

**ANXIOUS ANTICIPATION AND PARENTAL ALCOHOL ABUSE  
- A GROUNDED THEORY STUDY**

**Gráinne D. Martin**

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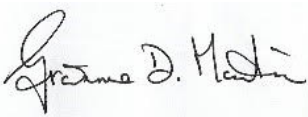
School of Nursing, Psychotherapy and Community Health, Dublin City University

Supervisors: **Dr Mark Philbin, Dr Rita Glover**

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## DECLARATION

I hereby certify that this material, which I now submit for assessment on the programme of study leading to the award of Degree of Doctor in Psychotherapy, is entirely my own work, that I have exercised reasonable care to ensure that the work is original, and does not to the best of my knowledge breach any law of copyright, and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

Signed: 

Grainne D. Martin

Student ID Number: 18211633

February 2023

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## ABSTRACT

### **TITLE: ANXIOUS ANTICIPATION AND PARENTAL ALCOHOL ABUSE - A GROUNDED THEORY STUDY**

Research in Ireland and internationally paints a stark picture regarding the high levels of parental alcohol consumption and the potential for parental hazardous drinking to harm others, specifically their offspring. This study aimed to develop a substantive theory to help explain how individuals live their lives in adulthood, consequent to their exposure to the harmful effects of parental alcohol abuse during childhood. Drawing on the data generated in semi-structured interviews with twelve participants, this study used the classical version of grounded theory methodology and followed the traditional procedures for data gathering and analysis embedded therein.

The substantive theory *Anxious Anticipation* emerged from the analysis, which describes the psychological and social processes in which the study participants engage in an attempt to resolve their main concern of having lived tumultuous childhoods due to a parent's alcohol abuse. The process *Anxious Anticipation* incorporates four interrelated sub-core categories conceptualised as *Walking on Eggshells*, *Bearing the Brunt*, *People-Pleasing* and *Putting Up a Front* along with their properties and dimensions. Having come from homes where chronic anxiety, emotional deprivation, uncertain threat, and negative judgements prevailed, the participants engaged in these processes to somehow manage or cope with their situation. These processes became embedded in childhood and subsequently bled into myriad aspects of their adult lives.

The core-category, *Anxious Anticipation*, elucidated in this study, contributes novel and valuable insights into and an understanding of how adults now live their lives because of their traumatic experience of exposure to parental alcohol abuse. These findings are significant in terms of contributing to our body of knowledge in this field. Additionally, they provide a new lens through which counselling psychotherapists can develop their case formulations and treatment plans when working with these individuals.



## CHAPTER ONE

### SETTING THE SCENE: TOWARDS A SUBSTANTIVE THEORY OF ANXIOUS ANTICIPATION

I didn't Cause it. I can't Cure it. I can't Control it.

National Association for Children of Alcoholics (2020).

#### **Introduction**

Research in Ireland and internationally paints a stark picture regarding the high levels of parental alcohol consumption and the potential for parental hazardous drinking to harm others, specifically their offspring. This Classic Grounded Theory (CGT) research project then aimed to explore the significance of parental alcohol abuse for the lives of their adult children. This chapter also seeks to set the stage for this study in terms of the continuing impacts of parental drinking into adulthood.

This study aimed to develop a substantive theory to help explain how individuals live their lives in adulthood, consequent to the deleterious effects of parental alcohol abuse during childhood. This study aims to fill a gap in the Irish research literature and inform current psychotherapy practice with and responses to these individuals.

The primary objectives of the study were to:

- Examine how participants account for alcohol abuse by their parents.
- Analyse changes over time in how participants have regarded their parents drinking.
- Inquire into how they, as adults, coped with or somehow dealt with adversity associated with their parents' drinking.
- Explore participants' perspectives on how their lives are affected by the alcohol abuse of their parents, with particular attention given to their interpersonal and intimate relationships.

Twelve participants with a lived experience of parental alcohol abuse during childhood were interviewed at length about these experiences. The substantive theory *Anxious Anticipation*

emerged as the primary theoretical discovery associated with this study (Glaser & Strauss, 1967).

It is intended that this study will not only make a valuable contribution to our current body of knowledge in an Irish context but will contribute to knowledge internationally.

### **The Background and Rationale for Conducting this Study**

In addition to their general counselling and psychotherapy practice, this research practitioner has a lengthy experience spanning the past three decades of working with adult clients who experienced parental alcohol abuse in their childhoods. Having initially worked within an organisation that was fundamentally informed by earlier clinical conceptualisations put forward by commentators such as Kritsberg (1985) and Woititz (1990), her practice developed in response to the lived experience of the clientele. Over time, working within an evidence-informed practice meant integrating an array of empirically validated theories; for instance, cognitive behavioural therapy (CBT) was embedded within a humanistic framework. Psychoeducation and group therapy were also intrinsic to these clients' treatment plans.

Outside of the organisational setting, this researcher, as a counselling coordinator and educator, observed that in the main, student counsellors and psychotherapists receive little or no formal training to equip them to work with these individuals. Additionally, there is little information offered in terms of Continuous Personal Development (CPD), or as is germane to this study, there is no up-to-date research in an Irish context. Specifically in terms of how these individuals live their lives today as adults and how we might best work with them in treatment. This research project, then, strives to contribute a novel and useful theory that will make a valuable contribution to our current body of knowledge both in an Irish context and internationally. In these terms, this study intends to help bring our knowledge base forward when working with these individuals.

### **Terminology**

Across the literature, a parent's problematic relationship with alcohol is described using various terms. The medicalised model defines hazardous drinking as an 'alcohol use disorder' (AUD), a chronic, relapsing condition characterised by continued use despite harmful medical, psychological, and social consequences (Venegas & Ray, 2020, p. 1). The term alcohol use disorder includes conditions referred to as alcohol abuse, alcohol

dependence, alcohol addiction, and alcoholism (Cronce et al., 2018). Moving away from a medicalised model, the terms ‘alcohol abuse’, ‘parental problem drinking’ and ‘parental alcohol abuse’ will be used. All of which describe a significant drinking pattern that results in severe and recurrent adverse consequences (American Psychological Association, 2012), will be used interchangeably throughout the study when describing this phenomenon. The terms ‘alcoholic’ and ‘alcoholism’, sometimes used to describe problem drinking in terms of a lack of reliable control over an individual’s drinking (American Psychological Association, 2012), are solely used here when citing from the literature. Children of parents who abuse alcohol are commonly referred to as Children of Alcoholics (COAs). In the same vein, adult children affected by a parent's drinking are widely described in the literature as Adult Children of Alcoholics (ACOAs). These terms will only be used when using direct quotes from the literature. Moving towards a more person-centred language, the terms ‘children exposed to parental alcohol abuse’ and ‘adult children exposed to parental abuse’ will be used throughout.

### **Structure of Study**

This chapter has described the purpose, aim and objectives of the study, has outlined the researcher’s background experience as it pertains to this area of enquiry and provides a rationale for conducting this study.

Chapter Two offers a preview of existing literature that helps elucidate our current knowledge in this field and provides an entry point for this research project. Philosophical and theoretical explanations of the impact of parental alcohol abuse on their offspring will be explored from varying perspectives. Additionally, contemporary debates about the effects of harmful parental drinking will be discussed while exploring how the experiences of adult children exposed to parental abuse are conceptualised. Finally, an overview of the current treatment modalities used in professional psychotherapeutic practice when working with this client group will be given.

Chapter Three describes the methodology used for a grounded theory study and discusses the data collection procedures and analysis utilised to arrive at the emergent theory and ethical issues. A classic grounded theory (Glaser, 1978) approach was employed to explore how adults live their lives consequent to the harmful effects of their parent’s alcohol abuse. Grounded theory was chosen as this is a methodological framework that can be defined as

“the discovery of theory from data systematically obtained from social research” (Glaser & Strauss, 1967, p. 2). In these terms, I was interested in discovering an emergent theory from participants' latent patterns of behaviour (Glaser & Strauss, 1967), the ultimate goal being to develop a substantive theory that contributes to our body of knowledge and helps to inform practice.

Chapter Four presents the substantive theory *Anxious Anticipation* and the sub-core categories *Walking on Eggshells*, *Bearing the Brunt*, *People Pleasing* and *Putting Up a Front*.

Chapter Five discusses the core category *Anxious Anticipation* and explains the sub-categories or processes related to the core category. The study's robustness and ethicality are also demonstrated. Finally, the implications for clinical practice are explored, along with recommendations for further research, government policy, education, and training.

## **CHAPTER TWO**

### **THE LITERATURE PREVIEW**

#### **Introduction**

This literature preview explores the varied discourses and contemporary debates that have contributed to our current body of knowledge about parental alcohol abuse and provides a point of departure for this research project. Theoretical explanations of the impact of parental alcohol abuse on their offspring will be discussed from myriad perspectives to elucidate how the experiences of adult children of parental alcohol abuse are conceptualised, along with an exploration of the current treatment modalities developed in professional practice to work with this client group.

#### **Scope of the literature preview and Search Strategy**

This grounded theory study necessitated a literature preview to inform the researcher about existing knowledge and contemporary debates in the field that offered a rationale for the study. An additional literature review was conducted throughout data analysis and beyond to facilitate the conceptualisation of the data. Pertinent peer-reviewed literature was sourced from multiple databases. The Dublin City University Library was a major component of these searches. A comprehensive search of identified databases (EBSCO, PsycInfo, Pubmed, PsycArticles, PsycINFO, ERIC, ScienceDirect, MEDLINE, and Pubmed) was conducted. A Google and Google Scholar search also accessed government and organisational reports and policies along with other grey literature, such as key seminal texts. Various search terms and Boolean operators were used to search for pertinent literature. This search was augmented with a review of the abstracts and bibliographies of related articles, which identified the material that met the inclusion criteria of English language studies in counselling and psychotherapy published between 1987 – 2022. All sample sizes, all ages, and all genders were included. There were no exclusion criteria for the duration of studies, follow-ups or outcomes.

#### **Review of the Literature**

Growing up with a parent who abuses alcohol is a widespread phenomenon (Ciubară, 2015; Järvinen, 2015; Sher, 1991). In January 2019, the Health Service Executive (HSE) and the

Tusla Child and Family Agency jointly published their Hidden Harm Strategic Statement and their Hidden Harm Practice Guide (2014). This report stated that within an Irish context, circa 1.4 million individuals used alcohol harmfully. As far back as 2013, there were over a quarter of a million children under fifteen years of age living with a parent who abused alcohol (Murphy et al., 2013), while Alcohol Action Ireland (2020) reports that there are a further 400,000 individuals that are adult children from such homes. Moreover, findings from the relatively recent HSE Report, *The untold story: harms experienced in the Irish population due to others' drinking* (Hope et al., 2018), indicated that 44% of individuals had experienced negative consequences over the previous twelve months due to the drinking of people they knew, with one in six carers reporting that children, for whom they had parental responsibility, experienced harm because of someone else's drinking (p. 23).

The Irish Hidden Harm Strategic Statement (2015) raises issues of grave concern, claiming that parental alcohol abuse is one of the top three problems associated with child abuse and neglect. It has been identified in families involved with child protection services in Ireland (Child, 2015) and can have severe implications for the outcomes of children from conception right throughout their life span (Child, 2015; Harter, 2000; Cotton, 1979; Sher, 1991; West & Prinz, 1987). The Irish Society for the Prevention of Cruelty to Children report (2011), based partly on a quasi-experimental study conducted by Balsa et al. (2009), supports this position. This report highlights that these impacts could include unsafe changes in parental behaviour resulting in violence and strained family relations, exerting a heavy burden of stress and challenges on their offspring. Additionally, the Irish Hidden Harm Strategic Statement (2015) claims that these children can develop mental health problems due to this continued emotional strain and become involved in anti-social behaviour and criminality, hindering them from attaining a productive and happy life. Moreover, according to several commentators, children who live with or are affected by parental alcohol abuse can go on to have problems with alcohol themselves. The propensity to develop alcohol dependency is highlighted in several studies; for instance in Sher's (1991) publication of *Children of Alcoholics Critical Appraisal of Theory and Research*; Park and Schepp's (2015) systematic literature review; and Wong et al. (2018) longitudinal study, consisting of 715 participants, 75% of whom had been children exposed to parental alcohol abuse.

These stark statistics paint a bleak landscape regarding the high levels of parental alcohol consumption and the potential for parental hazardous drinking to harm others, specifically

their offspring. Consequently, we must take the significance of these findings seriously regarding the magnitude of the problem. These findings are troubling regarding the effects of parental alcohol abuse on their offspring's mental and emotional health and perhaps their capacity to cope.

Considering these troubling findings, it can be difficult to discern if adults exposed to parental alcohol abuse have had similar experiences or are affected similarly. This can be due to their heterogeneity. Contrary to several commentators in the field (Domenico & Windle, 1993; Klostermann et al., 2011; Pasternak & Schier, 2012), it is important to note that others do not consider adults who experienced parental alcohol abuse to be a homogeneous group (Palmer, 1997; Werner, 1986; Werner & Smith, 1992). Their heterogeneous nature, therefore, can mask many effects of growing up in an 'alcoholic home' (Scharff et al., 2004). Being a heterogeneous group, they can "defy simple categorization", and their experiences and outcomes can vary (Bernard & Spoentgen, 1986; Clair & Genest, 1987; Park & Schepp, 2015; Seefeldt & Lyon, 1994). Furthermore, and importantly, it needs to be borne in mind that these individuals' experiences may also differ in terms of their level of vulnerability (Balsa et al., 2009) and the magnitude of damage and trauma experienced (Chodkiewicz & Kasprzak, 2018).

In light of the various findings across studies and given that the specific characteristics ascribed to adult children of parental alcohol abuse are not necessarily defining of their experience, and also considering the potential burden and magnitude of potential problems that may arise for these individuals, this remains an important area of inquiry. Ultimately, given that adult children of parental alcohol abuse may present in therapy with a possible array of challenges as described, gaining further insight regarding how these individuals now live their lives as a consequence of their parent's drinking clearly has a bearing on further research and appropriate psychotherapy treatments offered to these clients in therapy.

### **Challenges often experienced in homes due to Parental Alcohol Abuse**

Two distinct and oppositional positions are taken across the literature about the range of challenges experienced by children who experienced parental alcohol abuse. On the one hand, a large body of literature highlights that these homes are often characterised as being traumatic, chaotic and unpredictable (Dayton, 2012) and that those who have experienced parental alcohol abuse are at higher risk for a range of poor outcomes.

Dayton's assertions appear to be validated by many researchers in the field. For instance, Taplin et al. (2014) sought a better understanding of the relationship between childhood abuse and a family history of alcohol and drug abuse. In this cross-sectional survey of 87 participants, it was interesting to note that maternal alcohol and drug use was significantly associated with childhood sexual abuse, emotional abuse, and physical neglect. In contrast, paternal alcohol and drug use were significantly associated with childhood physical abuse. One of the few qualitative studies, and indeed one of the largest, was conducted by Velleman & Orford (2009) with a total of 244 participants. This study found high levels of childhood difficulties in the homes where parental alcohol abuse was an issue relative to those who did not experience these difficulties. Around the same time, Velleman (2010) reviewed UK policies regarding neglect of families living with parental alcohol and drug use. Highlighting the magnitude of the difficulties faced by family members of the 'addicted' person, he argues that further work needs to be done in terms of how the family as a whole is affected, which in turn can help these individuals to access appropriate help. Other commentators also posited that many of these individuals are understood to be associated with emotional abuse, psychological abuse, violence, and neglect. For example, Harter and Taylor (2000) assessed the long-term adjustment of children of parental alcohol abuse among 333 college students and found a strong correlation between emotional abuse, adult symptom distress and social maladjustment. Moreover, a quantitative study using self-report instruments measuring psychological adjustment conducted by Tweed (2015) found that adult children of problem drinkers scored significantly higher on the measures of anxiety and depression than did their counterparts. This finding seems to support and expands upon the results of a quantitative survey by Hinz (1990), which found that interpersonal anxiety and depression were significantly higher for individuals who had experienced parental alcohol abuse relative to those who did not grow up in such homes.

Several commentators have posited that those who experienced a traumatic home life described above can experience symptoms similar to posttraumatic stress disorder as "the direct result of living with the traumatizing effects of addiction" (Dayton, 2012, p. 5). Indeed, Hall and Webster (2002), in their quantitative study of 141 college students employing self-report measures that included trauma symptoms developed during childhood, reported higher scores in trauma symptoms in adulthood relative to those who had not experienced parental alcohol abuse. A more extensive online survey of 609 adult children exposed to parental alcohol abuse conducted by Rzeszutek et al. (2021) supports previous findings in



that study respondents experienced either a single or multiple traumas associated with a family history of parental abuse. Using the Childhood Trauma Questionnaire, Schwandt et al. (2013) assessed 289 treatment-seeking alcohol-dependent patients and 137 healthy controls. They also found that childhood trauma was significantly prevalent and more severe in a group of treatment-seeking alcohol-dependent adults who experienced parental alcohol abuse.

