to provide participants with community resources

for their partners/significant others, struggling with substance abuse issues, as well as for

themselves (Appendix C: Community Resources for Interested Participants).

It is possible that a participant may have become triggered by the interview, when

bringing up various difficulties managing a current romantic relationship. However, all

participants were not pushed to explain any aspects of their relationships that were too painful or

aspects of their relationships that they did not want to address. As well, some of the questions

may have potentially brought up negative feelings they had towards their partners. The

interviewer is currently a clinician in training that is aware of non-verbal signs of distress,

discomfort, and avoidance. At the beginning of each interview, the interviewer explained to all

interviewees that they did not have to answer any question for any reason and were able to end

the interview at any time. The community resources aforementioned were also available for

individuals if they felt that they needed additional services after their interviews.

Data Collection

While collecting qualitative data from my interviewees, I utilized a semi-structured

interview style for this exploratory project. While interviewing participants, my overall goal was

to "develop a comprehensive picture of the interviewee's background, attitudes, and actions in

his or her own terms" (Engel & Schutt, 2013, p. 710). As well, my goal for each of the

interviews was to "let each interview flow in a unique direction in response to the interviewee's

experiences and interests" (Engel & Schutt, 2013, p. 712). However, I did not ask questions

beyond the scope to which the interviewee consented (e.g. partner alcohol use). During each

interview, I used my interview guide (Appendix D) as my qualitative measurement instrument.

Each of the interviews took approximately 45 minutes to one hour to complete. First I began to build rapport with each participant and described the interview process, confidentiality, and asked each participant for signatures on the informed consent sheets (e.g. one for my records and one for each interviewee to keep). Interviewees were then asked several demographic questions: age, sexual orientation, current marital status, highest degree or level of school completed, and current employment status. Although my sample size was too small to examine demographic variation via subgroup, I was curious to see if trends were significant enough to suggest further research.

After collecting demographic data, I explained to interviewees that I was planning on asking a set of open-ended questions and listened to their responses. I again informed interviewees that they did not need to answer any question that made them feel uncomfortable. I encouraged individuals to feel free to elaborate on any particular experiences as well.

My questions could be subdivided into the following themes:

- Personal relationship to alcohol

- Perceptions regarding problematic drinking patterns/behaviors

- Effects of problematic drinking on romantic relationships

Please see Appendix D for the full interview guide.

In order to make sure that my interview questions were understandable, clear, and not emotionally triggering for interviewees, the interview guide was subjected to expert review. I submitted the guide to the Human Subjects Review committee for approval. As well, before conducting interviews, I pre-tested my interview guide on two willing participants, in order to test recording equipment and to practice my interview style.

I used the iPhone 5 apps: Recorder and TapeACall to record all of my interviews. Following each of my interviews, I wrote down how I felt each of the interviews went, where/when the interviews took place, the interviewees' tone of voice, facial expressions, and any sort of nonverbal cues. Audio recordings were encrypted and saved on the researcher's computer. After I fully transcribed the interviews, I destroyed the recordings.

Data Analysis

In order to analyze the data I received, I utilized Thomas's (2006) general inductive approach for qualitative data analysis to clearly review and analyze each interview. Thomas's (2006) approach provided a straightforward and thoroughly comprehensive approach to analyzing data. Thomas (2006) describes the inductive analysis as an approach that begins with large quantities of raw data, which allow researchers to arrive at more narrowed themes and concepts of the text. The intention of the approach is to provide researchers with a mode of analysis to condense raw data and highlight themes or concepts within the data.

I read each transcribed interview numerous times to identify clear themes within the two major categories. According to Thomas (2006), through close readings of the text and multiple considerations of what meaning can be gathered through the text, "the researcher then identifies text segments that contain meaning units, and creates a label for a new category into which the text segment is assigned" (p. 4). I created two categories for themes to fall under- perceptions of problematic drinking and effects of problematic drinking within romantic relationships. The creation of categories allowed for me, the researcher, to identify any sort of pattern or theme in the data.

After this step was completed, I aimed to reduce redundancy and overlap amongst themes and cut them down to 15-20 themes. During this step, I combined themes that were similar or

redundant, and created meaningful themes that reflected a merger of similar concepts. Segments

of text could have been coded into more than one theme, and parts of the text were not

categorized at all, as it may not have been clearly relevant to the research objectives (Thomas,

2006). Again, I took the 15-20 themes and reduced overlap by ending with eight themes in which

to code the data (Thomas, 2006). These various steps of condensing themes were critical for me,

so that I did not become overwhelmed with all the data I was analyzing. Each of these previous

steps allowed for me to carefully consider each of the themes.

There were a number of personal factors that could have potentially biased my data

analysis. Although I aimed to remain unbiased, as the researcher, I predicted that family history

played a large part in formulating how an individual perceived acceptable versus problematic

forms of drinking. I thought that being largely enmeshed in a drinking culture could have

promoted the use of alcohol in social situations and potentially normalized problematic behavior.

I hypothesized that interviewees that did not seek support and help from outside sources were

more likely to view their situations as hopeless as opposed to individuals that did seek out

various supports. I expected to learn how individuals (attempted to) cope with their partners'

problematic drinking behaviors. By acknowledging these biases, I aimed to better guard against

these possibilities.

In order to assess the trustworthiness of themes, I contacted two participants and asked

them to conduct stakeholder checks with the data. According to Thomas (2006), stakeholder

checks "enhance the credibility of findings by allowing research participants and other people

who may have a specific interest in the research to comment on or assess the research findings,

interpretations, and conclusions" (p. 7). Stakeholder checks allow for participants who have been

a part of the data collection to state whether or not the findings are credible. After I provided the

two participants with the findings, they both agreed and felt that the findings were relevant, adequate, and relatable to their personal experiences. Once I was able to conduct the stakeholder checks, I further analyzed the themes in the *findings* section of the thesis. I included block quotes from the interviews in each of the themes to illustrate the meanings of the themes and how they related to the participants' experiences.

There were a number of strengths highlighted when I, the researcher, used a general inductive approach for analyzing the data. First, this method encouraged the researcher to utilize a convenient, cost-effective, and straightforward way of analyzing data content. The researcher did not have to learn new technical terms to analyze the data. The researcher became very familiar with the overall themes generated by re-reading each interview, as well as the various nuances of each interview, due to the in-depth process of the general inductive approach (e.g. multiple readings of each interview; condensing themes). Second, this research method provided a way in which the researcher could receive feedback about the categories and themes gathered by contacting participants of the study, through the stakeholder checks, so that the researcher could enhance the credibility of the findings.

There were a few limitations noted through utilizing a general indicative approach. This process could be seen as quite time-consuming due to how extensively the researcher had to analyze the data without the use of a computer program or other external program. As well, this approach could be seen as subjective due to the researcher formulating the categories and themes without another analyzer present. However, the stakeholder check allowed for another party to check the researcher's conceptualization of categories/themes. Again, the stakeholder check did not require all participants to give feedback, only two participants. Although there were some

limitations to the general inductive approach for data analysis, the researcher believed that the

strengths of this approach produced credible results and outweighed the limitations.

CHAPTER IV

Findings

This chapter documents the findings from 12 semi-structured interviews with individuals that were currently in monogamous heterosexual relationships (at the time of each interview) with individuals that they deemed as problematic drinkers. All participants did not consider their own drinking to be problematic. All of the participants interviewed discussed how they perceived and conceptualized problematic drinking and how these perceptions affected their relationships with individuals that problematically drank alcohol. There were many patterns that emerged when the researcher asked participants to describe their conceptualizations of problematic drinking. Although all of the relationships were very unique, there were common themes that emerged in regard to relationship dynamics as well.