Along with commentators such as Taplin et al. (2014), who, as previously stated, pointed to a significant risk of physical abuse, further research points to this population's risk of sexual abuse, which is also very concerning. Anne Lown et al. (2011), for example, used survey data from 3,680 women in the U.S.A. and found that both physical and sexual abuse were significantly higher within homes where parental alcohol abuse was present. Again, in an earlier study, Walsh et al. (2003) conducted a comprehensive quantitative study of significant size, with a sample that consisted of 8,472 participants at an Ontario Mental Health Supplement, and found that parental substance abuse resulted in a more than twofold increase in the risk of exposure to both childhood physical and sexual abuse (p. 1418). Eleven years previous to this, Yama et al. (1992) conducted a quantitative study using a 2 x 2 factorial design that investigated the effects of childhood sexual abuse and parental problem drinking among 156 college students was also very concerning. The findings within this study highlight the magnitude of childhood sexual abuse and parental abuse on symptoms of anxiety and depression in adulthood.

Considering the findings of this preview thus far, it seems highly significant in terms of the probability that depressive symptoms can manifest in adults who have experienced parental alcohol abuse. For instance, a quantitative survey by Klostermann et al. (2011) found that 136 college students with an alcohol-abusing parent reported more depressive mood symptoms than their peers, along with less effective coping strategies. While a significantly larger quantitative retrospective study conducted by Anda et al. (2002) found that of the 9,346 adults who visited a primary care clinic of a large health maintenance organisation, the risk of having all nine of the adverse childhood experiences was significantly greater among twenty per cent of respondents who reported parental alcohol abuse. While depression appeared to be large, if not solely, due to the greater likelihood of having had adverse childhood experiences in a home with alcohol-abusing parents (p. 1001).

In terms of interparental violence, Gaşior (2014), in a quantitative study with a sample of 395 participants, established that the effects of parental violence were significant for individuals who experienced highly negative childhood experiences with minimal protective factors. It comes as no surprise then that chronic family stress, as described by Friel and Friel (2010), is also understood to be a significant issue of concern in these family homes. For instance, Fisher et al. (2010) conducted a quantitative survey of 557 college students and found that being a child of a problem drinker contributed significantly to stress. Moreover, the quantitative study by Grekin et al. (2005) also highlights the significant stress level experienced by these individuals in these family homes.

Breaches in family rituals have also been explored and shown to be significant, for instance, in the rare qualitative studies conducted by Hawkins (1997) and Ross & Hill (2001). Feelings of guilt have also been seen as problematic (Tesson, 1990) and discussed in the quantitative research conducted by Black et al. (1986) and Tweed (1991). The Tweed study is particularly interesting in exploring feelings of guilt, as few studies have looked at this specifically. This study consisted of a sample size of 239 participants, which included 114 'ACOA's' and 125 non 'ACOA's', with results showing that 'ACOA's' scored significantly higher on measures of anxiety and depression than those individuals who did not come from such homes. Additionally, more research espouses that these individuals can experience feelings of helplessness, as highlighted in one of the few qualitative studies by Park & Schepp (2017) examining the psychosocial adaptation process with 20 participants. The quantitative study conducted by Perou (1992) is another example of this. Perou assessed learned helplessness; compared to those who did not grow up in these families, 114 persons had reactive depression and suppressed rage due to parental alcohol misuse. Findings from this study suggest that higher levels of reactive depression and suppressed anger are present in the 'ACOA' cohort.

Relationship difficulties appear to be also problematic for these individuals. For instance, a fear of intimacy described by Harden (2000) and Rangarajan (2005) has been well documented. In this regard, copious, overwhelmingly quantitative studies attest to the problematic nature of their adult relationships. For example, a six-wave longitudinal study of 634 couples conducted by Kearns-Bodkin and Leonard (2008) explored adult development, specifically marriage and alcohol involvement. This study found that children who experienced parental alcohol abuse in their family environment can subsequently carry

the problematic effects into their adult romantic relationships in adulthood. Taking a similar sample size of participants with different profiles, the quantitative study conducted by Domenico and Windle (1993) examined group differences among 616 female 'ACOAs' and female 'non-ACOAs' with regard to features of intra- and interpersonal functioning and found lower levels of marital satisfaction along with higher levels of marital conflict. Martin (1995) conducted a smaller quantitative study with 76 adult participants, wherein the sample was not identified in advance as being an adult child of parental alcohol abuse. Interestingly, the adults who had experienced parental alcohol abuse were found to experience significantly less intimacy with their partners.

Additionally, compared to others, Hall and Webster (2007) conducted a relatively small quantitative questionnaire study. They found that 'ACOAs' who reported parental 'alcoholism' as the only stressor (n=80) growing up had difficulties in developing trusting bonds with others. Inasmuch as these individuals can have difficulties in developing trusting bonds, they can also, paradoxically, have a fear of abandonment. The quantitative studies conducted by Hall and Webster (2007) discussed above also highlight this fear, while Kelley et al. (2010) interestingly chose to conduct a quantitative study examining the impact that the gender of an alcohol-abusing parent might have on their female offspring with similar results.

Additionally, some researchers found that many of these individuals experience negative social and emotional outcomes, for instance in the Kearns-Bodkin and Leonard (2008) longitudinal study described earlier, the quantitative survey with 622 participants conducted by Haverfield and Theiss (2016), along with the findings of a literature review conducted by West and Prinz (1987).

### **They are Not all the Same**

Notwithstanding the copious publications delineated thus far concerning the negative effects of parental alcohol abuse on their children, there are conversely commentators (el-Guebaly & Offord; 1977, 1979, 1983, Fingarette, 1988; Giglio & Kaufman, 1991) who are critical of this position, arguing that it is erroneous to consider familial alcoholism a unidimensional construct as not all of these environments or experiences are the same. Unfortunately, the research studies that support this perspective are quite sparse and, in the main, somewhat dated. Nonetheless, the few available studies do show evidence suggesting less bleak

experiences and outcomes. For instance, Havey and Dodd (1993), conducted a quantitative study of 204 college students, which indicates that there is a more negligible impact of parental alcohol abuse on their lives than is generally assumed. Similarly, Jacob and Leonard (1986) conducted a quantitative study with a sample of 100 children of 43 alcoholic fathers and compared this group with 91 children of 45 depressed fathers and 105 children of 46 controls (social drinkers and nondepressed). The study findings showed no clinical significance in terms of differences between these groups. Werner (1989) conducted a longitudinal study exploring resiliency with a sample of 49 participants with mixed results. On the one hand, the study found that males born to alcoholic mothers had higher rates of psychological problems. At the same time, there was evidence suggesting that those individuals who had fewer stressful events that disrupted the family fared better in overall functioning—furthermore, the publication of Shera’s *Children of Alcoholics. A Critical Appraisal of Theory and Research* in 1991, still influential today, is seen as a reply to *Adult Children of Alcoholics* by Woititz (Gaşior, 2014).

Interestingly, the more recent literature, albeit of smaller quantity, relates to resilience; for instance, Rubin-Salzberger (2006) points to higher levels of resiliency for some individuals who experienced parental alcohol abuse. Moreover, moderators such as resiliency, family and parental communication, the quality of a caring environment, and social support are considered protective factors (Velleman & Templeton, 2007). These protective factors are also shown in a comprehensive literature review conducted by Kim and Ko (2019). While a longitudinal study of 65 childhood (Werner & Johnson, 2004) and a quantitative study of 139 college students (Williams & Corrigan, 1992) argue that these protective factors can reduce the consequences of parental drinking on offspring distress. Albeit both quantitative and qualitative studies are sparse in terms of positive or better outcomes for these individuals, there is room for optimism, especially if protective factors are at play.

Returning to the broader literature and research and the potential sequelae from disruptive and deleterious family environments due to parental alcohol abuse, Lederer (1991) suggests some markers distinguish alcoholic families from other families and reflect a unique group for consideration. These markers include reciprocal extremes of behaviour or hostile actions between family members, lack of a model of normalcy, which refers to age and developmentally appropriate activities and experiences that allow children to grow (Pokempner et al., 2015), and power imbalances in the family organisation (Afifi, Merrill,

& Davis, 2014). Families are systems that seek balance; should this balance be maintained through inappropriate roles, restrictive rules, or unrealistic expectations, family members' needs may not be met, and maladaptive behaviours can occur (Rasheed, 2010).

In the context of describing these individuals in terms of pathologies, Hubbard (1987) claims that what is unique to this cohort is their genetic basis for them and the etiologic roles which parental alcohol abuse played. He extrapolates that there are characteristics and recurring pathogenic mechanisms often found in homes experiencing parental alcohol abuse. As mentioned earlier, these characteristics and pathogenic mechanisms can manifest in the development of nonstandard behaviours and deficits, such as emotional and physical neglect, along with inappropriate diversion of family funds toward substance use (Taplin et al., 2014). Returning to Pokempner et al. (2015), in terms of adult children of parental alcohol abuse and a lack of a model of normalcy, the idea of parentification or 'role-reversal' is considered (Boszormenyi-Nagy and Spark, 1973; Chase, 1999). Parentification, according to Boszormenyi-Nagy and Spark (1973), are skewed boundaries within which children take on adult roles and responsibilities. According to Middleton-Moz and Dwindle (2010), parentification is strongly linked to adult children from parental alcohol abuse due to interpersonal trauma. In these cases, the child provides both emotional and instrumental support to their parent, while the parent is often emotionally unavailable to the child. This can engender anxiety and distress in some of these children (Bowen, 1978; Cicchetti, 2004). However, what needs to be borne in mind is that not all individuals affected by parental alcohol abuse experience parentification. For instance, Godsall et al. (2004), in their quantitative study, explored the influence of parentification on self-concept among children of alcoholics. They found that those with high self-concept reported fewer parentification experiences than those with low self-concept. However, many researchers and commentators, including Kelley et al. (2007), posit that parentification creates a dependent relationship with their children to meet their daily care needs (Dayton, 2012; Hall and Webster, 2007b; Kelley et al., 2006; Pasternak & Schier, 2012).

Taken as a whole, the negative ramifications of having lived with parental alcohol abuse seem to be overwhelming and, indeed, quite bleak. Nonetheless, as has been highlighted, there is room for optimism regarding the varied protective factors discussed later in this preview that can harness resilience, all of which can provide at least some counterbalance to the bleak landscape described above.

## **Adult Children of Alcoholics and Adverse Childhood Experiences (ACE's)**

Adverse childhood experiences in terms of an alcohol-abusing parent are not isolated factors but rather a multitude of factors (Mackrill et al., 2012). In their quantitative study of ACE's, Dube et al. (2001), 8629 adult children of parental alcohol abuse completed a questionnaire that included child abuse, neglect, household dysfunction, and exposure to parental alcohol abuse. Compared to those who did not experience parental alcohol abuse, adult children of parental alcohol abuse were significantly associated with ACE's. These results concur with the findings of comprehensive literature reviews conducted by Sher et al. (1991; 1997), along with the US Department of Health and Human Services (1997).

One of the largest studies surrounding the origins of risk factors concerning psychological and physical abuse was conducted by Kaiser between 1995 and 1997 using a quantitative questionnaire. Studies using the ACE questionnaire, which has a trauma orientation, have expanded beyond Kaiser's ACE survey (Leitch, 2017) to include, for example, populations such as children of alcoholics (Dube et al., 2001) described above. The Adverse Childhood Experiences questionnaire contains detailed information about adverse childhood experiences, that is to say, abuse and neglect, family and household dysfunction, i.e., domestic violence and substance abuse, as well as additional information about health-related behaviours from adolescence to adulthood (Dube et al., 2001, p. 1627). The Kaiser ACE study was preceded by a quantitative study conducted by Felitti et al. (1998) which found that there was a higher level of ACES (25.6%) present having lived with a problem drinker.

That said, it is noteworthy that not everyone who experienced psychological trauma, such as children of parental alcohol abuse, later becomes affected by PTSD or indeed show many signs of difficulty. For instance, the quantitative study conducted by Menees and Segrin (2000) with 143 American college students, composed of 46% males and 54% females, show that psychological difficulties can arise for all manner of reasons unrelated to a parent's drinking. While a quantitative study conducted by Wright and Heppner (1991) with a sample of 80 college-age students, fifty per cent of which came from non-alcoholic homes, found no difference across various measures. Indeed, as discussed above, numerous commentators, such as (Kurzeja, 2014), argue that its occurrence depends on personality, biopsychological factors, and trauma. However, copious literature attests that for adult children who experienced parental alcohol abuse is a chronic stressor, for example, as evidenced in the

quantitative research study of 465 college students (Drapkin et al., 2015), the quantitative study of Clair and Genest (1987) with 30 offspring of alcoholic fathers and 40 controls who completed demographic, environmental, social support, and coping measures. The study by Hussong et al. (2008) is particularly insightful in terms of its design. This study examined differences between ‘COAs’ and ‘non-COAs’ regarding adverse life events across three longitudinal studies that spanned their first three decades together. ‘COAs’ consistently reported a higher risk for stressors in their families and were more likely to experience stressors repetitively and to rate their stressors as more severe in adulthood. In terms of stress, then, Ruben (2000) posits that the background of conditioning and the inability to escape from stress and anxiety results in overreaction. They become hostile when anticipating conflict. Poor control over emotions can spawn a series of physiological, cognitive, and behavioural responses that can result in outward aggressive actions. Dissociation, which is a common feature of PTSD (Herman, 1992), incorporates disruptions in functions of consciousness, memory, identity, and perception of the self and the environment (Lanius et al., 2010). Lanius and Hopper (2008) indicate that they are associated with distinct patterns of neural activation when exposed to reminders of traumatic events. In this regard, (Dayton, 2012; Middleton-Moz & Dwindle, 2010; Van der Kolk, 1998, 2006, 2022) emphasise that adult children from parental alcohol abuse who developed trauma responses similar to PTSD as a result of parental problem drinking often experience triggers as adults, for example, when hearing shouting that causes a sudden reaction of fear.

When taken as a whole, it is reasonable to assume that this client group may have experienced myriad stressors at one time or another; consequently, mental health professionals should be cognisant of this. This point is important, as commentators such as Getz (2014) posit that if trauma is not coped with effectively, the consequences will most likely persist and affect adulthood, impairing relationships, thought processes, emotional regulation, and overall functioning. Certainly, then, when examining the extant literature as it relates to adult children of parental alcohol abuse and ACE’s there is strong evidence to suggest that these individuals can be significantly impacted by home environments within which there is a problem drinker. That said, the evidence that not all of these individuals exhibit significant ACE’s levels needs to be considered when working with this cohort.

However, bearing in mind the concomitant findings that exist in the research, it is important that practitioners proceed with caution when working with this client group vis-à-vis keeping

an open mind to the possibility that some of these individuals may experience trauma responses as a consequence of trauma events experienced in childhood. Moreover, it is entirely possible that these individuals may have been emotionally deprived as children and continue to live in a state of being profoundly emotionally undernourished, often denying their vulnerability and emotional neediness (Ryan, 1991). Additionally, in line with commentators such as (Nerviano & Gross, 1976; Ryan, 1991), it is also important to consider the possibility that these individuals may, at a conscious or unconscious level, experience feelings of deprivation, isolation, emptiness, and loneliness.

### **Adult Children from Parental Alcohol Abuse and Resilience**

Albeit the copious amount of literature which attests to the myriad challenges that this cohort experiences, other researchers such as (Hall & Webster, 2002, 2007a; Jiji & Rakesh, 2012; Walker & Lee, 1998) caution against the tendency to use a deficit framework in characterising children of parental alcohol abuse. Studies have shown that some of these individuals have higher self-esteem and locus of control levels than their ‘ACOA’ counterparts (Keane, 1983; Werner, 1991). There is also evidence that these individuals can reframe negative experiences, can report less depression (Clair & Genest, 1987), and can seek emotional support (Callan & Jackson, 1986; Fergusson & Lynskey, 1996).

Early inquiry into what constitutes resilience represented a “paradigm shift from looking at risk factors that led to psychosocial problems to the identification of strengths of an individual” (Richardson, 2002, p. 309). Multiple commentators emphasise that resilience is a process containing two components: (a) exposure to adverse or traumatic situations and (b) positive adaptation following the exposure (Kaufman et al., 1994; Luthar, 2003; Luthar et al., 2000; Rutter, 1999). In other words, resilience can be defined as one's ability to adapt in the face of stress and traumatic experiences (Rutter, 1999). Internal and external resources can influence an individual's resilience, cultural beliefs, coping strategies, and support systems (Benard, 2004; Tummala-Narra, 2007). Children from alcoholic homes, when given “the right supports and opportunities, can buffer the effect of adversity and enable development to proceed” (Benard, 2004, p. 8), which in turn can help to offset or mitigate the propensity for problems in later life (Anthony & Cohler, 1987; Hawkins et al., 1992).

Returning to ACE's, according to (Bellis, 2018; Haugland et al., 2021; Park & Schepp, 2015), ACEs may affect children of alcohol-abusing parents' lives differently due to varying risk factors along with protective factors. Resilience factors are highly significant for these



individuals, such as emotional support offered by a safe and trusted grown-up (Gasior, 2014). Indeed, commentators such as Werner and Johnson (2004) and Kim and Lee (2011) suggest that children who grew up in an alcoholic home with one close relative who was a non-drinker is significant in building resilience. Or if these individuals had access to support outside the immediate family, be it a secure peer group or adult mentor, this too can be an important mechanism for building resilience. Having social support, then, can help these individuals to cope when faced with life stressors such as parental problems with drinking (Gasior, 2014; Hall & Webster, 2007) and grow into healthy adaptive adults (Johnson & Leff, 1999; Moe et al., 2007; Werner & Johnson, 2004; Wolin et al., 1980; Wolin & Wolin, 1985).