The two major categories for this study were: perceptions of problematic drinking and effects of problematic drinking within romantic relationships. Within the category of perceptions of problematic drinking, three major themes emerged—disruption of social obligations and responsibilities; drinking in excess/ out of control alcohol consumption; drinking as a coping mechanism. The category of effects of problematic drinking within romantic relationships yielded five themes—emotional distancing between partners; increased conflict/arguments between partners; regret/remorse for actions while intoxicated; participants reaching out to friends/family members for support around partners' problematic drinking; unbalanced support or care between partners within romantic relationships.

Eighteen potential interviewees expressed interest in the study after reading fliers and/or hearing about the study from other participants. After discussing the qualifications for the study, two of the individuals interested in participating were not eligible and were subsequently disqualified. Four of the other interested interviewees dropped out of the study by not returning phone calls or emails, deciding against the study, canceling interviews and/or not showing up for scheduled interviews.

The interview consisted of the following sections: 1) demographic data about the participant and participant's personal relationship to alcohol, 2) perceptions and conceptualizations of problematic drinking, and 3) effects of problematic drinking on an intimate relationship dynamic. Demographic data questions were comprised of closed ended questions that yielded quantitative data. Questions regarding participants' personal relationships to alcohol provided both qualitative and quantitative data. The two sections of the interview focused on perceptions of problematic drinking and effects of problematic drinking on intimate relationship dynamics were comprised of open-ended questions, yielding qualitative data that were nuanced, complex, and rich in detail. The quantitative data, presented first, provides an overview of the demographics of the sample population. Following this data, the chapter examines participants' personal relationships to alcohol, providing background information on the participants. The subsequent sections analyze emerging patterns around perceptions of problematic drinking and its effects on intimate romantic relationships. The data explored in this chapter came from the questions on the interview guide seen in Appendix D.

Participant Demographics

Of the 12 participants interviewed, all identified as female, with a mean age of 31. Ages of participants ranged from 21-56, with the median age of 26.5. Ten of the participants identified

as heterosexual; two participants identified as queer. Ten of the participants identified their

marital status as single; two participants identified their marital status as married. Highest degree

or level of school completed varied amongst the participants-- one participant had her high

school diploma (8%), three participants finished some college (25%), five participants obtained

Bachelor's degrees (42%), and three participants received their Master's degrees (25%). Eleven

of the participants were currently employed at the time of the interview (92%); one participant

identified as a full-time student in graduate school and not working (8%). Employment ranged

from: retail and food service work (33%), social services (17%), accounting (8%), teaching

(8%), non-profit work (17%), computer programming (8%), and one participant identified as not

working at the time (8%). Below is a demographic table providing information on the partners of

problematic drinkers.

Table 1

Demographic Information about Partners of Problematic Drinkers

Participant Characteristics	Frequency (n = 12)
Gender	
Female	12 (100%)
Male	0 (0)
Age	
20-30	8 (67)
30-40	2 (17)
40-50	0 (0)
Above 50	2 (17)
Sexual Orientation	
Heterosexual	10 (83)
Queer	2 (17)
Marital Status	
Single	10 (83)
Married	2 (17)
Level of Education	
High School Diploma	1 (8)
Some College	3 (25)
College Graduate	5 (42)
Graduate Degree	3 (25)
Employment Status	

Employed	11 (92)
Unemployed	1 (8)
Type of Employment	
Social Services	2 (17)
Non-profit work	2 (17)
Teaching	1 (8)
Accounting	1 (8)
Computer Programming	1 (8)
Retail/Food Service	4 (33)
Unemployed	1 (8)
Length of Romantic Relationship	
1-2.999 years	7 (58)
3-4.999 years	2 (17)
5-6.999 years	0 (0)
7-9.999 years	1 (8)
10 years and above	2 (17)
Parents' Alcohol Use	
Recovering Alcoholic	5 (42)
Normalized, Controlled	7 (58)
Currently Drinking Alcohol	
Yes	12 (100)
No	0 (0)
Current Alcohol Use per Week	
Less than One Drink	2 (17)
One to Two Drinks	2 (17)
Three to Five Drinks	5 (42)
Six to Eight Drinks	2 (17)
Over 10 Drinks	1 (8)
Currently Drinking with Partner	
Yes	9 (75)
No	3 (25)
Conceptualize Partner as Problematic Drinker	
Before Dating	3 (25)
First Started Dating	3 (25)
Couple of Months into Dating	3 (25)
First Six Months of Dating	2 (17)
Within First Five Years	1 (8)

In order to qualify for the research study, a participant had to have been currently in a monogamous romantic relationship with their partner for at least one year. During the interview, the researcher asked all participants how long they had been romantically involved with their partners. The mean length of time for a romantic relationship was six years. Outlier responses for monogamous romantic involvement ranged from one year to 26 years. The median response was 1.75 years.

34

When asked when participants first started noticing their partners' drinking behaviors, 11 out of the 12 participants stated that they had conceptualized their partners as heavy or problematic drinkers within the first six months of dating (92%). Responses ranged from: a couple of months into dating (25%), before they had started dating (25%), when they had first started dating (25%), within the first six months (17%), and one outlier response of after five years (8%). The participant who gave the outlier response stated, "I would say five years into the relationship. Well I think he got a DIU. So that was a problem, when he was drinking and driving. The first big red flag right there."

Participants' Personal Relationships to Alcohol

This section below provides information regarding participants' personal relationships to alcohol. Participants discussed their upbringings and whether or not alcohol was prevalent in their households. As well, participants discussed their experiences around their first time drinking alcohol.

Recovering alcoholic in the household. One original goal of this study was to find individuals who would speak about their personal relationships to alcohol, starting with questions regarding their upbringings. Highlighting information around participants' personal relationships to alcohol provided the research study with contextual background concerning the participants in the study. Five out of the 12 participants interviewed (42%), noted that one or both of their parents were recovering alcoholics, thus limiting the amount of alcohol present in each household. The presence of a recovering alcoholic influenced how the participants conceptualized drinking. One participant noted the effect of one of their parent's sobriety on their perception of drinking alcohol:

Yeah, AA was a huge part of his life, like huge. He would go, I would say to maybe five

meetings per week and all throughout his life. So, I remember being a little kid and

having a friend over and being like, 'My Dad is an alcoholic.' That's how young I was

that I knew that was a thing. And I remember as a little kid very much growing up with

the addiction-disease model. He was always like, 'This is something that I inherited. It's

in our genes.' And I think as a kid I felt like you either had the alcohol gene or you

didn't. I thought it was something that was really clearly defined whether I was an

alcoholic or I wasn't.

As well, another participant referenced her family's history of alcoholism, which shaped how she

viewed drinking alcohol in the home:

I mean this is a big topic for me because there's all this stuff about my family having a

history of alcoholism. I think it was normalized in my family. I was told that alcohol was

kind of serious and that you can have a problem with it and you have to be conscious of

how you're drinking and how much you're drinking. I think that was a message I got

from a very young age. That was very overt.

The participant described how her family's history of alcoholism influenced how she understood

drinking and what constituted as 'problematic drinking', which centered on control.

Alcohol present: normalized and controlled. Seven out of the 12 participants (58%)

noted that their parents drank alcohol in a controlled manner in their households. Participants

that grew up around parental figures that were drinking alcohol noted that their parents drank

either in a controlled fashion or in a way that normalized the presence of alcohol in the

interviewees' eyes. Participants described the presence of alcohol as: "It wasn't blatantly in front

of us. I know that my parents drank when I was a kid but it wasn't like a part of my childhood,"

36

"It was present but not prevalent I guess you could say. Like my Mom drank casually but I don't think I ever saw my parents drunk," "It was normal for beer or wine to be present at dinner," and "It wasn't a huge fixture of the household." Many of the participants emphasized the normalcy of seeing alcohol around their households. However the presence of alcohol did not garner anxiety or highlight the problematic effects of over-drinking.

Personal drinking patterns: first time experimenting with alcohol. All 12 of the participants stated that they currently (at the time of the interview) drank alcohol. When asked about how many drinks per week (on average) participants consumed, participants ranged from: less than one drink per week (17%) to 14 drinks per week (8%). Both the mean and median for drinks per week (on average) were five drinks per week. When participants were asked if they currently drank alcohol with their partners, nine out of the 12 participants (75%) noted that they did drink alcohol with their partners. Three out of the 12 participants (25%) did not drink alcohol with their significant others, noting that drinking alcohol "would spiral out of control".

Participants were also asked to describe the first time they began drinking and/or experimenting with alcohol. Many of the responses ranged from out of control to in excess:

> We thought we were really badass and it was gross. We went to this girl's house and there was a bunch of older dudes there. And I mean, in retrospect it was kind of fucked up. I had fun but I also was like, 'Whoa this is so wild.'

> I was fifteen I think. And, I got drunk at a house party and carried a bottle of vodka around all night like an idiot. And I stayed up all night and drank a lot of vodka unfortunately, yeah.

Other responses emphasized a social pressure to drink in order to feel included:

He was like, 'I know that you're not going to take a drink of this, or take this shot, but it's my birthday and I would love if you did.' And I did. And it was Captain Morgan and I took a shot and I got wasted and I remember rolling around on a swivel chair.

I think I was seventeen and at a friend's house when I first tried. Like I got teased a little bit in high school and called 'Sober Sam' because I held out on drinking for like a lot longer than most of my friends.

As well, there were responses from interviewees that highlighted safe and positive experiences amongst friends: "I felt really safe. One friend had people over to drink and her parents knew what was happening," "I was at a skating rink and had a beer. It was fine," "It was at a friend's parent's house. It was very safe. It was very, like, comfortable. They just gave me a few shots of vodka and it was really relaxed," "It wasn't like I got drunk and hurt myself. I probably drank some and got goofy." Many of these responses represent a spectrum from relaxed and moderate drinking, to out of control and consumptive drinking.

Perceptions Regarding Problematic Drinking

An important component to the interview guide was to unpack how participants perceived or conceptualized: *problematic drinking.* Three themes emerged when participants described how they perceived problematic drinking and how they differentiated it from social drinking. Participants described problematic drinking as-- disrupting social obligations; out of control/ excess alcohol consumption; drinking as a coping mechanism. This section explored each of the three themes that emerged when participants discussed how they understood problematic drinking.

Problematic drinking perceptions: disrupting social obligations. A major theme that was highlighted when participants were asked to define their ideas of *problematic drinking* was around the idea that problematic drinking lead to a disruption of social obligations and responsibilities. When discussing how problematic drinking lead to the disruption of social responsibilities, participants noted problem drinkers as: "not dependable," "late for work," "not accountable," and "irresponsible". Romantic relationships alongside familial relationships were considered forms of social obligations to the interviewees.

Below participants described how the disruption of social obligations or responsibilities (e.g. work, family life) played into their conceptualizations of problem drinking:

Well it's problematic when a person can't make good decisions. When they can't function in the work place. Well they shouldn't be drinking in the workplace anyways, but I'm talking about when they can't get up for work. They can't meet their obligations.

Again, another participant highlighted how the disruption of social responsibilities and obligations were indications of problematic drinking:

It's problematic if it negatively affects your life, either your physical health, or your financial situation. Or, if you put yourself in danger. Or, if you mess up your relationships.

Below a participant defined *problematic drinking* as an interference that kept her partner from fully being responsible and actively participating in familial obligations:

Well when you can't keep your relationship together. When you lose your job because of it. Losing your job because of it I would say is a big problem and also if it causes problems in your relationships. When it interferes with taking care of your family, of yourself, with your home.

And lastly another participant incorporated Alcoholics Anonymous philosophy into her definition of problematic drinking:

> So the way I was always told with my AA Dad was that you have a problem with drinking if drinking impacts your day to day functioning, or if it impacts your relationships. That's what I was always told. Basically, if it becomes a problem with anyone in your life or your ability to function or perform responsibilities, then it's problematic drinking.

Many of the other definitions participants used when explaining problem drinking incorporated themes such as: emotional reliance on alcohol as a coping mechanism and when individuals became physically reliant on alcohol to function (e.g. physical symptoms from withdrawal).

Social drinking versus problem drinking: an issue of control. The next question in the interview guide dealt with perceptions around labels or terms such as: *social drinker* and *problem drinker*. This question was elicited to understand how participants defined socially acceptable forms of drinking versus problem drinking and what the particular nuances were around these labels. The idea of control was a major theme that participants discussed when noting the differences between the two labels. Specifically, participants discussed ideas of out of control drinking as *problematic drinking* and noted *social drinking* as drinking in a controlled fashion and at pace with one's environment.

When describing problem drinking, participants used words or phrases such as, "not in control," "out of control," "consumptive," "drinking in excess," "potentially blacking-out," "behaving inappropriately," and "inappropriate". Below is an example of how one participant

perceived the idea of control as essential to understanding the difference between the two types of drinkers:

> I guess if we were going into the two different labels, I would say that a social drinker is someone who can go out and have a couple of beers and keep their shit together. Kind of party but has an idea of what moderation is. Maybe be like, 'I'm fairly buzzed so I shouldn't drive.' I guess that's the best way for me to put it-- knowing when to stop. And a problem drinker is someone who doesn't know when to stop and doesn't understand moderation.

Another participant noted the ability to "stay on pace with one's environment" as a determinant for a *social drinker.* Again, this definition incorporates the idea of maintaining composure and control of one's actions as a factor for socially acceptable drinking behavior. Below the participant further explains what she meant by "staying on pace with one's environment":

> Social drinkers drink not necessarily even with people, but on pace with their environment. To be in a space where everyone is at a dinner party and you're the only one that gets drunk, that's problematic. I guess social drinking would be staying on pace with one's environment.

The perception of being out of control can affect various components of an individual's composure and demeanor. Eleven of the 12 participants (92%) brought up the theme of being out of control as a determinant for problem drinking.

Alcohol consumption: drinking as coping mechanism. A major theme that emerged when participants were asked to explain why they deemed their partners' drinking behaviors as problematic was that they felt their partners' drinking was a coping mechanism for mental health

41

struggles. As well, participants noted that their partners drank as an unhealthy attempt at being more social. Seven participants (58%) explicitly noted that their partners dealt with mental health struggles such as depression and social anxiety and drank alcohol as ways to quell these issues.

Besides describing literal drinking patterns of partners (e.g. how many drinks on average consumed), participants discussed why they thought their partners were compelled to drink. Participants used the following terms to describe the motives behind their partners' drinking behaviors: "crutch for mental health issues," "social lubricant," "chemical catharsis," "counteract other medications/substances," and "a way to unwind". Although participants did not fully justify their partners' problematic drinking as a coping mechanism for other struggles, a couple of the participants saw the benefits of gratuitous drinking for mental health struggles.

This idea of understanding problem drinking as a coping mechanism for other struggles highlights the nuances of substance (ab)use. One participant appeared to justify her partner's problem drinking when she discussed his struggles with schizophrenia:

His drinking has a mental illness component. He's easier to take with his drinking than when he is un-medicated and has the full mental illness bubbling to the surface. It's the kind of thing you don't want to say out loud, especially to someone who has a problem but he's sometimes easier to handle when he's drunk. It's kind of true.