Research on resilience in families with alcohol-related problems reflects the existence of many paths of development (Gasior, 2014); however, according to Gasior, there is a lack of research which examines this. Wlodarczyk et al. (2017), and Park and Schepp's (2015), systematic reviews found that participation in family activities, community support, and adherence to societal norms contributed to resilience among some children of parents with alcohol abuse difficulties. The Park and Schepp (2018) qualitative study of 22 adult children of alcoholic participants recruited through universities and online self-help group websites found that parental alcoholism was an enormous challenge for their research participants. Nonetheless, they found some factors that helped participants overcome their challenging situations and acted as a buffer against their adversities while growing up in an alcoholic home. These commentators concur with Hall (2004, 2008) when they claim that if a child has numerous or particularly strong protective factors, these individuals will have a large resilience capacity even if a few risk factors are present.

Conversely, a child with numerous risk factors or weak protective factors will have a small resilience capacity. For instance, returning to the Haugland et al. (2021) cross-sectional survey of 28,047 adults from the general population in Norway who had grown up with parental alcohol abuse. Their findings assert that these individuals perceived their childhoods as difficult, reporting a lack of support from a trustworthy adult. Moreover, Coyle et al. (2009) explored resilience in families who had experienced the negative impact of alcohol abuse among 674 American and Canadian families. Their findings showed that these families differed in the level of family function. These findings are supported by Kim and Lee's (2011) study, which compared 459 adult children of parental alcohol abuse against

college students who did not have this experience. They found that compared to the non-ACOA group, those who had grown up with parental alcohol abuse had poorer levels of resilience, social support, self-esteem, and family flexibility and cohesion. Furthermore, they found that resilience among the individuals who had experienced parental alcohol abuse showed significant relationships with self-esteem, social support, family adaptability and cohesion. Given that the findings showed that self-esteem and social support are important determinants of resilience for these individuals, their recommendations support resilience training programs to enhance their social support and self-esteem and ultimately increase their resilience.

A more recent quantitative study conducted by Hebbani et al. (2020) with 512 young adult children of parental alcohol abuse examined the association between resilience among young Indian adult collegegoers and similar positive psychological constructs, self-efficacy and well-being with socio-cultural factors. They also found that accessibility to family and community support, religious rituals, and self-acceptance were associated with greater resilience among this cohort. However, they found that the quality of positive relationships was negatively associated with resilience. However, what needs to be borne in mind is that resiliency levels can also depend on the cultural context (Hall, 2007; Hebbani, 2020).

It would seem then, in line with McCubbin and Patterson (1982)

*“...the critical question for researchers in the area of family stress is not whether the stressor event causes a crisis but rather what factors combine with the stressor event to increase its impact or to mitigate its effect” (p. 35).*

Resilience, then, as it pertains to adult children of parental alcohol abuse, must be considered beyond the deficit framework and risk factors that lead to emotional and psychosocial difficulties that many commentators in the field espouse. Instead, there is a strong argument made that practitioners identify the strengths of these individuals along with exploring their supports and cultural resources that may be or have been in their lives.

### **Problems in Communicating**

Studies regarding communication within alcoholic family homes are somewhat marginal. However, there is evidence within the literature to suggest that most communication skills are deemed lacking and ineffectual within these homes (Haverfield & Thesis, 2016). Leonard and Eiden (2007) suggest that communication styles within an alcoholic

family environment consist of aggressive behaviours and lead to intimate partner violence. The quantitative study conducted by Haverfield and Theiss (2016) also identified aggressive communication (increased conflict and maligning) among additional communication styles within their quantitative study. Communication styles or patterns were determined as having three additional predominant themes alongside nine subcategories: protective communication (superficiality, sober parent buffering); adaptive communication (functional); and inconsistent communication (struggles with power and control). Of the research that does exist, aggressive communication has dominated the alcoholic family environment (Haverfield et al., 2016; Leonard & Eiden, 2007). Again, in terms of aggressive communication, Keller et al. (2008) identified higher levels of aggression and the uncertain marital conflict that create destructive conflict processes within the home. An interesting quantitative study in terms of the sample profile was conducted by Edwards et al. (2006). The sample in this study consisted of 226 families that were assessed at intervals from eighteen months to forty-eight months of their child's age. This study's findings support the Keller et al. study, positing that aggressive and oppositional behaviours are increased among alcoholic families compared to non-alcoholic families. In addition to Keller et al. (2008), the Mares et al. (2011) quantitative longitudinal study is significant as it included 428 families surveyed annually for five years. Their results highlighted that inconsistent communication could indicate a lack of emotional connection to either parent and the child being unable or unwilling to bond with the parent. An earlier quantitative study with a sample of 143 students, conducted by Menees (1997), is also interesting as this study highlighted that the denial of feelings in family communication is significantly related to low self-esteem (p. 12).

Haverfield and Thesis (2016), in a broader study, surveyed 622 adult children from parental abuse concerning family topic avoidance in terms of stigma and also noted that protective communication is most common within moderate or severe alcoholic parents rather than functioning alcoholics. They describe protective communication as using superficial and shallow language. This type of communication, they argue, consists of little to no interaction between family members. Communicating between an alcoholic parent and the children tends to be surface oriented with no depth or connection. However, worthy of note here is that an adaptive communication style is present within families that successfully overcome adversities resulting in effective communication tactics. Moreover, they also found that these

strategies were more likely to be reported within environments with functional problem drinkers.

Undeniably, it can be argued that prior negative communication styles in childhood impact this cohort's poor communication with others in adulthood. As previously mentioned, these individuals had been discouraged from discussing their experiences with others outside of the family home. Consequently, there can be a tendency to talk about themselves in a manner that is adaptive to social norms and expectations and, therefore, can struggle to give voice to their own authentic experience (Mackrill, 2007; McCoy & Dunlop, 2017). However, research shows that disclosing their traumatic experiences can improve their self-perceptions and decrease depression and anxiety (Haverfield & Thesis, 2016). In terms of psychotherapeutic responses then, it is, according to Mackrill (2007), important for counsellors to note that should a client mention parental drinking that this is a potentially highly significant counselling event, demanding counsellor sensitivity and attention (p. 276).

### **Psychotherapeutic treatments for individuals affected by Parental Alcohol Abuse**

Several commentators, such as Brown (1988), Hubbard (1987) and Woititz (1990), posit that adult children of parental alcohol abuse can be understood as a distinct client group. Consequently, they may require tailored treatment due to their specific problems arising from living with a parent's drinking problem. Treatment interventions for difficulties in adult life arising from childhood parental alcohol abuse have used several therapeutic approaches, some of which were briefly mentioned at the beginning of this preview. Therapeutic approaches include Humanistic, psychodynamic, CBT, and psychoeducation, along with group therapy and family therapy, with no clear evidence of superior efficacy of any specific model of therapy or preventive intervention (Cuijpers, 2005).

Research shows, however, that the core to success in any psychotherapeutic method for treating these individuals is 'first and foremost the quality of the therapeutic relationship' (Dayton, 2000, p. 315); thus, a humanistic or person-centred approach can be considered a prerequisite. Trauma for these individuals is a rupture of relationship bonds; the bond that grows in therapy can act as a corrective experience for these clients. As they present for the client through transference, old feelings and dysfunctional patterns of behaviour can be worked through rather than leading to the same relationship ruptures that were traumatising

for the client in earlier life (Dayton, 2000). Copious empirical data consider Cognitive behavioural therapy (CBT) (Cuijpers et al., 2016; Hofmann, 2012) beneficial for this client group. As noted in this literature preview, these individuals can often experience anxiety and depression, have poor coping skills, have challenging behavioural issues, and have negative intrusive thoughts. Ruben (2000) posits that these clients require constant reinforcement of successive behavioural improvements, accepting setbacks as normal and using them as steppingstones for ameliorating target behaviours. The goal is to help clients recognise critical points in therapy for reflection on thoughts and emotions and directly measure complications with their old habits or newly formed behaviours. Psychoeducation can also help clients to understand the aetiology of their problems; however, while this helps understand the process, such approaches can fall flat in guiding treatment (Gilman, 2005).

Group therapy and support groups are also intrinsic to this client's treatment plan. Support groups for this cohort can provide a platform where both support and reciprocity are encouraged and where problematic or dysfunctional styles of relating become evident and can be resolved and retrained (Greidanus & Everall, 2010). These groups provide space for intersubjectivity through sharing and disclosing, recognising that other experiences and viewpoints may be similar to their own (Cohen, 1999). Moreover, these support groups can provide an effective means of receiving positive understanding and empathy (Haverfield & Thesis, 2014). Group therapy can also help adult children of parental alcohol abuse who have formed thick walls of defence and emotional constriction to be with and talk to each other, which inevitably triggers the pain, anger and hurt of unresolved ruptures in relationship bonds (Osterndorf et al., 2011). In this way, problematic or dysfunctional styles of relating become evident and can be resolved and retrained. Through this process, psychological and emotional numbness and the emotional constriction that results from their past experiences slowly dissolve as group members share and witness each other's stories and take in support from each other. Family therapy is also helpful with its roots in family systems theory. Several theorists, such as Bowen (1993) and Satir (1964), developed the family systems theory. Multiple models of family therapy were subsequently developed, the most recent being the multisystemic family systems therapy (MFT) model; all assert that an individual must be understood in the context of their family system. While Rotunda and O'Farrell's (1997) review article found that family's where parental alcohol abuse is an issue, these families can experience myriad difficulties such as communication,

managing conflicts and regulating emotions compared to individuals that did not experience these environments. On the other hand, commentators such as Gąsior (2014) argue that while deterministic models that home in on risk factors often practised in family therapy may be useful in informing our understanding of the development and individual functioning, however, they do not go far enough in terms of our understanding of protective factors such as resilience. Moreover, Ruben (2001) suggests that mental health professionals can find it difficult to empirically measure positive gains for these clients, as we cannot assess actual behavioural change for this cohort specifically.

Recently, case study research with four adult children from parental abuse participants also suggests that art therapy as an adjunct to talk therapy is proving successful in its effectiveness in ameliorating distress symptoms for adult children who experienced parental alcohol abuse (Ward & McLeod, 2021). Art therapy is centred on the creative process's healing power and the communication between the client, the artwork, and the therapist. Although the artwork can denote suffering, it also reaches out to the client's creative, healthy part, enabling an authentic, non-threatening expression and opening new possibilities for change and growth (Avrahami, 2006).

Research on the effectiveness of therapy for clients struggling to come to terms with the sequelae of childhood adversity suggests that their presenting issues tend to focus on intense interpersonal conflict. Successful processing of such issues requires therapeutic work that connects current problems and early experiences (Heinonen et al., 2018) and, in particular, the expression and exploration of the emotional meaning of childhood events (Heinonen & Pos, 2020). Brown (1988) borrows from cognitive and social learning theorists, for instance, while Mahoney (1977), emphasises the critical significance of the interaction between the environment, the system, and the individual. Thus, cognitive and social learning theories are highly relevant to issues of identity formation, including imitating and identification, both part of modelling. All of which are grounded in attachment theory (Brown, 1988). Consistent with the secrecy and rupture of relational bonds that characterise life in some families dominated by alcohol misuse, clients may be reluctant to talk about their family experiences (Mackrill et al., 2012); consequently, special effort is required to establish a relational bond of trust with a therapist or other helper (Dayton, 2019).

While the various therapeutic interventions described above are understood to be beneficial, there are nonetheless challenges for treatment that must be considered. Ruben (2001) suggests that these individuals face an uphill battle in repairing childhood emotional hurts. He suggests that we as practitioners need to be tentative and cautious; should we move too quickly, we might miss out on important steps in self-improvement, for example, concerning the healing that might need to occur regarding feelings of shame. Moreover, it must be borne in mind that some individuals will also need more time to enact change that could make a difference in their daily functioning, for example, in undertaking responsibilities. Additionally, and as previously touched upon, Ruben (2001) argues that self-report measures of improvement of actual behaviour change are hard to assess, as specific methods for change can be obscured or untraceable. Of course, it also needs to be borne in mind that some of these individuals may never seek treatment, and the treatments discussed may not suit every individual.

### **Summary**

Taken as a whole, the current literature surrounding research and practice into the process of moving on from childhood exposure to parental alcohol abuse suggests that multiple factors are involved, and according to commentators such as Ruben (2001) and Woitiz, (2010) that long-term therapy or peer support may be required for some. The literature preview highlights that a significant number of individuals live in or had lived in Irish homes where a parent abused or continues to abuse alcohol. Based on the findings of this literature preview, it would appear that many of these individuals may have experienced varying levels of trauma, stress and anxiety due to parental drinking. A significant body of literature highlights that those who experienced parental alcohol abuse can be associated with Adverse Childhood Experiences (Dube et al., 2001), trauma (Dayton, 2012) and can rank disproportionately high on various indices of pathology (Rossow et al., 2016). Conversely, evidence suggests that not all of these individuals carry the burden of their experience in terms of poor psychological adjustment espoused by many commentators. Arguably, this can be attributed to higher levels of resiliency for some individuals. Moreover, these individuals can have a normal psychological adjustment (Harter, 2000) and a lack of proneness to alcohol abuse (Jones et al., 2007).

In terms of treatment, myriad therapeutic responses to help this client's group range from psychoeducation, individual psychotherapy, peer support, group therapy, and family

therapy. However, given that adults may have experienced many of the deleterious effects of parental alcohol abuse described in this literature preview, it is surprising that there are limited studies that examine the significance of parental alcohol abuse for the lives of their adult children, specifically in terms of how this has impacted on how they live their lives today both in an Irish and international context. Moreover, this literature preview highlights that much of the research conducted thus far has been quantitative. While quantitative research is valuable in terms of aggregating data and contributing to our knowledge base, in terms of groups of people, its purpose is not to offer an overview of individual experience, which could be a concern of the psychotherapist. In these terms, this qualitative study intends to help fill these important gaps in the literature with a view to contributing to our knowledge and, by virtue of the same, help inform mental health practitioners' best practices and ultimately enhance outcomes for this client group.



## **CHAPTER THREE**

### **METHODOLOGY – CLASSIC GROUNDED THEORY**

#### **Introduction**

This chapter outlines how individuals' experiences of parental alcohol abuse and its effects on their adult lives have been explored. It describes the conduct of the research process and outlines the theoretical and methodological approach underlying the data collection and analysis. It details the research methods and strategies adopted to achieve the stated study aims, highlighting ethical issues, gaining access, the setting, the sample, and the interview process.

#### **Justification for this study**

The previous chapter highlights the broad knowledge base related to individuals affected by parental alcohol abuse. In an Irish context, no research has been conducted that examines the significance of parental alcohol abuse in the lives of their adult children. Moreover, a significant gap exists in relation to the limited qualitative studies concerned with this specific area of enquiry.

As noted in the previous chapter, most studies conducted in this substantive area are quantitative. This aligns with commentators such as Järvinen (2015), who maintains that the main body of research conducted in this substantive area has been quantitative. Again, as previously mentioned, while important in amassing data and contributing to our body of knowledge, quantitative research does not offer a mechanism to overview individuals' experiences. Returning to Järvinen (2015), she emphasises that reviewers of the literature usually discuss a small number of qualitative studies, stating that the voices of individuals who have experienced parental alcohol abuse are seldom heard. Furthermore, an analysis of some of these qualitative studies is based on clinical samples, wherein researchers have either interviewed alcoholics' children at a young age while being accompanied by their parent/s in treatment programs or as adults receiving treatment for their substance use or mental health problems (Kroll, 2004). While qualitative approaches in general, and more specifically, the qualitative studies explored within the previous chapter furnish some important insights into

this substantive area, they do not have the potential to conceptually explain or address a theoretical gap by generating a new theory, which is the aim of this study.

Grounded theory (GT) (Glaser and Strauss, 1967) is a general method with a focus on theory development that is applicable to those individuals most concerned with a particular phenomenon (Glaser & Strauss, 1967; Glaser, 1992). GT is deemed an ideal approach for this study, as this methodology is used when a theory is not available to understand or explain a process that occurs over time (Charmaz, 2014; Creswell, 2013). In other words, the grounded theory provides a methodology that enables concerns of social participants to emerge in context (Goulding, 2002; Charmaz, 2006) that are grounded in empirical reality (Glaser & Strauss, 1967; Denscombe, 1998). Moreover, GT claims conceptual freedom from time, place, and people (Glaser, 2002, 2010) while also having many rigorous steps to achieve grounding (Glaser, 2012, p. 1). Consequently, in following these steps, the researcher aims to make both meaningful and lasting contributions to the existing body of knowledge that will inform mental health professionals as to the psychotherapeutic needs of this cohort.

### **The Research**

What is very important in CGT is the differentiation between conceptualisation and description. "Classic grounded theory is not about accurate, descriptive reporting of findings in a study, nor is it an act of interpreting meaning as the participants in a study ascribe it; rather, it is an act of conceptual abstraction" (Holton, 2008, p. 10).