Below one participant explained her partner's relationship with depression and alcohol:

I've noticed that his drinking is often when he's alone or when it's just us. Like drinking to get drunk as opposed to having a social experience. He struggles with depression and to me, addressing your relationship with alcohol is kind of addressing depression. He says that he is motivated to work on his depression but still drinks a lot. And I'm like, 'If

42

you're real about that then you're recognizing the correlation between the alcohol and

depression'.

The passage above reflects the main motivations behind problematic drinking for this one

particular individual. Again, this idea of utilizing alcohol as a way to quell overwhelming

feelings of depression or anxiety is highlighted by yet another participant:

I guess one thing that concerns me about his drinking patterns or behaviors is that I fear

he's like running himself into a depression sometimes with drinking. Like he's increasing

the depressive tendencies that his brain has by drinking as much as he does.

This participant brought up a rather unfortunate circular causal relationship between her partner's

depression and alcohol consumption-- the more depressed the individual got, the more likely he

was to drink, which in turn amplified his depressive tendencies.

Effects of Problematic Drinking on Romantic Relationships

Another major component of the research study was to better conceptualize how

problematic drinking affects an intimate partner dyad. The research study aimed to better

understand, from the perspective of romantic partners who identify as non- problematic drinkers,

how substance abuse affects their romantic relationships with their problematically drinking

partners. In analyzing how problematic drinking affected participants' relationships, five major

themes emerged-- emotional distancing between partners; increased conflict/arguments between

partners; partners' regret/remorse for actions while intoxicated; participants reaching out to

friends/family for support around partners' problematic drinking; unbalanced support or care

between partners within the romantic relationship.

While the above themes reflect problems that participants identified in their relationships,

participants were also asked if there were any benefits when their partners consumed alcohol. Six

out of the 12 participants (50%) could not identify any benefit. However, six other participants (50%) could identify benefits. Two participants (16%) noted that their partners were able to become more "social" and "open up more" when consuming alcohol. Three other participants (25%) highlighted that they enjoyed the "lifestyle" and "social environment" involved with drinking only if their partners were consuming socially acceptable amounts of alcohol. Lastly, one participant (8%) noted that her partner was able to utilize alcohol as a way to subside his mental health struggles. Acknowledging potential benefits in a problematic activity highlights the nuances and complexities of substance (ab)use.

Problematic drinking effects on relationship: emotional distancing. When discussing the overall effects of problematic drinking on romantic relationships, many of the participants noted that there were emotionally distancing factors that affected the various relationships. Participants used terms and words such as: "distant," "avoidant," "unaware," "not listening," "self-absorbed," "not attuned," "not available," "emotionally distant," and "physically distant" to describe their partners when their partners were problem drinking.

One participant noted how problematic drinking created emotional distance in the relationship, "Well when he's drinking of course I'm not happy so that does affect the relationship because I don't want to be around him so we're apart for a long time. So it distances the relationship." Another participant highlighted how out of control drinking created emotional distance in the relationship:

So I think the biggest effect on the relationship when he drinks is the distancing aspect. He's a very present person and when he's drinking he's kind of in his own space and I'm not in that space with him. So, relationally, it's a distancing experience for us. The triggering aspect of it for me is feeling like the environment is out of control and that a

44

person who is partly a caretaker in some way is not available to me. And then I feel like

I'm responsible for him.

Ten participants (83%) noted that emotional and physical distancing due to problem drinking further led to other problems such as: miscommunication, an increase in arguments, feelings of not being supported when their partners were actively consuming alcohol, and physical health issues.

The perception of not being emotionally present and self-aware of situations and surroundings also came up when participants explored how they could tell when their partners were intoxicated. Eight participants (66%) noted physical descriptors that signified that their partners became distant when intoxicated. One participant explained how she perceived her partner as intoxicated:

His eyes get this glaze when he's really drunk. And it's just obvious. I can just know it in a moment. And kind of the way he talks. He's just not there anymore. He's probably just in his head or away, but he's not there.

This idea of not being emotionally present was also highlighted by another participant, "I can tell when he's been drinking a lot because he gets super defensive and also he's just not listening to anything I'm even saying".

Arguments, conflicts and communication with problem drinkers. Another major theme that emerged when discussing effects of problem drinking on relationships was an increase in arguments and conflict between partners. When participants were asked if they often engaged in arguments with their partners when their partners had been consuming alcohol, all of the participants said, "Yes". Participants noted increases in arguments and conflicts and described their partners as "combative," "angry," "emotionally volatile," "argumentative," and

45

"stubborn". Participants were also asked to identify major issues they had with their partners drinking alcohol. Answers ranged from: "He's confrontational. We fight more often," "We fight a lot," "He's out of control and hard to relate to," "He has poor judgment, like the drinking and driving," "Financial burdens," and "It worsens his depression."

However, when participants were asked how long it generally took for conflicts to be resolved, seven out of the 12 participants (58%) noted that it generally took a day or less to resolve conflicts. Participants stated that they (i.e. participants and significant others) were generally very "communicative" and "talked things out immediately". The other five participants (41%) noted that there were some on-going conflicts that were never completely resolved. One participant noted that the conflicts she had with her partner were on-going because of her partner's drinking habits, "I mean sometimes I don't think they ever get resolved because they keep happening which is mainly because he keeps drinking and messing up."

Regret/remorse after drinking. A major theme that emerged from this research study was the concept of regret and remorse after intoxication. All of the participants noted that their partners expressed some sort of regret or remorse after being intoxicated for their actions while they were drinking. Participants used words or phrases such as, "regret," "shameful," "apologetic," "guilt," "self-deprecating," "feeling judged by others," "remorseful," "embarrassed," "self-hatred," and "insecure" to describe their partners when they were sober after a night of drinking alcohol.

Many of the participants noted that their partners would feel regret or remorse for their actions while drinking, but would continue to drink problematically. One participant highlighted this trend in her response:

Yes, he's definitely regretful. He'll apologize. He'll start to hate himself. I'll feel bad for having been pissed. I'll want to support him in not hating himself. And then I end up trying to make him feel better.

Another participant noted her partner's drinking pattern as a cycle involving shame and continual drinking, "Yes. He apologizes. He says he's embarrassed. He says he's regretful and sorry. He's trying not to do it again. But then he does." Lastly, one participant discussed how shame and guilt were large components to her partner's relationship to alcohol:

I think he's a very shameful person. And he's really hard on himself about past things he's done. He's also very nostalgic. He just talks about past things. And that goes hand-in-hand with things that he's done that are shitty and he's hard on himself about it because he knows that it's bad but he knows that he, especially when he was drinking heavy, that he couldn't help it. You know what I mean.

This participant touched upon her partner feeling shame and remorse for his actions. However, the participant simultaneously deflected blame away from her partner.

Expressing concern to partner and support systems. When participants were asked whether or not they expressed concern to their partners regarding their partners' problematic drinking behaviors, all of the participants noted that they have at some point expressed concern. Eleven out of the 12 participants (91%) have reached out to social supports to express concerns about their partners' drinking patterns and to receive various forms of guidance. Four out of the 12 participants (33%) expressed that they avoided discussing their partners' problematic drinking with family members due to feeling shameful of their partners' actions. Participants noted that they avoided discussing issues regarding their partners' drinking problems because it may reflect poorly on the participants' judgments of character.

47

One participant discussed that she was nervous about continuing to talk with her family members about her partner's drinking because they might disapprove of him:

> I discussed it with family members and then realized in doing that, I was undermining their approval of him and making things harder for him in the construct of my family. And so I kind of stopped doing that. And now I would say I talk about it more with friends.

Another participant also touched upon feeling hesitant about bringing up her partner's drinking behavior to her mother, due to fear of her mother disapproving of their relationship, "I've talked to my Mom a little about it but not enough to make her really worried because I don't want her to be worried. I want her to like him." Participants vocalized that they were more inclined to speak with friends who were non-judgmental and unconditionally supportive.

Providing/receiving support within the romantic relationship. Towards the end of the interview, the topic of care was touched upon. Participants were asked whether or not they perceived that equal support was provided in the relationship. Nine out of the 12 participants (75%) stated that they provided more care in the relationship and felt unsupported by their partners. A major theme emerged of unbalanced support or care between romantic partners. Participants used words and phrases such as: "unsupportive with care," "doesn't reciprocate care," "completely dependent," "unaware of my needs," "emotionally reliant," "burdensome," "financially dependent," "unable to empathize," to describe their partners' inabilities to provide care and support in the various relationships.

As well, participants were asked to describe what kinds of emotions participants experienced while providing care to their partners. Participants noted a wide range of emotions when providing care. These answers included, "longing," "sadness," "frustration," "resentment,"

"confusion," "rage," "stress," "anxiety," "helplessness," "love," "enjoyment," and

"underappreciated". The most common feeling expressed by participants was resentment (66%),

followed by frustration (50%) and stress (42%).

Often when discussing the topic of care and support within romantic relationships, participants

felt both positive and negative emotions while supporting and caring for their romantic partners.

One participant became visibly teary while answering this question in the interview and stated:

> That's the question of the moment. This is the biggest thing I'm struggling with right
>
> now. I felt like I'm giving more and he's not really. I think that his anxiety is something
>
> that is not being dealt with and I think it has caused him to be unable to look beyond
>
> himself to see what I need. And that's been the struggle. How do I get my needs met
>
> because I don't think they're being met? I feel resentful but also I feel longing, like for
>
> that to be reciprocated. I feel a little bit of resentment and a little bit of sadness and
>
> confusion.

Another participant very clearly explained that she provided more care in her romantic

relationship, but has also seen herself in this role in previous relationships:

> I guess I have that 'caregiver' type of personality. My friend told me once, 'You don't
>
> like them unless they have a major flaw. You can't pick one, a man, that has 98% of it
>
> going on. They have to have at least a chink of something that you can go in and help
>
> them with. This is your challenge.' You know, it's so true. So I have to own it. So from
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> the beginning, I've always put more in, for sure. And now, it's like, well now that he's
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> older and has all of these health things. He's almost completely dependent on me. I used
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> to be resentful. But you know, at some point you have to face reality. And then I made
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> this choice. I look at it as a choice. Sometimes people will say, 'Oh you're such a saint,'

or whatever and maybe so. But I made a choice—an intentional decision that this is what I'm going to do and this is why. It's funny how women do this but it's all about keeping the family together, keeping the family intact. So I used to feel that whole resentment part but now it's more acceptance. I think that's what happens when you decide over time that you're just going to stick with it. You have to get to that acceptance point or you're going to be miserable.

The participant described her initial feelings of resentment when providing care for her partner, which eventually shifted to acceptance. Many of the participants noted that they longed for more support from their partners, and emphasized that their partners' substance abuse played major roles in their partners not being able to provide equal support.

Summary

Major findings from 12 semi-structured interviews with individuals who were currently in monogamous romantic relationships with partners that problematically drink alcohol have been presented in this chapter. Significant findings were mainly derived from the open-ended questions around perceptions of problematic drinking and effects of problematic drinking on romantic relationships. The following chapter will elaborate on these findings and discuss their implications for romantic relationships that navigate and negotiate substance abuse. The strengths and limitations of the research study will also be discussed. As well, suggestions for further research will be addressed.

Chapter V

Discussion

The objective of this qualitative study was to explore how individuals perceived problematic drinking and how these perceptions affected their romantic relationships with individuals that problematically drank alcohol. Although some of the experiences around problematic drinking that participants discussed were found in the literature, participants provided additional information on the role of perceptions during the interviews.

Throughout the research study, it became apparent that perceptions around problematic substance use played influential roles in relationship dynamics and how individuals conceptualized and navigated stressors in romantic relationships. This chapter discusses the findings in the following order: 1) key findings, describing the relationship between research findings and previous literature; 2) implications for social work practice, investigating how social workers can incorporate findings from the research study into their clinical practice when navigating relationship dynamics and how relationship stressors associated with problematic alcohol use impact romantic dyads; and 3) limitations and biases of the research study and recommendations for future research in the area of substance abuse and intimate romantic relationships.

Key Findings: Comparison with the Previous Literature

Perceptions and conceptualizations of problematic drinking and its effects on romantic relationships were studied through analyzing the narratives of the participants. This section will

explore the findings of the interviews and compare them to the previous literature. The findings are divided into two categories: perceptions of problematic drinking and effects of problematic drinking on romantic relationships.

Perceptions of problematic drinking. Within this category, participants were asked to discuss how they understood and conceptualized problematic drinking. Participants' responses reflected three major themes that influenced how they perceived problematic drinking: disrupting social obligations; out of control/excess alcohol consumption; drinking as a coping mechanism.

Disruption of social obligations. When discussing how participants conceptualized problematic drinking, results of this study highlighted that participants found their partners' drinking to be problematic when it lead to a disruption of social obligations or responsibilities. This finding was consistent with Bowen's (1985) statement that alcoholism exists as a dysfunction within a family system that can lead to an over-functioning by one partner and an under-functioning of another partner. As aforementioned, Bowen (1985) emphasized, "From a systems viewpoint, alcoholism is one of the common human dysfunctions. As a dysfunction, it exists in the context of an imbalance in functioning in the total family system" (p. 262). In this study, participants' comments were consistent with Bowen's (1985) notion when discussing their partners' inabilities to perform social obligations or responsibilities due to their partners' problematic drinking behaviors. As a result of their partners' inabilities to consistently commit to social responsibilities and obligations, participants often needed to over-function (within romantic relationships) to compensate.

The idea of needing to over-function within a relationship to compensate for a partner's lack of accountability is echoed within Peled and Sacks's (2008) study of exploring self-perceptions of women in romantic relationships with alcoholic partners. The participants' stories

of coping with their relationship stressors highlighted that the women often had to over-function within their relationships, needing to complete social obligations and responsibilities that their partners did not complete. These women, much like the participants within this research study, found their partners' drinking patterns to be non-normative and problematic.

This finding re-emphasizes Lander et al.'s (2013) statement that substance abuse not only affects the individual directly using the substance, but others in close contact (e.g. romantic partners). Romantic partners may have to over-compensate around social responsibilities if their partners inconsistently perform duties, directly affecting relationship dynamics.

Out of control/excess drinking. Another theme that emerged when discussing how participants perceived problematic drinking was the idea of out of control/ excess alcohol consumption. A large majority of participants (92%) mentioned out of control drinking or drinking large quantities of alcohol as problematic; however, none of the participants quantified amounts of alcohol that they would deem "problematic". Perhaps the participants within the study more heavily weighed behavioral and/or relationship oriented markers to conceptualize "out of control or excess drinking" as opposed to quantifying amounts of alcohol that were deemed as problematic.