Drawing on a qualitative and interpretive perspective, employing research methods such as in-depth semi-structured interviewing, this study aimed to elicit the views, opinions and experiences of adults who experienced parental alcohol abuse and how this has impacted their adult lives. Qualitative methodologies can offer far greater insight into the "why" and "how" of phenomena over and above that of quantitative methods by elucidating how "a multitude of factors such as individual experience, peer influence, culture, or beliefs interact to form people's perspectives and guide their behaviour" (Rich & Ginsburg, 1999, p. 372). In smaller research projects, such as this study, this is achieved by a flexible constant comparative approach for theory-constructing inquiry (Charmaz, 2014). Having an emphasis on comparative analysis to further the discovery of grounded theory, relevant predictions, interpretations, and applications can be made once the theory is meaningfully relevant to and

able to explain the behaviour of participants within this study (Glaser & Strauss, 2017, p. 1-3).

### **Grounded Theory Research Methodology**

Conceptualisation is the core category of Grounded Theory (Glaser, 2002). It is the methodical discovery of theory from data systematically obtained from social research (Glaser & Strauss, 1967, 2017). Grounded theory's research design is a "simple procedural method formulated to generate substantive, conceptual theory" (Glaser, 2009, p. 72), in which a researcher explains the behaviours or main concerns of research participants. In relation to conceptualisation, Glaser (2002) explicitly points to GT's focus on generating emergent conceptualisations that are integrated patterns denoted by categories and their properties. To achieve that end, the researcher follows a set of rigorous steps (Glaser, 2012, p.1), such as data collection and analysis, that are "woven together by the constant comparison process, which is designed to generate concepts from all data" (Glaser 2002, p, 2). The intent herein is to align theory generation to the data in a clear and logical way that is not forced to cater to extant theory (Glaser, 1998). In so doing, and unlike other qualitative methodologies, GT transcends descriptive methods, thus eliminating the challenges often found around accuracy and interpretation.

In sum, rather than producing 'thick descriptions' of data as is common in other qualitative methodologies, GT transcends the data to reach ideas higher in conceptual abstraction. In other words, GT is not participants' voices but rather GT "is a generated abstraction from their doings and their meanings that are taken as data for a conceptual generation" (Glaser, 2002, p. 5). Ultimately, by utilising the constant comparative method, the interchangeability of indices, theoretical saturation, theoretical sampling, sorting, memos, along with delimiting, the researcher attains conceptual abstraction rather than forcing the data (Glaser, 2002).

### **The Genesis of Grounded Theory and Subsequent Iterations**

#### *A Rationale for a Classic Grounded Theory approach to the research question*

To arrive at a cogent rationale for conducting this classic grounded theory study, it was imperative that the researcher examine the genesis of GT, its subsequent iterations, and associated epistemologies. This was important in the first instance to help inform how this

study would proceed, along with how I would collect and analyse the data. Grounded theory originated in the social sciences and was initially developed by Barney Glaser and Anselm Strauss in 1967. Over time, alternative theoretical positions became valid as an alternative to classic grounded theory, including postmodern, constructivist and social constructionism (Charmez, 2000; Strauss & Corbin, 1998). The three predominant traditions, Classic, Straussian and Constructivist grounded theory, all maintain several defining methodological characteristics and have roots in symbolic interactionism (Corbin & Strauss, 2008). Although these traditions have some fundamental commonalities in that they begin with inductive logic, simultaneous data collection and analysis, the utilisation of the constant comparative method, memo writing, theoretical sampling and ultimately, theory generation (Charmaz, 2006, 2014, 2017; Corbin, 2009; Corbin & Strauss, 2015; Glaser & Strauss, 1967; Morse, 2001), they are separated by paradigmatic or philosophical positions that influence how their methods are understood and implemented (Chamaz, 2014; Rieger, 2019).

In this regard, the first major paradigmatic rift or diversion ensued between Glaser and Strauss and was highlighted in Strauss's publications that put forth an alternative way to apply the GT process (Strauss, 1987; Strauss & Corbin, 1990). In response to Strauss and his associated method for conducting GT, Glaser (1992) claimed that the Straussian GT approach was no longer grounded theory but a 'full conceptual description' that encourages directive questioning and supports an interpretive stance. This stance was at loggerheads with the epistemological underpinnings of classic GT that Glaser championed (Glaser & Strauss, 1967; Glaser, 1992, Glaser, 2002), with its emphasis on theory generation (the core category), which comes directly out of the data through rigorous procedures, thus devoid of interpretivism. The second significant iteration of GT was spearheaded by Charmaz (2000), who advocated for a relativist/constructivist perspective, namely, constructivist grounded theory (Bryant & Charmaz, 2007; Charmaz, 2008; Charmaz, 2014; Guba & Lincoln, 1994). Epistemologically constructivist grounded theorists see meaning as mutually constructed between the researcher and the researched (Charmaz, 2011) and, by virtue, take an interpretative theoretical stance (Denzin & Lincoln, 2005). Interpretivist research is steered by the researcher's beliefs and perceptions about the world and how this might be understood and studied (Denzin & Lincoln, 2005). In sharp contrast to Classic GT, rather than the study being built around a single process or core category, the constructivist approach considers diverse local worlds, multiple realities, and a myriad of complex visions, perspectives, and actions (Charmaz, 2006).

Many commentators have embraced these revisions arguing that this evolution has been warranted; for instance, according to Bonner and Francis (2006), classic GT developed within a positivist/postpositivist perspective and that a move toward a constructivist perspective needed to be incorporated (Charmaz, 2006; Mills et al., 2006). Moreover, Charmaz (2000) also argued that Glaser's classic grounded theory is based on the same positivistic ideals related to objectivity, neutrality, and reproducibility. What is important to note here, however, is that grounded theory is categorially not derived from the positivist paradigm, and moreover, classic GT includes few of the basic characteristics of positivism (Nathaniel, 2006). Furthermore, proponents of a relativist/constructivist perspective, such as Charmaz, had argued that the idea of a researcher's 'naïve inductionism' (Bryant, 2002) (referring to classic GT) is not in keeping with the principles of qualitative research (Charmaz, 2008b; Corbin, 1998; Mills et al., 2006).

To add to this furore, the debates and discourses around the philosophical underpinnings of these predominant traditions are made more complex by researchers such as Annells (1996). Again, Annells (1996, p. 385) points to statements by Glaser (1992) about grounded theory focusing on 'concepts of reality' (p.14) and searching for 'true meaning' (p.55). Yet Glaser does not claim to uncover truth Glaser (1998; 2002) but rather is concerned with theory discovery within a specific study. In the final analysis then, Glaser clearly attested that classic GT does not reject the aforementioned theoretical positions but rather that a specific theoretical position is decidedly dependent on its application to the type of data in specific research (Glaser, 2005. Pg.145).

Faced with these divides across GT iterations, an onus was placed on the researcher to consider the myriad ways in which grounded theory methods are implemented (Charmaz, 2014) and proceed with a method that is congruent with the researcher's philosophical position. As a springboard, then, to reiterate, GT is a general method that can be used with any epistemology, and it is up to the researcher, working from the principle 'all is data' to decide how they wish to operationalise the methodology (Glaser & Strauss, 1967; Glaser, 1978, 1998). In terms of the epistemology of classic grounded theory, Glaser (2002) stipulates that its "methods work quite well for analysing data within the perspective of any discipline" (p. 18). Unlike Strauss and Corbin, who Glaser (2002) argued conducted research in a way that had a forcing effect on the coding paradigm, "*forcing by preconception*

*constantly derails it [the research] from relevance”* (Glaser, 1992, p.123). Glaser (1978, 1992, 1998), in accord with classic GT, argued that the researcher needs to enter the field with openness, that is to say, that the findings are discovered within the data rather than the result of the construction of intersubjective meanings (Madill, et al., 2000), and this then informed the researchers choice within this study.

### *Being Open*

Having appraised these alternative GT approaches, the researcher judiciously approached this study with an open mind to what might emerge from the data analysis. Classic GT became the methodology of choice then as this is consistent with the tenets of objectivism, wherein researchers endeavour to have as few predetermined thoughts as possible, maintaining their role as a detached observer (Glaser & Strauss, 1967), *“It is only through discovery that they can find out what is going on”* Glaser (1999, p. 841). There is an inductive logic that drives this method. To that end, the researcher does not impose codes or utilise deductive research approaches; rather, the grounded theorist allows patterns and themes to materialise from data analysis. This then influences further data analysis and collection using the constant comparative method (Glaser & Strauss, 1967; Glaser, 1992). Through the constant comparison of the codes, the researcher queries what is going on in the data; what is the participants' main concern, and in so doing, the researcher can *“capture the data in a mature way”* (Glaser, 1978, p. 61).

*Using the constant comparison method gets the analyst to the desired conceptual power quickly, with ease and joy. Categories emerge upon comparison, and properties emerge upon more comparison. And that is all there is to it* (Glaser, 1992, p. 42).

Given the research question posed within this study and the dearth of knowledge relating to the same, the researcher's inductionist stance is a legitimate one, as this endeavour was 'open to discovery', which is a major tenet of grounded theory (Glaser, 1967) and is supported by the idea of theoretical sensitivity (Glaser 1978).

### **Theoretical sensitivity**

One of the key canons of grounded theory is the researcher's acquisition of theoretical sensitivity, which aids the researcher's movement from a descriptive to an analytic level. The researcher uses their understanding, knowledge, and ability "to generate concepts from data and to relate them according to the normal models of theory in general" (Glaser, 1992, p.

22). Theoretical sensitivity encompasses the whole research process (Glaser & Strauss, 1967). It is a multifaceted concept that comprises the researcher's knowledge of the research area, how aware they are of the implications and complexity of the participant's words, their skill at developing meaning from the data generated, and a capacity to discern what is important within the data (Strauss & Corbin, 1990). To get there, researchers must maintain analytic distance and accept a degree of confusion and regression "*while remaining open, trusting to preconscious processing and to conceptual emergence*" (Glaser & Holton, 2004, p. 11). In other words, theoretical sensitivity requires the researcher to think about the data in theoretical terms, *'it is a way of revealing the obvious, the implicit, the unrecognised and the unknown'*" (Morse, 1994, p. 25).

As previously mentioned, a primal tenet of theoretical sensitivity is that the researcher enters the field with minimal predetermined views, especially logically deduced prior hypotheses (Glaser, 1978). Returning, therefore, to the criticisms levelled at Glaser discussed earlier, Glaser argues that theoretical sensitivity is increased not by having a tabula rasa, 'clean slate' or an 'empty head' but with an informed sense of theoretical possibility, by being steeped in the literature and associated general ideas so that the researcher understands what theory is. In this regard, he argues that theoretical sensitivity can be understood as an injunction against a deductive way of thinking rather than an injunction against the literature or concepts (Glaser, 1978).

GT, as briefly touched on earlier, has an emphasis on the comparative, emergent, and open-ended components designed to illuminate a plausible relationship proposed among sets of concepts, thus generating a new theory from data which explains the processes going on in the field of study (Charmaz, 2014; Glaser, 1978, 1998). To that end, this emphasis is upon generating a theory from data where most hypotheses and concepts not only come from the data but are systematically worked out in relation to the data during the research (Glaser & Strauss, 1967, p.6). Grounded theory, then in all forms, evolves during the research process consequent to the continuous interaction between data collection and analysis (Charmaz, 1983; Glaser, 1978, 1992; Glaser & Strauss, 1967; Stern, 1994; Strauss, 1987; Strauss & Corbin, 1990, 1994). The result is in a substantive or formal theory that, when developed, is grounded in empirical evidence, as opposed to being developed from existing conceptual frameworks.

In terms of substantive theories, GT studies provide deep insights into a specific area of social inquiry and address the research problem for a limited range of situations or contexts (Glaser & Strauss, 1967). Unlike a formal theory, a substantive theory is considered transferable instead of generalisable. Elements of the context can be transferred to contexts of action with similar characteristics to the context under study (Gasson, 2009, p.15). Further analysis can develop a formal theory that is validated, generalisable and relevant to wider contexts (Charmez, 2000; Glaser, 1998; Glaser & Strauss, 1967).

This study aimed to develop a substantive theory as it relates to the phenomena of how adults live their lives as adults having experienced parental alcohol abuse. This study specifically examined the processes these participants engaged in to resolve their main concern, from which the core category or variable related to all other categories emerged. This then explained much of what was happening for participants and how their main concern was resolved, leading to theory generation (Glaser, 2005). To achieve this goal, selective and theoretical sampling, theoretical sensitivity, theoretical questioning, coding, memo writing, and constant comparison became central to the analysis to ground the emergent theory in the data (Holton, 2007).

### **Selective and Theoretical Sampling**

A major feature of grounded theory relates to theoretical sampling; however, data needs to be collected and analysed to conduct a grounded theory study in the first instance. To that end, sampling began purposively by recruiting participants who had lived experience of the researcher's area of inquiry and were therefore knowledgeable about the research topic (Morse, 1996). Theoretical sampling is a vital component of conducting grounded theory that involves the simultaneous sampling and analysis of the data corpus (Charmaz, 2014). To that end, the researcher developed codes and analysed the data while deciding what data to gather next and where to find such data to develop the theory as it emerged (Glaser & Strauss, 2012; Glaser, 1978). Rather than predetermining the sample's characteristics and size, the developing theory directed the researcher to new informants (Goulding, 1998, p. 53). The researcher then pursued leads in the data by sampling additional participants that furnished pertinent information (Chun, et al., 2019).



### *Memo Writing*

The coding of data in grounded theory proceeds in conjunction with analysis through a process of *conceptual memoing* that captures the researcher's ideation of the emerging theory. Memoing occurred initially at the substantive coding level and proceeded to higher levels of conceptual abstraction as coding proceeded to theoretical saturation (Holton, 2010, para. 1).

This meant that data analysis began with the first interview, which necessitated writing memos and hypotheses from the beginning (Douglas, 2003) and throughout the fieldwork period to help elaborate on ideas about the data and coded categories (Creswell, 2002), along with making comparisons between the phenomena and the context (Draucker et al., 2007). In real terms, the researcher included data in their theoretical memos and continued to do so as memos became more complex and analytical to retain the participant's voice and meaning throughout (Glaser, 1978, 1998). These memoranda helped the researcher to reflect upon and explain meanings ascribed to codes by participants and allowed the researcher to identify relationships between codes; clarify, sort, and extend ideas; and to record essential quotations or phrases. Concurrently, the researchers' theoretical memoranda were written theoretical questions, coding summaries, and hypotheses and were used to monitor and stimulate coding, all of which provided the foundation of the "phenomenon's particularities and depth of understanding of the focal core concepts properties and key related concepts" (Chun Tie et al., 2019, p. 51). The concepts developed then formed a basis for theory integration and ultimately the generation of the core concept that, as previously mentioned, is abstract of time, place and people (Glaser, 2002, 2010) and has enduring grab (Glaser, 2002, p. 3).

### **The role of the literature review**

#### *Preconception*

*There is a joy of coding without preconceptions. It gives the researcher energy that goes with autonomy and openness, and it speeds up the theoretical sampling for selective coding (Glaser, 2012, p. 5).*

There has been much debate about when a literature review should be conducted in grounded theory methodology and how extensive it should be (Cutcliffe, 2000; McGhee et al., 2007). In the *Discovery of Grounded Theory*, Glaser and Strauss (1967) vehemently opposed

conducting a theoretical literature review in the substantive area of research, specifically in the early stages “*An effective strategy is, at first, literally to ignore the literature of theory and facts on the area under study* (1967, p. 37). Glaser (1978) again drives this home when he warns against reading the theoretical work of others. This is specifically because of the concern “*that literature might stifle or contaminate or otherwise impede the researcher’s effort to generate categories*” (Glaser, 1992, p. 31).

In terms of theoretical sensitivity then, Glaser (1992, p. 31) extrapolates, stating that this “*is an ability to generate concepts from data and relate them to the normal models of theory in general.*” He emphasises, however, that this applies only at the beginning of the analysis and that when the theory is sufficiently developed, vis-à-vis the core category emerges, the researcher then needs to review the literature in the substantive area and relate that literature to their study (Glaser, 1978, 1972). This does not mean to say, Glaser argues, that preconceived concepts need to be circumvented, but can, according to (Charmaz, 2006, p. 166), “lie fallow” until later stages of the research to encourage the researcher to use their ideas. In so doing, preconceived concepts can be suspended so that the researcher is open to what emerges, which allows for the generation of a substantive grounded theory.

As a doctoral candidate, an early and partial literature prereview was conducted before the commencement of this study to develop a rationale and justification for this specific research project (McGhee et al., 2007), along with identifying gaps in the research conducted thus far (Creswell, 1998). From a grounded theory perspective, a more comprehensive literature review was then conducted that helped develop ‘sensitising concepts’ (McCann & Clark, 2003a) and gain theoretical sensitivity (McCann & Clark, 2003b; Strauss & Corbin, 1998). In essence this required that the researcher situate the emerging theory within the broader body of knowledge. In so doing, high-level formal theories that were characteristic of the theory rather than all-embracing were incorporated to explain the theoretical frameworks posed.