Within Kenny and Actelli's (2001) study on partner perceptions and satisfaction, the study noted that partners inherently held perceptions about their partners that influenced how they viewed their partners. This study found that, similar to Kenny and Actelli's (2001) study, perceptions could in fact be both accurate and biased. This finding aligned with the previous studies due to how familiar participants were with their partners' actions. Due to past behavioral markers, participants could accurately assess when their partners exhibited out of control drinking behaviors. However, participants' perceptions may also be viewed as biased and

subjective because participants did not state objective measures of how many drinks became excessive for their partners. Although none of the literature explicitly discussed the theme of out of control drinking, it is important to understand how participants gauged excessive or consumptive behaviors.

   Drinking as a coping mechanism. Lastly, when discussing with participants how they conceptualized problematic drinking, many participants (58%) found issues with their partners drinking alcohol when it was used as a coping mechanism for mental health struggles and relationship stressors. This finding coincided with Roberts and Linney's (2000) notion that individuals abuse alcohol to cope with stressors within their relationships. Many of the participants noted that their partners drank alcohol to help decrease their feelings of anxiety and/or depression.

   Participants noted that many of their partners drank alcohol when they needed to cope with various situational stressors. Hurcom et al., (2000) suggested that alcohol consumption could play a part within a relationship's stability, making it difficult to eradicate or navigate. Drinking alcohol can become routine within a relationship dynamic or family structure, such as drinking alcohol after work to unwind and "de-stress". This finding also reinforced Bowen's (1985) notion that excessive drinking occurs when the family system's anxiety is high. Bowen viewed increased alcohol consumption and anxiety as a circular causal relationship, "the process of drinking to relieve anxiety, and increased family anxiety in response to drinking, can spiral into a functional collapse or the process can become a chronic pattern" (p. 259).

   During the research study, one participant highlighted that she found her partner's alcohol consumption to be problematic when it was utilized to quell overwhelming feelings of depression and/or anxiety. This participant brought up a rather unfortunate circular causal

54

relationship between her partner's depression and alcohol consumption-- the more depressed the individual got, the more likely he was to drink, which in turn amplified his depressive tendencies. It could be interpreted that this theme revealed mixed emotions from the participants around giving their partners' drinking behaviors legitimacy and reason.

Another participant whose partner struggled with alcoholism and schizophrenia noted how mental health struggles and alcohol consumption could create a strong circular causal relationship. When she noted that her partner was, "easier to take, with his drinking, than when he was un-medicated and had the full mental illness bubbling to the surface," one could interpret this finding as complicated and nuanced for the participant. The participant could perceive benefits when her partner was drinking alcohol.

Perhaps participants attempted to rationalize or legitimize their partners' drinking patterns as ways to continue their current relationship dynamics. By reasoning through their partners' drinking behaviors, perhaps the homeostasis could remain consistent and the relationships would not completely rupture. This was a finding from the research study that was not found in previous studies.

Effects of problematic drinking on romantic relationship. The second major category identified within the research study centered on the effects of problematic drinking on romantic relationships. This category was divided into the following subsections: emotional distancing between partners; increased conflicts/arguments between partners; regret/remorse for actions while intoxicated; participants reaching out to friends/family for support around partners' problematic drinking patterns; unbalanced support or care between partners within romantic relationships.

Emotional distancing. When discussing the overall effects of problematic drinking on romantic relationships, many of the participants noted that their partners became emotionally distant from them when their partners were problematically drinking alcohol, affecting their relationship dynamics. Ten participants (83%) noted that emotional and physical distancing between partners was due to their partners' problem drinking patterns. When participants perceived their partners as emotionally distant, avoidant, and unavailable, this distancing led to more negative effects and problems within the romantic relationships.

This finding complemented Levitt and Cooper's (2010) study that explored alcohol consumption and close relationship processes. The study found that participants drank more when responding to relationship difficulties and feeling disconnected from their partners. An interesting notion to research further would be: does problematic alcohol consumption lead to emotional distancing between partners; do partners drink more heavily when they feel emotionally distant from their partners; or is the relationship between alcohol consumption and emotional closeness bidirectional? Levitt and Cooper's (2010) study highlighted how alcohol consumption and relational processes could become bidirectional, which this research study partially supports.

Arguments, Conflicts and Communication Issues. Another theme that the research study highlighted when discussing effects of problem drinking on relationships was an increase in arguments and conflict between romantic partners. Although none of the literature explicitly discussed an increase in arguments and conflict due to a partner's problematic drinking pattern, this finding could coincide with Rodriguez et al.'s (2013) notion that negative perceptions regarding a partner's behavior may lead to relationship dissolution and dissatisfaction.

Although many of the participants effectively communicated their grievances with their partners (58%), all of the participants noted that they often engaged in arguments with their partners when their partners had been consuming alcohol. If one viewed the act of arguing and conflict resolution as a routine or ritual within the romantic relationship, perhaps an on-going argument illustrates Steinglass's (1987) notion that alcohol can become fixed within a romantic relationship, maintaining homeostasis through rituals and routines. Perhaps cycles of arguing coupled with conflict resolution, play roles in keeping many of the relationships from completely dissolving.

Regret/remorse after drinking. All of the participants noted that their partners felt regret or remorse for their actions after being intoxicated. Although the literature did not expand upon this particular theme, it is important to consider the role of regret/remorse within a relationship dynamic between one individual who does not drink alcohol problematically and another who is perceived to drink alcohol in problematic amounts.

Perhaps the role of regret/remorse from a participant's partner was a crucial component to the homeostasis of a romantic relationship. Again, it may be important to examine Steinglass's (1987) notion of alcohol becoming a fixture within a relationship dynamic that utilizes rituals and routines such as: regret/remorse for drinking, arguments between partners, and conflict resolution to keep a relationship functioning. Perhaps this idea of regret/remorse for actions while intoxicated could elicit an idea that the partner was potentially acknowledging their issues around drinking, which can be seen as a necessary step for change.

Expressing concern to partner and support systems. Another major finding within this research study was that all of the participants noted that they expressed concern to their respective partners about their partners' problematic drinking patterns. Eleven out of the 12

57

participants (91%) reached out to social supports around dealing with their relationship stressors. This finding was not as surprising due to how the researcher recruited participants (i.e. Al-Anon community members).

Although there was no literature that explicitly addressed the component of expressing concern around substance (ab)use between partners, this finding played a crucial role in the next finding of the research study-- providing and receiving support within the romantic dyad. Perhaps the ability to express concern to a partner struggling with problematic alcohol use may be yet another routine or ritual for maintaining the relationship's homeostasis.

Providing/receiving support within the romantic relationship. Lastly, a major theme that emerged revolved around the topic of care between partners. The research study found that nine out of the 12 participants (75%) vocalized that they provided more care in their relationships than their partners and also felt unsupported by their partners. When participants discussed the issue of giving and receiving care between partners, many of the participants vocalized that they were dissatisfied with their partners' abilities to provide equal amounts of support within their relationships. This imbalance of care between partners impacted the participants' negative perceptions around their partners' drinking patterns. This idea of an imbalance in care relates back to Bowen's (1985) concept that alcoholism within a family system or relationship could lead to an over-functioning by one partner and an under-functioning of another.

This integral finding around an imbalance of care between partners reinforces Solomon's (2009) notion that giving and receiving care is a crucial component for maintaining a satisfying relationship. When emotional needs are not met within a romantic relationship, the secure attachment between the partners becomes stressed, affecting the romantic dynamic. Again this

notion of not feeling supported nor satisfied by one's partner echoes Davis and Oathout's (1987) study analyzing satisfaction within relationships and partner perceptions.

Perhaps the idea of giving care is nuanced and layered for each of the participants. On one hand, not receiving an adequate amount of care and support can lead to negative feelings and perceptions regarding one's partner. Perhaps the role of the caretaker appeals to some of the participants. The caretaking role can provide an identity and sense of purpose as one participant discussed in her interview. It is important to thoroughly understand the role of care and support within each romantic dyad.

Implications for Social Work Practice

This research study highlights that substance (ab)use can affect not only individuals partaking in substances, but also close social supports (e.g. romantic partners, family members, friends) and relationship dynamics. When working with individuals affected by substance abuse issues— either directly or secondarily—it is important for clinicians to conceptualize how clients understand substance (ab)use. This study highlights the importance of examining our clients' perceptions and using their descriptive words and ideas to create stronger holding environments for clients to feel heard and understood.

During the study, the participants were able to vocalize how they understood their partners' alcohol use as problematic. These perceptions of problematic behaviors provided platforms for participants to better explain their relationship dynamics to the researcher. As well, discussions around the role of perceptions gave the researcher a vocabulary in which to better navigate how participants understood the role of problematic drinking within their relationships.

When working with individuals that are secondarily affected by their partners' substance abuse behaviors, clinicians should specifically examine how their clients understand or perceive

problematic behaviors before processing their relationship dynamics. Each client can have a very different understanding or perception of substance (ab)use. The study highlights that although there were general findings around perceptions of problematic behaviors and similar effects that substance (ab)use had on relationship dynamics, all of the participants gave unique responses to how they conceptualized and understood problematic drinking behaviors.

This research study also highlights how various effects that could be perceived as relationship stressors, could in fact, help maintain the homeostasis of romantic dyads. Many of the effects that problematic drinking had on participants' intimate relationships (e.g. emotional distancing; an increase in arguments and conflict; regret/remorse after drinking; expressing concern to partners and support systems; over-functioning; imbalance of care between partners) helped maintain the homeostasis by giving each of the partners routines or rituals in which to repair various relationship ruptures. It is important for clinicians to understand how relationships are formulated and structured by negatively perceived behaviors. This way of understanding relationship dynamics can provide a lot of rich insight for clinicians working with couples or navigating romantic relationship stressors with individual clients.

When working with clients around the topic of substance (ab)use, it is imperative for clinicians to take a non-judgmental and curious stance with their clients. Due to societal stigma around this topic, clinical practices should be adapted to meet the understandings and conceptualizations of their clients. It is necessary for clinicians to refrain from passing judgment onto clients who may be struggling with their partners' substance (ab)use.

Recommendations for Future Research

This section discusses the limitations within the research study and recommendations for future research and investigations. This section is divided into the following sections: 1) limitations and biases, and 2) suggestions for future research.

Limitations and biases. There were several limitations within the research study. Although I had originally tried to recruit a variety of participants from various communities with similar relationship dynamics, time was a significantly limiting factor. Due to the relatively short amount of time available to gather the necessary number of participants, I recruited participants primarily through the Al-Anon community. Also, I heavily utilized a snowball sampling method, thus interacting with a majority of individuals who were actively utilizing support systems.

Due to my small sample size of 12 participants, I could be overgeneralizing findings for this specific type of relationship dynamic. Although my sample size was too small to examine demographic variations via subgroup, I included demographic information on my participants because I was curious to see if any trends were significant enough to suggest further research. If I was to expand upon the demographics section, I would include a question regarding how participants identify their race.

The lack of gender variation was very significant when examining participant demographics. During the outreach for this study, I tried to elicit participation from male-bodied individuals. However, I was only able to interview females for the study. The lack of male voices elicited many questions. Are males less aware of the roles problematic drinking can play in their relationships? Are there fewer romantic relationships where female individuals problematically drink who are partnered with male individuals that do not partake in problematic behaviors? Or, are male-identified individuals less likely to speak out about substance abuse in their romantic

relationships due to engrained socialized behaviors? The lack of any male participants in this study suggests that females are more apt to reach out and process their relationship stressors than their male counterparts. While responses to the research study could have been influenced by how participants related to the researcher, they could have also been impacted by gendered behaviors that are engrained by societal standards.

Looking beyond the demographic variation within the study, reliability of measurement as well as validity must be examined within the research study. The interviewer designed the research questions, conducted the interviews, and analyzed the data, thus increasing the possibility of bias within the study. The researcher/interviewer's own personal bias surrounding substance abuse within intimate relationships might have influenced the questions within the interview guide. Of particular importance was the fact that this interviewer was biased towards understanding how individuals pathologize substance use and how participants navigate perceived stressors within romantic relationships. Due to the interviewer's stance around interrogating problematic substance use, participants might have been more likely to share with the interviewer negative aspects of their intimate relationships. However, the researcher attempted to minimize this bias by including a question regarding perceived benefits within the interview guide. The researcher contacted two participants and asked them to conduct stakeholder checks with the data in order to minimize potential bias within the research study. Stakeholder checks attempt to solidify the findings from the various interviews and seek to adequately reflect the participants' personal experiences. During the stakeholder checks, the two participants confirmed that the findings reflected their experiences.

Suggestions for future studies. Due to the short amount of time available to conduct this study, it may be useful to conduct future studies with more time available and with a larger

sample size. A larger sample size can allow for the researcher to analyze participant demographics more closely. Future research could highlight how socio-cultural constructs (e.g. race, gender, ethnicity) impact and/or influence perceptions of problematic drinking and its effects on intimate relationships. Due to the lack of male-bodied participants, future research could explore how male-bodied individuals perceive problematic drinking and could uncover its effects on romantic dyads, and compare them to this research study that only gathered female participants. Future research studies that highlight social identity factors (e.g. race, gender, ability, socioeconomic status) may provide much needed findings to the current body of research available.

This study placed a great deal of emphasis on understanding perceptions of problematic behaviors, thus highlighting the negative aspects of alcohol consumption within romantic relationships. While some participants were able to discuss how substance use benefited their romantic relationships, much of the interview analyzed how participants negatively perceived their partners' drinking behaviors. As one participant noted, her partner's problematic drinking often times helped to subside a lot of his mental health struggles with schizophrenia. Some of the participants noted that their partners were more outgoing and at ease in social situations when drinking alcohol. It could be beneficial for social workers to better understand how substance use could benefit romantic relationships. It could be helpful for future studies focused on substance abuse within romantic relationships to strive to understand how relationships navigate substance abuse through strengths-based perspectives.

Conclusion

The findings of this research study indicate that partner perceptions are integral components that shape relationship dynamics. Participants' perceptions and conceptualizations

of problematic drinking affected how they navigated their relationship stressors with their partners. The findings from this research study reinforce Bowen's (1985) notion that alcoholism and substance abuse not only affect individuals partaking in substances, but also various relationships and systems. Understanding how systems and relationships navigate problematic drinking is critical for widening and deepening our clinical understanding of substance abuse.

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Are you currently in a relationship with someone you identify as a problem drinker?

Graduate student seeking to conduct a one-hour interview with partners of individuals struggling with alcohol abuse.

Ideal participants: currently in a heterosexual, monogamous relationship for at least one year.

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

Partner Substance Abuse Study: email mewilson@smith.edu Or call: 4	Partner Substance Abuse Study: email mewilson@smith.edu Or call: 4	Partner Substance Abuse Study: email mewilson@smith.edu Or call:	Partner Substance Abuse Study: email mewilson@smith.edu Or call:	Partner Substance Abuse Study: email mewilson@smith.edu Or	Partner Substance Abuse Study: email mewilson@smith.edu Or call: 443-692-7652	Partner Substance Abuse Study: email mewilson@smith.edu Or call: 443-692-7652

2015-2016

Consent to Participate in a Research Study
Smith College School for Social Work ● Northampton, MA

…………………………………………………………………………..