### **Data Collection and Analysis – An Overview**

What is central to grounded theory analysis is the coding process (Babchuk, 1996). In GT, the analysis begins as soon as the first piece of data is collected (Corbin & Strauss, 1990). Grounded Theory in all forms evolves during the research process; this is iterative, having a continuous interaction between data collection and analysis (Charmaz, 1983; Glaser, 1978,

1992; Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1990, 1994; Stern, 1994). Organising and working through the data involves constant comparison during the data collection process whereby the researcher moves back and forth through the data to find, compare, and verify patterns, concepts, categories, properties, along with dimensions of the phenomena (Glaser, 1998; Glaser & Strauss, 1967). These steps are not discrete moments following each other but occur simultaneously to inform one another and identify patterns, variations, contrasts and comparisons. This procedure continues until theoretical saturation occurs in the data collection. This is achieved when no new or relevant data emerge regarding a category, the category is well developed in terms of its properties and dimensions demonstrating variation, and the relationships among categories are well established and validated" (Strauss & Corbin, 1998, p. 212).

### **Developing the Theory – The Researcher’s Journey**

#### *Recruitment and Data collection*

The Covid-19 pandemic influenced the number of participants recruited, as some participants did not feel comfortable being interviewed online, while others voiced their concern about being interviewed face-to-face. Consequently, twelve interviews were conducted. However, a small sample can yield a merit study once the interviews are of excellent quality and there is a depth of analysis (Charmaz, 2014). In this study, by following the rigorous steps of classic GT, a significant amount of useable data was obtained from each participant interview (Morse, 2015). In line with Charmaz (2014), the purposive sample recruited were adults who live with or have lived with parental alcohol abuse. All participants identified with having one parent who was a problem drinker. These participants were male and female, over 18 years of age and spoke English. All participants were equipped to give informed consent.

Participants were recruited through the client base of independent psychotherapy practitioners who showed a specialism in this area of psychotherapy. These practitioners were contacted via email, sourced from the Irish Association of Counselling and Psychotherapy (IACP) and the Irish Association of Humanistic & Integrative Psychotherapy (IAHIP) websites. Psychotherapists were asked to give this information to clients who were interested in participating in the study and met the inclusion criteria. This information

contained the researcher's contact details, and interested participants contacted the researcher directly via a dedicated research phone number and/or email provided.

### *The Participants*

The twelve participants recruited as part of this study had a lived experience of having lived with parental alcohol abuse. The age range of participants fell between 24 years of age to 65 years of age. Fifty per cent of participants' parents had died from alcohol abuse, while the other fifty per cent continue to drink hazardously. Of this cohort, one participant's parent is presently dying as a consequence of his continued alcohol abuse. The three male participants had previously engaged in drug or alcohol abuse and are now in recovery, while none of the female participants engaged in the same.

### *The Interview Process*

Due to the Covid-19 pandemic, interviews took place on the secure DCU Licenced version of the Zoom platform. All recommended security guidelines were adhered to. As such, the Zoom link was sent one hour before the scheduled Zoom meeting was due to take place. Prior to the interview and when the interview commenced, the researcher utilised the 'lock room' icon to prevent unintended access to the room. The interviews ranged from 60 mins to 70 mins duration. The initial four interviews were mainly unstructured, allowing participants to tell their stories (Glaser & Strauss, 1967, p. 75) until key categories emerged (Charmaz, 1990; Glaser & Strauss, 1967). Following this, data collection was obtained through in-depth semi-structured interviews and formed the only source of data collection within this study. Charmaz (2006) argues that 'the combination of flexibility and control inherent in in-depth interviewing techniques fits grounded theory strategies for increasing the analytical incisiveness of the resultant analysis' (p. 29). She espouses that the researcher formulates an interview guide that directs the focus of data to areas specifically tailored to developing the theoretical frameworks as the interviews proceed. This guide changed throughout the interviews in line with emergent theory and theoretical sampling that reflected categories in the emerging analysis; that is to say, at this juncture, interviewing involved inquiry into participants' main concern and how they process this concern. To that end, broad, open questions were posed rather than direct questions as per the interview schedule (see Appendix G).

During the interviews, the researcher was mindful that participants might tell painful stories that they never imagined telling; therefore, their comfort level became a higher priority than obtaining data (Charmaz, 2006). In this regard, two participants become emotional; the procedures the researcher followed are laid within the ethical considerations section of this chapter. In any event, following all interviews, the researcher conducted a short debriefing with participants. This gave the participants an opportunity to provide feedback on their experience of the interview process and the content.

The recording of each interview was listened to immediately after each interview, and memos (non-theoretical at this juncture) were written. These recordings were then transcribed verbatim, read and reread. Any identifying information relating to the participants was removed from transcripts, and pseudonyms were assigned to protect confidentiality. The interviews were then reviewed numerous times from various perspectives to develop the most rigorous explanations of the phenomenon being studied. In so doing, emerging concepts and theories were identified (Mason, 2002) through the coding process (Babchuk, 1996).

## **Coding and Data Analysis**

### *Substantive coding - open and selective coding*

The procedures for data analysis within this study were consistent with the guidelines established for conducting a classic GT study. Substantive coding formed the foundation of the emergent theory. Through a process of abstraction, categories were developed and refined until the development of a substantive theory was reached (Glaser & Strauss, 1967). This required the researcher to work directly with the data by fracturing it to identify significant parts and then integrating the parts to form a coherent new explanatory whole (Glaser & Strauss, 1967, p.108). To that end, the analysis was conducted initially through open coding, from which a core category emerged, along with the related concepts.

### *Open Coding*

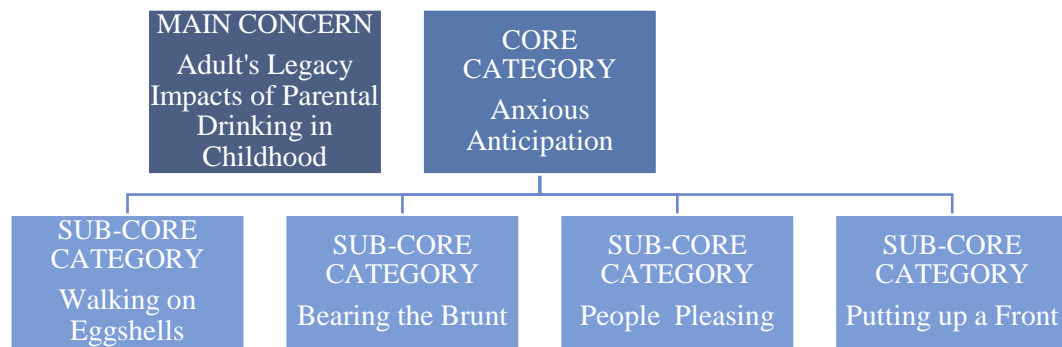
Open coding formed the initial stage of comparative analysis. All coding was performed by hand so that the researcher maintained maximum immersion. Open coding was carried out word-by-word and incident-by-incident; all the while, the researcher coded the data in myriad ways (see Appendix H). In line with Glaser (1978), comparisons were strategically

made by continually examining the data using the following neutral questions: ‘What is this data a study of?’ and ‘what is happening in the data?’ (p. 57). ‘What category does this incident indicate?’ ‘What property of a category does this incident indicate?’ ‘What is the main concern of the participant?’ (p. 140), which helped the researcher move from a description level to an abstraction level (Charmaz, 2008). Throughout this process, the researcher wrote copious memos about emerging conceptual and theoretical ideas (Glaser, 1978); for an example, see Appendix I. The analysis continued, which involved comparing codes with each other and discerning how these related to one another and allowed for categories to develop. The data collection and analysis occurred concurrently and iteratively, and constant comparison of new data with the previously gathered data took place throughout (Carmichael & Cunningham, 2017; Glaser, 1998; Kwortnik, 2003). In so doing, the main concern for participants was conceptualised.

### *Theoretical Sampling*

In terms of theoretical sampling, participants were recruited who helped develop the theory. Concomitantly, the researcher selectively coded for concepts related to the core category. In line with Glaser (1978, 1992), the researcher during selective coding moved from ‘running the data open’ in every way possible to delimiting the coding process around a core category, which emerged as connections between categories and their properties (Glaser, 1987, p. 56 - 62) (see Appendix J). Again, to that end, this was achieved by comparing the data, writing theoretical memos (see Appendix K), and comparing the researcher's interpretations or tentative conceptual explanations that translated into codes and categories and more data. As categories, their properties, and domains or ‘related categories’ emerged (Glaser, 1998, p. 138), along with variations of the same, these become more abstract and conceptual (Glaser, 1978). This procedure continued until theoretical saturation occurred in the data collection. Theoretical saturation was achieved when no new or relevant data emerged regarding a category, the category was well developed in relation to its properties and dimensions displaying variation, and the relationships among categories were well established and validated (Strauss & Corbin, 1998). Thus, collapsing these categories, the aforementioned core category emerged along with associated subcategories.

**Figure 1 – Core Category and Sub-Core Categories**



Ultimately, this constant comparison analysis formed the basis of the emergent theory (Glaser & Strauss, 1967; Holton, 2007), grounding the researcher's final theorising in the participants' experiences (Mills et al., 2006).

### **Ethical Considerations**

The Ethics Committee of DCU approved this research study. An informed consent form was provided to participants, giving them information about the study, including the interview procedures and any expectations for future communication. Participants were advised that their participation was voluntary and that they were free to discontinue their participation. The purpose of the research, the setting, and issues of confidentiality were discussed. It was also made explicit as to what the data would be used for and when the data would be destroyed. The participants were happy to sign off on this document. It is worthy of note that all participants articulated a desire to participate in the study, as they wished to contribute in some way to the body of knowledge in this substantive area.

To assure as best as possible that the anonymity of participants was maintained, each participant's identity was anonymised and coded. All computer files were password protected. All recorded interviews have been locked away for safekeeping to be destroyed as per the DCU protocol. Transcripts, memos and coding documents were safely uploaded to the DCU google drive, with sole access given to the researcher's two supervisors.

Returning to the approval given to conduct this study, it is not enough that the researcher adheres to the guidelines set out by the ethics committee; it is also incumbent that the researcher addresses any complex ethical dilemmas that can arise (Ellis, 2016). According to Gilligan (1982), there is a 'relational ethic of care' to be considered. Good research practice requires that the researcher abides by all ethical values and principles. These are, namely,

non-maleficence to avoid any harm to participants. Beneficence, meaning 'to do good', guides the researcher to avoid harming participants and should benefit participants (Treacy & Hyde, 1999); additionally, it should benefit society as a collective (Parahoo, 1997). Autonomy considers the participants' right to self-determination that they are independent and capable of making choices (Rogero-Anaya, 1994). Justice requires the researcher to behave fairly and equitably, including being impartial and unbiased throughout the research study and beyond. Fidelity concerns trust (ICN, 1996). Participants place trust in researchers, which requires the researcher's commitment to protecting them. The analyst must ensure that the participants understand the risks, which in turn begets a trusting relationship. Reflexivity is valuable here in that the researcher makes transparent any ethical decision-making processes engaged in to capture 'ethically important moments' (Guillemin & Gillam, 2004). Etherington (2017) has suggested that by using critical reflexivity, we position ourselves transparently in ways that enhance the rigour and trustworthiness of our research processes and outcomes. The researcher engaged in reflexivity throughout this research endeavour which aided in making clear, transparent decisions during some critical moments, namely during the interviews with Kate and Sarah.

Both participants found the topic emotive, which raised an important concern relating to non-maleficence. To 'do no harm' is of paramount importance; to that end, all precautions were taken by the researcher to safeguard against this. In the case of Kate, when she discussed her challenges in living because of the effects of the behaviours of her alcohol-dependent mother, she said (crying)

*"like I don't feel comfortable. Taking my space in the world. Because I feel like I have to be constantly like paying for it somehow, I just feel like I have to always like pay for it somehow or like I don't deserve it".*

During this time, I temporarily stopped the interview to enquire if she was getting all the support she needed to help her. She confirmed that she was receiving help and wished to continue the interview. The researcher, during the debriefing, reconfirmed that she was receiving psychological support and was given the contact details of Al-anon, a support service devoted to assisting this cohort. In keeping with the other participants, Kate wanted to tell her story with a view to potentially be helping others. During the interview with Sarah, she cried when she touched on her feelings of shame because of her father's drinking, *"there's a sense of shame. Yeah, there's just this huge sense of shame that you have"*. Her father had



recently died from alcohol dependency, which was also upsetting for her. I asked her if she was okay and if she would prefer if I discontinued the interview; like Kate, she wished to continue. She confirmed that she had received psychological support and had attended Al-anon and would be doing so again in the future. As with the other participants, she said she hoped that her story would contribute to helping others.

### **Rigour, Trustworthiness and an Audit Trail**

Procedural precision necessitates careful attention to maintaining a comprehensive audit trail, data handling approaches, and understandable procedures recorded through memos (Chun et al., 2019). This includes evidence of decisions made, changes in the direction taken during the research, and an explanation for any decisions made, all of which are imperative in ensuring rigour in the resulting grounded theory (Birks & Mills, 2015).

Like other qualitative methods, Grounded theory can be systematically evaluated once the canons and procedures are explicit (Corbin & Strauss, 1990). Within this study, all procedures and their associated canons of grounded theory methodology were adhered to, to maintain rigour. When one considers the generalisability of a study, this is, in part, achieved through the process of abstraction conducted throughout the course of the research project (Corbin & Strauss, 1990). Corbin and Strauss argue that the more abstract the concepts, especially the core category, the broader the theory's applicability. Moreover, because studies are contextual and require contextual sensitivity (Robson, 2002, p. 15), the grounded theory described herein explicitly detailed the conditions under which the phenomenon has been discovered in this data. By being rigorous, within this study, it is hoped that other researchers given similar or indeed different situations within their studies can still be guided by it once they are cognisant of how much the theory applies and where it needs to be qualified within their own studies.

### **Summary**

This chapter discussed the canons of grounded theory and delineated the procedures undertaken to conduct this study. The study aims, and objectives were discussed, along with a description of the data collection and analysis procedures. Ethical issues were also attended to, along with the steps taken to address the same. This then provides a platform for the following findings chapter, within which the emergent theory of '*Anxious Anticipation*' will be discussed.

## CHAPTER FOUR

### ANXIOUS ANTICIPATION

#### **Introduction**

This research project set out to develop a substantive theory of how individuals account for their experience of living with a parent's problematic drinking. In line with the principles of grounded theory, *Anxious Anticipation* emerged as the core category, a perpetual process that these individuals engage in resolving their main concern surrounding the *adult legacy impacts of parental drinking in childhood*. This chapter will provide an in-depth discussion of how the theory was derived by exploring the sub-core categories conceptualised herein. In this regard, data in the form of participant quotes are explicitly used to support the categories and their properties. For ease of demonstration, the interconnections of each category and their properties were diagrammatically represented linearly, as seen in chapter three above.

#### **The Theory: Anxious Anticipation**

The theory *Anxious Anticipation* as a process emerged as the 'overriding pattern' within the analysis (Glaser, 1998, p. 115). The participants in this study had lived in environments of unpredictability, uncertainty, and volatility because of their parent's hazardous drinking. Within these homes, a whole gamut of anxiety-provoking events regularly occurred, and moreover, physical and emotional abuse, anger, aggression, and the destruction of household property often reigned. Consequently, these individuals tended to remain on high alert, fearing adverse events caused by an intoxicated parent that were outside of their control. An atmosphere of chronic anxiety and uncertain threat prevailed and proved to be a strong elicitor of acute anxiety for these individuals both in childhood and adulthood.

During participant interviews, it became evident that these individuals exist in a state of hypervigilance, specifically relating to interpersonal relationships. This state of hypervigilance is primarily motivated by a profound worry about what could happen in certain situations; hence, participants became habitually inclined to anxiously anticipate how others might perceive and react to them. Consequently, there is a heightened concern about doing or saying the 'wrong' thing, fearing negative judgement and/or rejection from others, all of which they continually endeavour to offset or mitigate against.

## **The Subcategories and Properties**

The core category, *Anxious Anticipation*, incorporates four interrelated sub-core categories along with their properties and variations. The sub-core categories are conceptualised as *Walking on Eggshells*, *Bearing the Brunt*, *People Pleasing* and *Putting Up a Front*. Because participants lived in unpredictable and threatening environments where anything could ‘kick off’ at any moment in time, they *walked on eggshells*, never knowing how their parents might behave when inebriated. Moreover, these individuals became hypervigilant about what they might say or do that could potentially bear negative consequences. Not only did participants *bear the brunt* of parental abuse and neglect as described above, but there was also an undue and excessive demand to adopt a parental role of 'little mother' or 'little dad', and, as children, they developed a strong focus on pleasing their parent, fearing negative reprisals. Consequently, by default, their lives were made exorbitantly more difficult when carrying a heavy responsibility burden, all of which has been internalised as the norm and has bled into their over-responsible behaviours towards others in adult life. Additionally, these individuals learnt to *put up a front* when engaging with others in an attempt to *hide potential embarrassment* and *feelings of shame*. Again, this feeling of shame had been entrenched in childhood, and as adults, they continue to hide behind a façade for fear of judgement and rejection.