Title of Study: Partner Perceptions Regarding Alcohol Use and its Effects within an Intimate

Romantic Relationship: A Qualitative Study

Investigator(s):

Meghan Wilson, Smith College School for Social Work, (xxx) xxx-xxxx

…………………………………………………………………………..

Introduction

·   You are being asked to be in a research study about partner perceptions regarding alcohol use and its effects within an intimate romantic relationship.

·   You were selected as a possible participant because you are currently in a monogamous romantic relationship for more than one year and your partner currently struggles with alcohol abuse.

·   We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

·   The purpose of the study is to gain a deeper understanding about how perceptions around acceptable versus unacceptable alcohol use affects relationship dynamics.

·   The interview guide will focus on the following themes: perceptions of problematic drinking-behavior, how/when interviewees realized their partner abused alcohol, what traits they see as problematic, and how their romantic relationship functions around alcohol use.

·   This study is being conducted as a research requirement for my master's in social work degree.

·   Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

·   If you agree to be in this study, you will be asked to do the following things: participate in a one-hour interview, either in person, on the telephone, or over Skype. Interviews will be audio recorded by the researcher and subsequently transcribed. After transcribing the interviews, the recordings will be erased and the written records will be stored in a safe and encrypted location.

Risks/Discomforts of Being in this Study

·   There are no reasonable foreseeable (or expected) risks, however participation may bring up difficult feelings in regard to your current romantic relationship. If you feel that you would like additional support at any point in your involvement in the interview process or following your participation, I have provided a list of mental health resources at the end of this letter that you may use at your earliest convenience.

Benefits of Being in the Study

·   One benefit of participation is a deepened understanding of the role perceptions can play in intimate romantic relationships. As well, the interviewer and interviewee may gain further insight into how problematic drinking can affect the relationship dynamics within a romantic dyad.

·   The benefits to social work/society are: a deepened understanding of how individuals within a romantic dyad negotiate and navigate around issues of substance abuse. This research study may also better inform the ways in which clinicians can address problematic drinking within a romantic dyad.

Confidentiality

·   This study is confidential. We will not be publishing any personal identifiers that may identify you.

·   Your participation will be kept confidential. The researcher will arrange interviews via email or telephone call. Audio recordings will be made and listened to only by the researcher. Once the recordings have been taped, the researcher will transcribe all of the interviews with no identifying factors. After the interviews are transcribed, the recordings will be erased. As aforementioned, written interviews will be stored in a safe and encrypted location.

·   No personal identifiers will be used in the data analysis, the findings, or the report writing.

·   All research materials including recordings, transcriptions, analyses, and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the

storage period. We will not include any information in any report we may publish that would make it possible to identify you.

Payments/gift

·   You will not receive any financial payment for your participation.

Right to Refuse or Withdraw

·   The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* (up to the date noted below) without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely up to the point noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by March 1, 2016. After that date, your information will be part of the thesis, dissertation or final report.

Right to Ask Questions and Report Concerns

·   You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Meghan Wilson at mewilson@smith.edu or by telephone at (xxx) xxx-xxxx. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

·   Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

·   You will also be given a list of referrals and access information if you experience emotional issues related to your participation in this study.

……………………………………………………………………………..

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

....

[if using audio or video recording, use next section for signatures:]

1. I agree to be [audio or video] **taped for this interview:**

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

2. I agree to be interviewed, but I do not want the interview to be taped:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

Appendix C
Community Resources for Interested Participants

Mental Health Resources in Baltimore, MD

Agency	Contact Information	Services	Insurance/Payment Method
Al-Anon	Various locations across Baltimore, MD Toll free number: 1-888-425-2666	*Call toll-free number to find Al-Anon meeting closest to you	No Fee
Alcoholics Anonymous (AA)	Various locations across Baltimore, MD 410-663-1922	Support Group	No Fee
Apex Counseling Center	3200 Eastern Avenue, Baltimore, MD, 21224 410-522-1181	Individual Therapy Substance Abuse Counseling, Couples Therapy Family Therapy DWI Education Program,	Medicaid Medicare Private Payment Private Insurance
Baltimore Crisis Response INC	410-433-5175	Crisis Line	No Fee
Glass Substance Abuse Program (GSAP)	821 N. Eutaw Street, Suite 101, Baltimore, MD 21201 410-225-5452	Substance Abuse Counseling, HIV related services, Methadone maintenance, Dual Diagnosis	Medicaid Medicare Private Pay Private Insurance Federal Probation BSAS funded
Harford Belair Community Mental Health Center	4536 Harford Road, Baltimore, MD 21214 410-426-5656	Adult Outpatient Case Management Mobile Treatment Dual Diagnoses	Medicaid Medicare Private Payment
HOPE Recovery Community Center	2828 Loch Raven Road, Baltimore, MD 21218 410-889-4673	12 step meetings Peer support groups, Dual diagnosis	No Fee

Medical Center	Baltimore, MD 21224

410-550-0100 | Individual Therapy
==Couples and Family Therapy==
Medication Management and Evaluation
Crisis Intervention Services
Educational | Medicare
Client/Patient Fees
Private Insurance |
| Mosaic Community Services | 2225 N Charles Street, Baltimore, MD 21218

443-683-8053 | Group Therapy
Individual Therapy
Dual Diagnosis
Alcohol Education Program
Case Management | Medicaid
Medicare
Private Payment
Private Insurance |
| People Encouraging People (Pep, Inc.) | Administrative Office: 2002 Clipper Park Rd, Baltimore, MD 21211

410-366-4299 | Outpatient Mental Health,
Residential Rehabilitation Service,
Community Living Program,
Case Management
Substance Abuse,
Dual Diagnosis | Medicaid
Medicare
Private Payment
Private Insurance |

<u>Demographic Questions</u>
- What is your age?
- What is your sexual orientation?
- What is your current marital status?
- What is your highest degree or level of school you have completed?
- What is your current employment status?

<u>Personal Relationship to Alcohol</u>
- Did you grow up in a household where alcohol was present?
- Did either of your parents drink alcohol?
- Do you currently drink alcohol?
- (If yes) When was the first time you tried drinking alcohol?
- (If yes) How frequently do you consume alcohol?
- When you drink alcohol, how many drinks (on average) do you consume?
- Do you participate in drinking with your partner?

<u>Perceptions Regarding Problematic Drinking</u>
- How would you define problematic drinking?
- How would you define social drinker versus problem drinker?
- How would you describe your partner's drinking behavior?
- How does your partner's drinking affect your relationship?

<u>Effects of Problematic Drinking on Romantic Relationship</u>
- How long have you and your partner been romantically involved?
- When did you first start noticing your partner's drinking behavior?
- Do you see any benefits to your partner drinking alcohol?
- Do you see any issues with your partner drinking?
- Do you often engage in arguments when your partner has been consuming alcohol?
- How long does it take to resolve conflicts between yourself and your partner?
- How can you tell when your partner is intoxicated?
- Does your partner express regret or remorse for his/her actions when he/she is no longer intoxicated?

- Have you ever expressed concern to your partner regarding your partner's drinking habits?
- Have you ever expressed concern about your partner's drinking habits to family members or friends?
- Do you perceive that both you and your partner provide equal support to each other in the relationship?
  - If yes, how do you both support each other?
  - If no, do you perceive (or notice) that you provide care for your partner more than he or she reciprocates?
- What kinds of emotions do you experience when you are providing care for your partner?

Appendix E

Human Subjects Review Approval Letter

SMITH COLLEGE

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

November 30, 2015

Meghan Wilson

Dear Meghan,

You did a very nice job on your revisions. 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.

Congratulations and our best wishes on your interesting study.

Sincerely,

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Kathleen Deal, Research Advisor