In sum, the core concept *Anxious Anticipation* is a complex process wherein the participants continuously bid to protect themselves against possible threats, which manifests in fear of judgement and, ultimately, reprisal or rejection. To offset or mitigate against these potential possibilities, participants developed maladaptive normative behaviours, with an overwhelming need to consider the needs of others above themselves while remaining tentative and cautious about what they might say or do.

### **Walking On Eggshells**

Across the interviews, participants spoke of continuous trauma events experienced over time that produced fear, anxiety, lack of control, and a sense of threat. It is worthy of note that in some cases, the alcohol-dependent parent is still alive and continues to cause significant challenges for participants. In contrast, the parent of others has since deceased from their alcohol abuse. From early childhood, participants were cognisant of the mood changes of their alcohol-dependent parent once they became inebriated. Physical and emotional abuse

became staples within their homes and was often spontaneous and excessive, with or without provocation. These participants lived in an emotional minefield that needed to be navigated and formed the genesis for their adult difficulties and ongoing coping strategies. The first of which concerns *Walking on Eggshells*. *Walking on Eggshells* is how participants tried to cautiously circumvent their parents' unpredictable and often volatile outbursts. *Anxiously anticipating* potential abusive outbursts from their inebriated parent, these individuals remained on constant guard, ever cautious of what they might say or do that might instigate these abusive outbursts. *Anxiously anticipating* potential abusive outbursts from their inebriated parent, these individuals remained on constant guard, ever cautious of what they might say or do that might instigate these abusive outbursts. For some individuals, self-silencing proved to be the only option to help circumvent conflict.

Colm, a middle-aged male interviewee, succinctly mirrors all participant's accounts when he speaks of his mother's problematic drinking.

*"A glass of beer would be enough to kick her into a zone [...] it was awful, because once you became aware that this stimulus as a child you became 'Oh God' this stimulus, you knew it meant within an hour, you know everything became egg shelly."*

Describing his mother as having a Jackal and Hyde personality, he constantly anxiously anticipated the moment when her personality would change. In an attempt to reduce his feelings of anxiousness, he tried to placate his mother in the hope of keeping the peace or to avoid "an argument or a vibe". In these terms, he acceded to her myriad unreasonable requests, such as purchasing alcohol as a young boy (discussed later), claiming that in doing so, he became "complicit" in "enabling her addiction". Moreover, it was incumbent that he listens to her long, unintelligible arguments that often went "from here to the North Pole, with no clear logic to them".

Ronnie, a middle-aged female interviewee, explains that she became highly anxious as a child, stating that her father also had a Jackal and Hyde personality and that she never knew how her father might present when he returned home. There was an anticipatory fear of his potential personality change and violent outbursts; she explained that anything could set him off, that sometimes "even your mere presence could trigger him into a rage".

*"Different types of alcohol had different results [...]. If he had mixed his drinks and drank whiskey, he 'would come home gunning for a fight'. You'd just know either by facial expressions or the way he might throw the gloves on the chair or something."*

Ronnie had experienced horrendous physical violence at home and recounted that her family environment was horrific and destabilising, with no sense of security. Highlighting her father's unpredictable behaviour, she recounts.

*"God knows what had sparked it, but all of a sudden, he was clearing out the wardrobe and packing it into a suitcase, and he literally tossed us out of the house."*

Anxiously anticipating her father's unprovoked outbursts, she walked on eggshells, "living by her wits." On one occasion, her father strangled her mother. Trying to intervene, she recalls.

*"I was screaming; I tried to stop them; I couldn't pull them apart, you know, it was horrific."*

In as much as possible, Ronnie "steered clear" of her father by absconding to her bedroom and refraining from imploring him to stop his behaviours.

Consequent to living through trauma events, participants continue to experience trauma triggers that stimulate a response based on their earlier trauma and heighten their anxious anticipation. Similar to other participants, the following short extract from Ronnie's interview highlights the propensity to be triggered, for example, by the sound of the key in the door.

*"As soon as you hear the key in the door, you just kind of started bracing yourself for whatever his presentation might be."*

Often, Ronnie implored her mum not to say anything that might insight an argument for fear of the consequences. As with other participants, she learnt that saying nothing was the best way to mitigate trouble, and she has carried this belief forward into her adult life; for instance, she believes that being assertive can lead to conflict.

*"Because I had really only ever seen confrontation as a very physical angry, aggressive method, I am terrified of it. [...]. Like, for instance, that situation where I would be thinking to myself, Oh, mam, please don't say anything. Don't say anything. I have taken that on, and that has not helped me because I haven't voiced or said things that perhaps I should have been said. And this has impacted on relationships in my life, within my family and with my children."*

Kate, a young female participant, recounted that her mum had and continues to have alcohol dependency issues. She explained that when growing up, her mum became very volatile, argumentative, and verbally abusive when drinking. Often the police were called when

“screaming arguments” got out of hand. Kate habitually took to her bedroom to stay out of the way and avoid these arguments. In adulthood, Kate, similar to many participants, continues to anticipate adverse outcomes in all domains of her life.

*"I just I overthink everything; I am always like going into situations thinking of the worst-case scenario because I was always experiencing the worst-case scenario like I feel when I was younger, so I'm always expecting the worst."*

Additionally, Kate, similar to other participants, often tried to reason with her parent to stop drinking; however, her protestations were not heard, and she was often punished for attempting to intercede. The punitive ramifications for speaking up have contributed to a ever-present fear response in her life today.

*" Even if I went to other people's houses, I'd still; I wouldn't know that their parents wouldn't blow up like that. I was always very on edge, like I didn't know if I can say anything or bring anything up. So that obviously made me very cautious and wary of the way I spoke to adults. I can still be that way now like I; I wouldn't be confident in myself when I speak about things or when I speak to people because I don't know if what I'm saying is the right thing."*

Sophia is a young female whose father is dying from alcohol abuse. Sophia lived in fear of her father's unpredictability growing up as he could become “very angry very quickly over the least thing”. She recounts that as her dad got deeper into his alcoholism.

*" He would go straight to the angry aggressive. I hate you. I hate your mother. I hate everybody. Fuck you all. Terrifying drunk. He was a big man, as well; I was a little skinny 12-year-old, a 13-year-old; he was big, like big shoulders tall and just terrifying. Just looming, looming."*

As a result, she *walked on eggshells*, staying out of his way as much as possible and monitoring what she said or did that could potentially cause these angry outbursts. Sophia’s propensity to walk on eggshells continues today in her adult life, anxiously anticipating a negative response from others.

*"I would say I am definitely overly conscious of what other people think, overly conscious. I always find I always pre-empt what I think somebody might think about any given situation and try and mitigate against it."*

Additionally, like other participants, Sophia can be easily triggered by others drinking today in specific contexts.

*"It still makes me nervous. If I'm say, I went to a pub, and there was somebody who was actually drunk or staggering or getting angry, that will, that will actually give me a panic attack."*

Dawn, similar to Kate, is a young adult female whose mother is actively engaged in severe problematic drinking. She describes her upbringing as horrific and traumatising, full of unpredictability and fear. For Dawn, not knowing what to expect daily is an ongoing issue resulting in *Anxious Anticipation* about what might happen from moment to moment. In this regard, she paints a sombre picture of her mother for instance when she is taken by ambulance to hospital.

*"I go into the house, and I'm calling because I'm the only person in the house with her, and I'm unwrapping a scarf or some sort of black material from around your neck and em I remember being on the kitchen floor and she was, she's lying. She just had her head on (pause). I just had her head on my knees. And thinking back, it felt like so long. It felt like, from the time I started screaming for someone to come and help me. It felt like hours before someone actually was in the kitchen when really, they were across the wall, they were so close, and she's just completely unresponsive."*

Jackie, a middle-aged female, described her late father as also having a Jackal and Hyde personality, extrapolating, like some other participants, that he was a "Street Angel and a House Devil". During the interview, she stressed that due to her father's unpredictable and chaotic behaviour, she was full of fear growing up and did not understand what was going on. In terms of her traumatic experiences, she "*survived it*". Jackie also anxiously anticipated what might '*kick off*' when her inebriated parent returned home from the pub.

*"There was fear of him coming in the door at night, every night. Once the key went in the door, the fear, that fear of he's coming in. And when I was younger, I used to go to bed terrified of him, that he would start shouting and screaming at my mam and she would have to suffer it."*

Like the vast majority of participants, Jackie described myriad traumatic events growing up. One such example that she recounts was an occasion when her sister took a knife to her father. She remembered thinking.

*"Oh my God, this is a mad house, and then my mom and I would be terrified, and she'd be taking him on. And the two of us would be in the corner terrified."*

Jackie, in as much as possible, stayed out of her father's way both at home and when out and about if she happened to see him. Moreover, similar to other participants, she avoided speaking up when her father was behaving badly, fearing punitive reprisals. She emphasises that she has "lived on her nerves" into adulthood and can be triggered under myriad circumstances ranging from interactions in her work-life environment to home life. For

instance, she has an ongoing fear of hearing 'the key in the door' when her husband comes home or if she smells whiskey.

Like all participants, Grace existed in constant *Anxious Anticipation* of what might kick off when her father was drinking. Grace succinctly brings this home in the following two extracts.

*"He called the guards on my younger sibling for no reason. The guard arrived at the house, and I can still see me looking up at the guard and begging him not to take my sibling, that they had done nothing wrong. I remember I was small looking up at him, and of course, I hadn't the maturity to recognise that the guard could see for himself that it was my drunk father who was out of order."*

*"Within hours, and certainly coming home from the pub he would be drunk, and all hell would break loose [...]. We all had to be really careful about what we did or said to him because he would fly off the handle just like that. I lived in fear. We were always on edge as a family. He was a Jackal and Hyde character, a Street Angel and a House Devil. So emotionally, it was an anxiety filled rollercoaster. One night I was watching TV and he came in early from the pub, he said something like 'why are you watching that rubbish' and kicked the TV into the wall. He was always doing something awful like that. Or throwing plates if the dinner wasn't ok etc., it was really scary. I would hyperventilate as soon as I would hear him coming down the path and putting the key in the door. My body would become so tense, and I wouldn't be able to breath."*

Grace's father incited arguments, keeping the family awake for hours, breaking things, and engaging in acts of physical violence and emotional abuse. Grace recounted that her family lived in fear, that they were always on edge because "it was guaranteed that he would 'kick off' every day and night, like "Groundhog Day." Grace also explained that she would often hyperventilate when she heard him arriving home. That she would plead with him to quit drinking, but he would respond with furious outbursts. *Walking on eggshells*, Grace would often try to distract her father late into the night by having conversations about an array of topics with a view to warding him off from abusing her mother and upsetting her younger siblings.

Grace continues to be triggered by the sound of 'the key in the door' when others have imbibed alcohol, more specifically, her own grown-up family.

*"I am not good around other people's drinking; it brings me to a vulnerable, scared, insecure place. [...]. I know I am hypervigilant when it comes to other people's drinking, especially people close to me. It's like I have PTSD, even if my ex had had a couple of drinks, which was rare, as he didn't drink per se, but if he went out to meet a pal and had a drink, I would become all tense and anxious when I would hear the key going into the front door. My body would freeze up and become tense. It is the same if my son does the same."*



To avert any potential conflict, which she states are irrational, she goes to her bedroom in order to avoid them. She emphasises that there is no evidence to support this reaction but that it is "an innate response to her childhood."

Mary, a middle-aged female, described her father as the "total villain in the house." Discussing her father's unpredictability and the fear of his chaotic and violent behaviours, she stressed that she "hated him for so long."

*"I'd hear them arguing or wherever, and he'd be falling all over the place and breaking stuff [...]. It really could be yelling and screaming and, you know, saying things like saying how bad you were and that you were this and you were that, putting me down the whole time, and this is from a young age."*

During Mary's childhood, her mother often contacted her alcohol-dependent father at work should the children be 'acting up'. In terms of acting up, Mary specified that this simply meant that they the 'children' were engaged in normal childish behaviours that, in turn, potentially caused conflict. Consequently, Mary and her siblings became highly anxious when anticipating her father's return home, as he often wielded harsh punishments. For instance, on one occasion, he hit her very badly, to which she went to a friend's house and "wouldn't come home." She recounts that on another occasion, she wrote a letter to herself saying that she hated her life at home and that she hated herself and wanted to die.

*"The only way I could describe it I want to be dead, but I remember then saying, no, I just need to get out, I needed to get away, I needed to get away, but I can't; I was only 12 years old you know."*

Mary discussed bewilderment about what she or her siblings might have done wrong to incur the wrath of both parents. Consequently, to cope, Mary often found herself lying to waylay her father's angry outbursts. Moreover, Mary explained that she became a perfectionist with the assumption that the more that she "got right", the less punitive actions would be levelled at her. Mary can second guess how she acts today and what she says in various contexts, be it in her work-life performance to interactions with others. In this regard, she finds it difficult to be truthful with others, specifically within friendships. Moreover, like other participants, she struggles with what to say for fear of "getting it wrong" and, by default, negative judgement.

*"I wouldn't know what to be saying or the right thing to say [...]. I just, I just am not myself because I am just this ball of confusion within myself that I don't know how to control any*

*kind of situation. So, I hang back a good bit and let, you know, let somebody else make a decision."*

Following on from Mary's example, in some cases, the non-alcoholic parent played a pivotal role in creating tension and exacerbating the anxiety levels of these individuals as children. Moreover, for the two participants, the non-alcohol-abusing parent was the more aggressive and violent one. James explains that his home environment was full of fear.

*"Very, very scary. The fear I had of dad was unbelievable. There was one time we were all sitting down having Sunday dinner, and he lost it; he just lost the cool. And he actually, you know, we had a very small kitchen and a small table, like we'd be squashed in, and it was only a flimsy table. You know, he just got the whole table and flipped it; we were all sitting around, five of us were around the whole table, and he flipped it upside down and hit mam a punch."*

Having lived a life full of fear and *unpredictability* wielded by both parents in different ways, James attested that this was a causal factor of his alcohol addiction. Although James is now in recovery, having experienced parents who could be out of control, he uses his own need for control as a survival mechanism and fears not having control. James describes this need for control as an ongoing struggle and recognises that he uses this as a tool to compensate for his insecurities in adult life. More specifically, he highlights his need for control is embedded in anxiety around fear of failure and remains ever vigilant about what others might have or have achieved.

In summary, *Walking on Eggshells* as a subcategory *Anxious Anticipation* relates to how participants remained on high alert for potential threats, specifically when their parent was inebriated. Throughout their childhood, participants remained hypervigilant, ever watchful of their parents' body language and behaviours because anything could 'kick off' should they somehow do or say something that might incite aggressive reactions. Anxiously anticipating all manner of unforeseen threats became a way of being for participants that became deeply entrenched in their adulthood.

### **Bearing the Brunt**

*Bearing the Brunt* is the second sub-category of the core category, *Anxious Anticipation*. Participants in this study often bore the brunt of their parents' alcohol abuse in a variety of ways. Participants often carried the heavy weight of responsibilities beyond their years when adopting a parental or caregiving role to their alcohol-dependent parent while also anxiously anticipating potential verbal or physically aggressive or violent outbursts should they not

fulfil these responsibilities. In these homes, there was pressure exerted on participants to become pseudo-parents to their parents and, in some cases, both parents. In *Bearing the Brunt*, participants during their childhoods had no autonomy or power to say no to unreasonable requests made by their alcohol-dependent parents or to assert their own needs. Anxiously anticipating all manner of difficulties in terms of their parents' problematic behaviours and demands, participants tried to foresee and anticipate their parents' needs and attended to them, fearing harsh judgements and punishments should they not fulfil these needs. The propensity to anxiously anticipate their parent's needs did not occur in a vacuum. Often the participants became emotional and, for some, physical punchbags bearing the brunt of their parent's angst, frustrations, and demands. For instance, Anne bore the brunt of her mother's angry outbursts. Anne's mum was a non-drinker, but she was a "very angry woman". Frustrated with Anne's father's problematic drinking and alcoholic behaviours, she displaced her wrath upon Anne both emotionally and physically, often "beating her badly." Likewise, James and Mary endured many angry outbursts at the hands of their non-alcohol-abusing parent for the same reasons.

In terms of the role reversal experienced by participants, all overwhelmingly assumed the role of a *reluctant parent* offering both emotional and functional support. Functional support in this context describes what participants physically did or continue to do to meet their parents' needs. Emotional support, for example, required that these participants become complicit in hiding their alcohol-abusing parents' actions or interceding in parental arguments.

"I tried to pull them apart" (Ronnie), "I jumped on his back" (James).

For Anne, albeit her father had alcohol dependency issues, her mother was also unwell, which made her situation at home more difficult as the onus was on her to take on the caregiving role for both parents. Like all participants, she anxiously anticipated potential fractious situations should her parents' needs not be met and bore the brunt of her parent's wrath should she not fulfil this role.

*"I had to, from the age of 10, to take over cooking, cleaning, and doing all of those things while he was at work. There were certain days I couldn't go out and be with friends because dinner had to be done or chores had to be done [...]. Every night when my dad finished work, he would go drinking, and so I would cook his dinner. His dinner would have to be ready for him on a pot, no oven, because it couldn't be dried up."*

Anne poignantly describes her father's unreasonable and demanding disposition and her acute embarrassment when she recounts him saying in front of her friends.

*"I'm after being in the house, and there's only raw fucking chops in the fridge. Why didn't you cook my dinner before you went out? This was a grown man coming out. And he had been in for his few pints. And all the girls are looking at me. And he said, fucking, why wasn't my dinner cooked?"*

Grace, a middle-aged female participant, bore the brunt of the responsibility of providing significant emotional and functional support to both her mother and siblings during her childhood years. Often, she had no autonomy but rather had to do what was required of her in various situations. Anxious anticipation in this context is made clear in the following short extract.

*"And more often than not, when it was night-time and time to go to bed, or I would already be in bed, I braced myself for what would often kick-off. I would have to get up and try to distract him (father) from abusing my mum and upsetting my younger siblings. This was all about protecting my mum and my siblings. It was so utterly awful and traumatic to be kept awake at night listening to the emotional and physical abuse, so I did this as much as I could so that people could sleep and not be scared."*

During the interview, Grace displayed in her tone the reluctance she felt in taking on the functional 'mother' role growing up.

*"It was left for me to do everything. I would clean the house, maintain the house, and go shopping on the bus, that kind of thing. I used to go to work after school as well to earn some money for the house."*

Dawn's mother continues to drink haphazardly, and as a consequence, she continually bears the brunt of her mother's behaviours when inebriated in two ways. In the first instance, there is a heavy weight of responsibility exerted on Dawn to caretake her mother. Additionally, the personal fallout on Dawn is immense in terms of the high-stress levels that she continually experiences due to the unpredictability of her mother's behaviours. In childhood, for instance, her mother regularly accompanied her to dancing competitions. On these occasions, Dawn would anxiously anticipate the chaos that would ensue following her mother's drinking. Often her mother would spend her time getting drunk and going AWOL. On one such occasion while aboard, Dawn looked out of a hotel window into the dark, worrying about where her inebriated mother might be.

*"I remember staring out, and it was really dark, and there were no streetlights and stuff, and I remember looking out the window going, my mam is out there somewhere, and I don't know*

*where she is. And I don't know if I'm going to be able to go to my competition tomorrow because we're going to be looking for my mam, and there is going to be a big search party."*

On occasions such as this, it became incumbent that Dawn takes charge, vis-à-vis, trying to get her mother to bed after a night of drinking and ensuring that both she and her mother attend these competitions the following day.

Again, as can be seen across all participant's stories, James experienced many occasions when he bore the brunt of his mother's drinking behaviours throughout his childhood; for instance, when he was very young, his mother regularly went to various aunt's homes during the week and stayed late into the evening "as an excuse to drink."

*"I was really sad a lot, crying a lot in the car going to these places. And it would be like now we'll leave in 10 mins, and we didn't go, and an hour later, we will go in 10mins..."*

On one occasion, his mother brought him as a young boy to a wedding abroad. He recounted that his mother began drinking when they arrived in Dublin airport until they arrived back at Dublin Airport. James was abandoned at the wedding by his mother as she had met someone she knew, and they headed off to the pub, eventually turning up after the speeches. James recounted that he was very anxious during this trip and anxiously anticipated his father's reaction when returning home, having been made complicit in his mother's lies by maintaining that nothing remarkable had happened. Colm bore the brunt of his mother's behaviours in different ways, for example, by being made complicit in "enabling" his mother's drinking or keeping his mother's level of drinking a secret. Colm describes "the duality" of the situation at home.

*"You knew 'the mother' was an alcoholic; her behaviour was wrong".*

In these terms, he speaks about his regular late-night 1 ½ Kilometre walk in the dark to buy vodka as a young boy aged seven while his father was at work. Should he buy the wrong brand, his mother would become angry with him, so not only did he anxiously anticipate the annoyance of his mother should he not get the purchase right, but he also felt anxious when making the exchange in the off-licence.

*"No, no, no, it has to be Smirnoff go back up; there was no debate, like "will you go back up?" Go back up and change it for Smirnoff[...]. I would have to walk up to an adult behind the counter and say, I have Huzzard, but I want Smirnoff. And maybe he'd say you have to give me another 10 pence. You know, the transaction I had to do with this adult."*

Kate, Grace, Mary, and Sarah bore the brunt of the demands made of them to provide care for their siblings also, and in the case of Kate, she continues to do so. Kate, never knowing what her mother might say or do, recounts.

*"I used to be on edge [...]. It was just always very volatile. I'd go into like protective mode with my sister, she was younger than me, so I always wanted to make sure that she was okay. As I got older and my dad wasn't in the house, there was a period of time when I'd be going out and doing things, but I didn't want to leave my sister there because my dad wasn't there. [...]. And then, as I got older, my sister got older; I would have done a lot of stuff for her when she was struggling with her mental health. I called the school, and I organized like counselling for her and stuff because there was no one who's gonna do it for her. Like there was no one there to do it for me. So, I needed to make sure she was looked after."*

Many participants feared giving voice to how they felt or what they thought in fractious situations caused by their inebriated parent's behaviours, as doing so bore serious ramifications regarding violent outbursts or punitive consequences. Kate had tried to broach her concerns about her mother's drinking "in a nice way" on many occasions but found these times very stressful. Kate was eventually displaced from her family home for attempting to speak up.

*"I was just told that there's no room for me. So, find somewhere else. I was rejected, almost like I was an outcast. I just wasn't worthy of it; I wasn't worthy of having a space, and like, even at that, it didn't need to be a room; there was no mention of like me sharing with my sister."*

Having taken on myriad responsibilities beyond their years throughout their childhoods, most participants continued to carry the bulk of responsibilities into adulthood in a bid to ward off anxiety and waylay potential adverse outcomes such as impoverishment. Nine of the twelve individuals (all female) struggle with relinquishing responsibility for others, specifically in relation to family members and partners.

Anne, as a direct consequence of her tumultuous upbringing, entered into a highly volatile and abusive marriage and continued to bear the brunt of her husband's angst also. Having "married an alcoholic", Anne, for decades, feared financial lack and anxiously anticipated what her then-husband might do or say should she not tend to his needs and demands. For instance, on one occasion, her husband tried to smother her with a pillow while her father was present and did nothing. Anne recounts that when she met her ex-husband, she thought he would mind her, but "I ended up minding him and me da." Regularly her father and ex-husband arrived home at two in the morning; she would sit on the stairs waiting for them,

anxiously anticipating what might kick off in terms of abuse. In her adult relationships, Grace feels “vulnerable” and “insecure”, afraid to open up to friends or ask for help.

*“I think this is around the fear of rejection should they say no or judge me or something like that.”*

These participants' excessive responsibility and constant need for control are related to many factors, some of which are described above, such as a fear of lack, fear of others' reactions to them, and a fear of others' not getting it right in everyday tasks and decisions. For some participants, it seems that anxiously anticipating others' needs has become a compulsion.

*“If I think of something that, or I become aware of something that I feel should be done or would be helpful, or whatever. Em, I feel I have to do it. Some of the time, I think God does it never end, you know, I wish I didn't see that. I wish I hadn't noticed that so that I wouldn't kind of, that I'd have to deliver on it if I wasn't aware, great. I eh, I've taken on a lot, and I don't know where it ends.” (Ronnie).*

Sonia and Sarah do not like to relinquish control for fear that things could go wrong or that tasks might not be executed correctly. Sonia directly relates her troubled childhood to how she anxiously tries to prevent ‘disaster’ from occurring today.

*“I found I was. I was always an anxious child as far as long as I can remember, but I definitely became more of a worried person. It was just fearful; it was just constant fear and worrying [...]. I definitely tried to; I try to kind of look ahead, and kind of see in advance what is going to happen before it happens.”*

Sonia's way of managing herself in the world today then is to be a risk-avert; she also takes responsibility for everything in her married life, from finances to issues concerning her children. Additionally, Sonia finds it difficult to let go of the need to control for fear of failure.

*“So, for example, I got really stressed the other day because my partner hadn't told me his parents would be coming up on Sunday morning, and the kids were still in their pyjamas, it was half ten, there was breakfast mess and dogs running around the house, it was just a mess. And I just felt so panicked when I heard that knock on the door; I was, Oh my God, everything's not completely, things aren't perfect, things aren't perfect. And I know my rational mind knows that they're their grandkids; they do not care. They don't walk in and see oh, you're not coping. This is a non-functioning household; quick, what do we do so they don't take the kids away? But in my mind, any failing, I'm using inverted commas, any failing*

*is, or any deviation from perfect is failing. I would definitely link that back to my dad was when I was a kid”.*

Sarah is fearful that if she does not keep all the balls in the air, she could "let things fall", and consequently, "something could go wrong."

*"I'm definitely the fixer in the relationship. I'm the one that does the things like, whatever it is, you know. I'm the one that organises the food shopping, enrolling kids in school, enrolling kids in swimming, enrolling kids in extracurricular activities etc. I think it's probably that way, just because it's always been that way; it's emotionally draining."*

Having borne much of the brunt of her father's drinking while growing up, Sarah continues to be the main emotional, financial, and practical support within her relationship.

*"It's absolutely exhausting. And I think it's; it's something that I'm probably not consciously aware of all the time. Because I just, I just fucking go do it, you know. But em, it's a, it's an incredible burden to bear. [...]. I'm the fixer, so I'll do everything."*

There are variations of *Bearing the Brunt*, one of which relates to the three male participants. In Colm's case, he left home when he was quite young, specifically because of the challenges of his mother's alcohol abuse issues. Moreover, he had engaged in "unhealthy behaviours" outside the home to cope, for instance, smoking hash from age 12.

*"I remember saying, fuck it in my head. And then once you go down that, that satisfaction route of smoking hash and the people that you meet, who are also damaged and also trying to navigate their way, there's only one place you're going with that type of navigation."*

The other two male participants entered into addiction themselves. During his early adult life, Richard lost his home and children to his addiction. However, now in recovery, he continues to bear the brunt of his father's demands and behaviours, specifically when his father is inebriated, moreover Richard carries the weight of responsibility regarding the continued minding of his alcohol-abusing father, who now lives with him.

*"I have now gone full circle because he now lives with me. We have literally swapped roles, and it feels like I am the dad now. I monitor his drinking and try to control his actions like, "you can't be getting palatic drunk and passing out on the couch," I'm always watching, hypervigilant, on autopilot; it's an automatic reflex. And even when we go shopping at the weekend, I am always watching what he puts into the trolley. I micromanage him cause if he's not doing good, then I'm not doing good."*



James also left home at a young age to escape his anxiety-laden family environment over which he had no control.

*"So, from a very young age, I was running. I spent from that stage running, like running away from home, more or less like trying to spend as less time at home as possible, and so from a very young age, I was running, and then I started drinking myself from a very young age. [...]. And like everything was alcohol for me. As time went on, that got worse and worse.*

Not having a sense of control during childhood, James continues to have challenges in this regard today.

*"My biggest challenge today is control, like feeling I don't have control, and trying to gain control of situations, you know, just like the active alcoholic. Controlling a situation so I can go to the bar, controlling situations like don't drink. Running away, which I did, when I was very young. I still tend to run now, be it coaching a football team, you know, getting too intense about that. Replacing, you know, alcohol with something else."*

Conversely, there are also positive aspects or variations concerning how some participants are *resourced to handle unpredictable events outside their control*. In a work context, anxious anticipation seems to become an asset in terms of managing complex projects and attaining goals. For example, Sarah described herself as a problem solver and chose a career path that necessitates her finding solutions.

*"One of the things that I've learned about myself is how resourceful I am in like any capacity, whether it's emotional, physical, whether that works into my work life, my personal life, like, it's definitely traced back, that I have that from my past."*

Mary entered into a “high-powered” and “challenging” career that can often be stressful and demands considerable problem-solving skills. In a similar vein, Jackie entered into a career that can often be stressful due to the many challenges that can arise and which demand high-level problem-solving abilities and high levels of an organisation.

*"Everything has to be in its place; everything is prepared. You know, I'm very particular about things. And, like when it comes to work, everything is done in advance. Everything is planned. And my sister used to say, go home and file that in your excel sheet."*

There is also evidence that some participants have a sense of altruism in the context of helping others positively. There is a sense that giving back *can help others and the self*.

*"Talking and having the courage, to have the courage is probably the biggest thing, and I think that is the best thing anybody can do for anybody. And that's why I agreed to do this*

*because if it helps one more person, then that's brilliant. And this will help me for sure, to be talking about this, absolutely."* (James)

In summary, the second subcategory *Anxious Anticipation* is *Bearing the Brunt*. Participants in this study seemed to suffer most (over and above their siblings) from the impacts of their parents' drinking in terms of withstanding the enormous pressure put upon them to fulfil both emotional and functional support. There was an expectation or demand that participants take on a pseudo-parenting role in terms of role reversal with their alcohol-abusing parent. *Bearing the Brunt* often meant adopting a caregiving role and attending to the welfare needs of their non-alcohol-abusing parent and their siblings also. Because of the overwhelming and often inappropriate demands made of participants by their parent or parents, these individuals became over-responsible children who anxiously anticipated potential negative outcomes should they not fulfil these responsibilities. Being over-responsible became prolific as most of these individuals often feel compelled to be over-responsible for others in their adult lives, which is often to their detriment. On the other hand, some participants managed to adapt these over-responsible tendencies to their betterment, for instance, in attaining high positions in their careers where responsibility and solution-focused skills are a prerequisite.

### **People Pleasing**

*People Pleasing* is the third subcategory of *Anxious Anticipation*. As highlighted thus far, there was an implicit and explicit demand made of participants to caretake the alcohol-dependent parent, and by virtue of the same, participants anxiously tried to please them. These people-pleasing tendencies that emanate in childhood became entrenched in adulthood in response to anxious anticipation of negative reprisals such as being criticised, judged or rejected. In essence, this strategy to please others over and above themselves and their own needs exists in a bid to keep the peace by attempting to diffuse potential conflicts and, by default, feel more secure.

Ronnie describes the emotional and harmful consequences of her upbringing. As previously discussed, Ronnie had experienced horrific acts of violence wielded at the hands of her father. Living in this emotional minefield and knowing that her father could "blow his top" for any reason when inebriated, Ronnie anxiously anticipated these angry outbursts and habitually implemented people-pleasing measures to offset imminent threats such as the emotional and potentially physical fallout of his anger. To avoid conflict, Ronnie learnt to

stay silent, to not give voice to her thoughts and feelings, all the while offering functional support to him.

Ronnie continues to live in anxious anticipation in her adult life, ever fearful that should she not acquiesce to others' requests, then she could potentially be rejected. Ronnie habitually pleases others offering both emotional and functional support regardless of whether they request it or not. Having a tendency to be on high alert to please others, Ronnie recounts that she has “lost herself ”; finds it hard to speak up in terms of her own needs, and perpetually seeks validation from others in an attempt to feel somewhat self-assured.

*"I was the one that was screaming inside, broken inside. Trying to, trying to find me (sobbing). I lost myself. I just disregarded myself and my own needs because of em; I'm more able to put others in front, you know. I am more able to see what other people might need, rather than I'm looking at myself [...]. I've probably lived in my life, em, just working on pleasing others, being nice to others. Say something nice and if there's something troubling, well, be very tactful and diplomatic in how it is to be said. If I had the guts to say it at all, you know. Giving of myself all of the time because that is what I learnt in the homestead."*

Having learnt to waylay her anxiety by pleasing both her parents, Mary continued to please others throughout her life in a bid to relieve anxiety, waylay potential rejection and gain praise.

*"I loved the praise because I didn't get that at home. 'Aren't you a great girl? Aren't you brilliant? It would be constant praise and my boss telling me how good I was, like, you know, how conscientious I was and all that. I loved that."*

Again, for Colm, anxiously anticipating his mother's angst should he not provide the emotional and functional support required, he learnt to please others, specifically his mother. People pleasing consequently became entrenched in his early childhood and continued into adulthood. During the interview, Colm reflected upon his philosophical position, maintaining that children who experience positive and encouraging parenting possess an internal sense of power and confidence. In comparison, he stresses that his home life had been starkly different.

*"Because mine wasn't (home life), that's now part of my personality construct, to appease to try to calm.. eh eh.. situations, you know, sort of, as an adult, my needs aren't important, or not as important. The other person's needs are kind of more important. And that's a very unhealthy way to to be in life."*

Like other participants, Colm continued to take on both the functional and emotional needs of others in adulthood, specifically in relation to his previous marriage, recounting that he had been "sapped dry" and felt like a "dried up fig", "dying on the vine". Colm poignantly describes the development of his people-pleasing tendencies in the following short passages.

*"The fact that I grew from 0 to 10, and 10 to 20, then ultimately left the house as a young adult, with no sense of my demands of me, what I wanted. So how I satisfied that was, if other people are happy, well, then I'm happy [...]. So that, that learned behaviour that I got as a young boy, that learned behaviour, to pacify, to please, you carry that forward. And I carried that forward, certainly into the marriage [...]. I must have been quite a mine of diamonds to have lasted 27 years."*

*"I just kept giving and kept giving to my detriment. But now that I'm five years out of that relationship, I can feel my core essence reviving [...]. But when you leapfrog back from now to the relationship I was in, you can leapfrog back further to your childhood and say, 'for fuck's sake,' talk to me about getting drained."*

Being a people pleaser is unsettling for Jackie; she stresses that she hates to think of herself as one and that she does so much for everyone, which ultimately can result in self-sabotaging effects.

*"I think I am a people pleaser because I don't want to upset people, so I'm a people pleaser. If someone asked me to do something, I always do. I probably never say no. [...]. I will take so much, and then I blow my top and cut them off."*

Like others, Grace describes herself as a people pleaser and comes across as decidedly unhappy in the interview. She explained that she would please others, down to giving them her last penny if they asked, even if this put financial pressure on herself. Moreover, albeit she would do anything for others regardless of the strain this put on her, she does not ask for or expect anything from others in return, claiming that this would make her feel vulnerable for fear of rejection.

*"I guess I don't want to be rejected, and of course, so that the person doesn't think that I am mean and might not like me."*

Again, Dawn perpetually tries to please everyone, and her significant level of altruism appears heavy to bear. Moreover, she mirrors an air of negative self-judgement seen across many participants' stories should they perceive that they fall short in their people-pleasing endeavours.

*"I put so much pressure on myself even now, to go out of my way to please people and to give as much as I can and to support people as much as I can [...]. But it's this pressure of having*

*to do that and be there for everyone, and then when you don't meet those things that you want to do, it's like, well, you're a shit friend."*

During her entire young life, Kate had tried ceaselessly to please her mother to no avail. In stark contrast, Kate was derided and belittled by her mother at every turn and never felt valued for her uniqueness. Moving forward into adulthood, Kate has continued to please others, often becoming what she perceives others want her to be.

*"I had to be whatever she (mum) wanted me to be as a daughter, and in relationships, I had to be whatever they wanted me to be [..]. Like my mom just didn't want me to be a person with feelings because then that meant that she had to be okay with what she was doing. I just have to be somebody else's version of me [..]. I wouldn't be confident in myself when I speak about things or when I speak to people because I don't know if what I'm saying is the right thing."*

The following extract from Kate's interview exemplifies the fear of rejection that many participants experience.

*"Like, the same with my mom, like I have to be whatever she wanted me to be as a daughter, and in relationships, I have to be whatever they wanted me to be [...]. So, in that relationship (romantic) as well, I was always on edge what I could say or what I couldn't say (Pause) in case it would make her blow up or call me names. So, it was the exact same, and then I, I had that thread. Any relationship after that, in any relationship with someone who treated me badly, was the only way that I would be (pause) if you weren't on edge. Like, I just thought that was normal like, so I just should be, that I should just be quiet, and not be this person who has a past or who has their own life; it's like, I could only be whatever that person wanted me to be."*

Kate is now in a "healthier relationship" yet finds this problematic as being in a safe relationship is unfamiliar and something that she has not experienced before.

*"She is always like encouraging me, so it's totally different. I just don't know if it's like sometimes then I'm like, is there something missing, like it doesn't feel right."*

There is also a positive aspect or variation regarding some participants' pleasing tendencies in terms of *Empathy toward Others*. While people pleasing for participants is a response to an anxious anticipation of being criticised, judged or rejected, there is a heavy toll exerted in terms of an inability to advocate for themselves, resulting in self-sacrifice and personal neglect. In terms of empathy, participants did not appear to have empathic feelings toward

their parents or themselves. However, regardless of participants' negative experiences and lack of empathy from their parents, empathy became a positive outcome for some. In this regard, there is evidence that some participants can be aware of how others might feel or think and consequently can take on others' challenges, concerns, and emotions in healthy ways. For instance, Ronnie exemplifies this in the following extract.

*"I think I'm sensitive by nature. So, I think that leaves you more vulnerable to the impact of your environment, you know, you try to toughen up, but really your marshmallow underneath it all. That's not necessarily a bad thing because it's good to be able to empathize with people. But I need to be able to empathize with myself."*

Sarah seems to pick up on the emotional temperature of others and consequently can act empathically.

*"Or maybe my awareness on people's mental health is it gets in the way as well as in, like, if I think that you're sad, I won't say the thing that I should say to you."*

For Dawn, albeit "being there" for people can be a double-edged sword, there is also room for empathic responses with others.

*"I can put so much pressure on, you know, to be a good friend and to be a good person and go out of your way for people and to give as much as I can and to support people as much as I can. Because, well if someone isn't getting that at home, then at least I'm giving it to them one way or another or I'm being, I'm giving that person a little bit of love that they needed on that day."*

In summary, participants had anxiously anticipated all manner of negative reprisals should they not please their alcohol-dependent parents. In taking on many and varied tasks and responsibilities, they, by virtue of the same, continually engaged in the process of pleasing them through carrying out tasks, many of which were beyond their young years. This people-pleasing tendency would become well established in adulthood within interpersonal and intimate relationships. For participants, the strategy to please others over and above themselves and their own needs continues to exist in an attempt to waylay the difficult feelings associated with anxiously anticipating another's disapproval and avoid or defuse potential conflicts and, by default, safeguard themselves from potential rejection. In some cases, there is evidence that despite a predominant lack of empathy shown by their alcohol-abusing parent, some participants nonetheless have the capacity to display empathy towards others.

## Putting Up a Front

The fourth sub-category *Anxious Anticipation* concerns *Putting Up a Front*. In *Putting Up a Front*, the participants in this study describe how they presented a façade of themselves to the outside world in an attempt to keep parental alcohol abuse hidden from people outside their family home. These individuals existed in a state of anxious anticipation that their feelings of vulnerability, embarrassment and shame be exposed. Participants learnt to hide behind a façade that became deeply embedded in their early childhoods, and as adults, they continue to hide behind a façade for fear of judgement and rejection. For Anne, the thread of secret-keeping, feelings of embarrassment and shame, and a lack of self-confidence continue. While growing up, an attempt was made to hide the chaotic, violent and disruptive behaviours from others. In attempting to do so, Anne existed in fear should anyone outside the family home find out about what was happening behind closed doors. Yet, conversely, her father's behaviours outside the family home showcased to others that things were not okay.

*"So, we're gonna put on a show. We're going to put on a façade to make it look like everything's okay. While you know you're experiencing extreme violence as a very young age. [...]. Everything looked perfect. The house was spotless; the gardens, the grass was cut. Everything looked perfect to the neighbours."*

In early adulthood, her dad did not allow her to leave her alcohol-abusive marriage, partly because he did not want her to show him up and to retain his "drinking buddy." Anne's husband had been physically violent for years, but she did not let the world know the magnitude of her difficulties, be they with her father, husband, or mother when she was alive. Fearing that her embarrassment might somehow be revealed to others, Anne went to and continues to go to great lengths to present a front when engaging with people outside her home.

*"I would still go in to work with the girls. And I'd have the best of clothes and dressed up to the nines. They used to call me Jackie Onassis because I'd have pearl earrings in, going in, and that was to make me look good so that no one would know what was going on inside."*

Grace emphasised the shame she felt and the open secrets that abounded growing up because of her father's drinking. This feeling of shame, especially as her father's "drunkenness" was clear for all to see eroded her self-confidence. Moreover, Grace stressed that as a consequence of this, she lived in fear of being seen as "less than."

*"I never let on about my childhood because of the shame of it all, because it was somehow engrained in me that it was a secret. I could never bring friends home, of course, because of the shame, and the secrets, the embarrassment of it all and the obvious poverty I was living in [...]. My father's drinking was my eh a secret; everyone knew, though, and I felt judged, felt less than others, felt very insecure, so embarrassing. I remember one day, I was picking him up from a pub, and he was finishing his pint and a chaser, so I went outside and spoke to a friend from school who lived nearby. My father, when he was finished, staggered up the middle of the road to my car and tried to start a fight with my pal."*

Anxiously anticipating adverse opinions from others, Grace can be duplicitous about her family background when engaging with others today.

*"I never let on about my childhood because of the shame of it all, because it was somehow ingrained in me that it was a secret [...]. I even let on to a mental health professional once that my father had died of a heart attack rather than his alcohol abuse."*

Sonia describes her feeling of shame as a "legacy." She recounts many moments in time when she worried about what people outside her home might think of her because of her father's behaviours when drinking. One incident involved her friend hearing her father's angry outburst while inebriated.

*"I don't know if she just hadn't hung up, but she heard the whole thing. What I remember is that the 10 or 11-year-old, just knowing consciously that this was not normal and being absolutely mortified that my friend had had to hear this."*

Now, in adulthood, Sonia struggles to remove the façade she presents to the world should her perceived imperfections be exposed.

*"If there is any sort of failing if I see anything that isn't 100% perfect, or I think my life is not perfect, and someone sees that, then it's a failing."*

Sometimes, maintaining a facade proves too difficult for some. As previously highlighted, some participants parent's problematic and anxiety-provoking behaviours are ongoing, as they are still actively in addiction. There are many instances of chaotic and traumatic events that continue to cause embarrassment and feelings of shame. Dawn's interview is dappled with examples, ranging from when her mother was in the front garden shouting and fighting when people were trying to sleep to her mum violently bashing her head off her car steering wheel and windows while neighbours watched on. Moreover, family outings were and continue to be very problematic.



*"It was uncomfortable going somewhere where there was a chance that she could drink, a christening, a communion party. I hated going to those places because then there was a chance for her to drink. That period of time would have just been an embarrassment and being like, she's getting louder, and her attitude is kinda changing. Eh, and it was kind of, I hope I don't see someone I know."*

Notwithstanding these embarrassing events, Dawn finds ways to gain some reprieve from the intensity of her feelings of shame that often envelop her, for instance, when putting up a front to those people she engages with in other settings, such as her workplace.

Mary experienced embarrassment at the public displays of her father's alcohol abuse, yet there is a juxtaposition between this and the family secret the family try to maintain.

*"It was just pure confusion, and your head would be just rolling the whole time. And you weren't allowed to say, to tell anybody. Couldn't tell your grandparents, even though we would have been close to both my grandmothers on either side. But you were never able to let people know what was going on in the house. Never let the side down."*

Kate, no longer living with her mother, continually hides behind a façade and recounts her feelings of shame growing up, citing one example of when the police arrived at her house.

*"It was embarrassing. Cause I lived in a cul-de-sac so everyone would see, it was scary because, as a child, police they're scary. Like you don't. I wouldn't recognize they were there to defuse, do you know? I didn't see that. I would see that as the police are coming, things are only getting worse."*

Colm continued to present a façade or put up a front to others in adulthood in an attempt to hide his feelings of insecurity and lack of confidence. He recounts a childhood memory of shame in the context of his mother's public display of drunkenness vis-à-vis his mother falling down the steps in a local hotel and being taken by ambulance to the hospital. In the case of Richard, again, he describes the embarrassment he felt when for instance, a relation lent his family a portable TV and other items following the bailiff's removal of the same from his family home. In this participant's case, as with other participants, he explained that he could not bring anyone home because of the fear of how inebriated his father might be and the fallout of his problematic behaviours in front of his friends.

*"As a teenager and up into my 20s, I would be full of bravado to hide what was really going on at home and with my dad. When it comes to how I dress, I like to look good because I didn't have any money growing up because my dad drank all of it. Growing up, I never had flashy runners; that's why I like flashy runners now."*

James hid behind a façade to manage numerous experiences of shame and anxiety-provoking events growing up, which he subsequently carried into his adult life.

*"That persona on the outside that everything is okay. And then internally, it's chaos, right, and we had chaos in our house, here as well, myself and my wife for sure. [...]. Even when I sobered up there was still chaos because I was still the dry alcoholic for sure like for a long, long time. So, that fear of people maybe discovering that about me was there for a long, long time."*

Jackie experienced numerous instances that caused her embarrassment and feelings of shame. So much so that she chose not to let her father attend her wedding.

*"I never brought him to my wedding. I remember he bought a suit. He heard I was getting married, he bought a suit, and I went," he isn't wearing the suit to my wedding 'cause he in not coming." And my mother walked me down the aisle. That's how much I hated him. I said why would I ruin my day? Bring him when I don't know how much he's going to drink and give my mom a hard time. He'd make a show of us somehow."*

Jackie is conscious of *Putting up a Front* when engaging with others, be it in everyday life or, more specifically, within the workplace. Jackie emphasises that when she feels secure and confident around some people, she will reveal herself from behind her façade but under certain circumstances.

*"If I'm comfortable with people, my mask comes down, and that is definitely the way I behave. My mask stays up if I'm uncomfortable; if I'm not comfortable, it's like a barrier in front of me, like a wall."*

In summary, *Putting Up a Front* is the fourth sub-category of *Anxious Anticipation*. Throughout participants' childhoods, their alcohol-dependent parent, particularly when inebriated, engaged in behaviours that evoked feelings of shame in participants. In this regard, participants from early childhood learnt from experience that it was highly likely that any manner of embarrassing events could happen at any time once their parent had been drinking. Anxiously anticipating potential disapproval, criticism, or rejection from others, participants put up a front, going to great lengths to try and keep their parents' problematic drinking and deleterious behaviour a secret to hide their feelings of shame. This feeling of shame became internalised to the point that many participants in adulthood continue to hide behind a façade that takes many forms, including but not exclusive to being well turned out in terms of their attire, hiding their true feelings, and telling lies over inconsequential matters.

Ultimately, as highlighted across participants' accounts, *Putting Up a Front* became a means of survival for participants to offset judgement and possible rejection from others.

### **Summary of Anxious Anticipation**

The substantive theory, *Anxious Anticipation*, describes the psychological and social processes these participants engage in an attempt to resolve their main concern surrounding the *adult legacy impacts of parental drinking in childhood*. The process *Anxious Anticipation* incorporates four interrelated sub-core categories conceptualised as *Walking on Eggshells*, *Bearing the Brunt*, *People-Pleasing* and *Putting Up a Front* along with their properties and domains. In *Walking on Eggshells*, participants learned as children to thread carefully around their parents, ever mindful of what they might say or do that could potentially jeopardise them, especially if their parent were drunk. In the main, these individuals became hypervigilant children, knowing their parents' behaviour would change once they drank. Consequently, participants engaged in processes of action that attempted to waylay a whole gamut of adverse reactions from their parents, such as emotional and/or physical abuse. Having perpetually walked on eggshells in childhood, anxiously anticipating any manner of unforeseen threats, this became a way of being for participants that became deeply entrenched in adulthood. Anxiously anticipating the possibility that anything could 'kick off' at any time, these individuals as children became 'little mums' and 'little dads', assuming pseudo-parenting roles. In so doing, they offered emotional and functional support to their parent. In attempting to please their parent and by taking on excessive amounts of responsibility beyond their years, participants hoped to offset the criticism and judgement often levelled at them. Likewise, in *Putting Up a Front*, the participants had existed in a state of *Anxious Anticipation* that their parents' problematic and chaotic behaviours be exposed to the outside world and, by default, cause them embarrassment and judgement from people outside the family. Participants' propensity to hide behind a façade became deeply entrenched during childhood. As adults, they continue to hide behind a façade in an attempt to conceal an internalised shame and ultimately protect themselves from possible judgement and rejection, all of which help them to feel more secure.

Taken as a whole, participants have come from homes where an atmosphere of chronic anxiety, uncertain threat and negative judgements prevailed; the processes engaged during childhood to manage or somehow cope with their situation became embedded and subsequently bled into myriad aspects of their adult lives. This study strongly suggests that in adulthood, participants persistently engage in the process of *Anxious Anticipation*. Having

become hypervigilant children, fearing all manner of negative reprisals, these individuals continue to anxiously anticipate potential threats from others, such as criticism, judgement and potential rejection. Consequently, in anxiously anticipating possible negative reprisals, participants are cautious of saying the wrong thing, doing the wrong thing, or somehow revealing their inadequacies.

In sum, the core-category *Anxious Anticipation*, elucidated in this study, contributes novel and valuable insights into and an understanding of how adults now live their lives because of their traumatic experiences in childhood as a consequence of their parents' alcohol abuse. These findings are significant in terms of contributing to our body of knowledge in this substantive area. Moreover, they provide a new lens through which counselling psychotherapists can develop their case formulations and treatment plans when working with this cohort.

## CHAPTER FIVE

### DISCUSSION & CONCLUSION: ANXIOUS ANTICIPATION

#### **Introduction**

This chapter discusses the emergent theory in relation to the existing literature in terms of confirming, refuting, and extending the literature with the findings herein. Concomitantly this chapter strives to situate the substantive theory within the broader body of literature. The additional literature forms a point of departure from previous literature, with a view to situating the substantive theory within this broader body of knowledge. In this regard, high-level formal theories will be incorporated to explain the theory and the linkages made between the categories embedded within the theory. Additionally, the significance of these findings will be discussed in terms of their contribution to the psychotherapy field; and elaborated upon in terms of generalisability to other contexts.

#### **Contextualising the Findings**

This is the first grounded theory study that highlights the significance of *Anxious Anticipation* as a theory to partly explain how adults of parental alcohol abuse now live their lives subsequent to their deleterious experiences in childhood. The findings of the literature preview conducted as part of this study concur in myriad ways with the findings of this research project regarding the harmful effects of their parent's problematic drinking, both in childhood and adulthood. The findings from this study also provide a point of departure from the literature preview and form the substance of the substantive theory now described. Returning to the resonance of this study's findings as they relate to the literature preview, specifically, in terms of their childhood experience, participants' homes were universally traumatic, chaotic and unpredictable (Dayton, 2012; Kumpfer & Bluth, 2004; Kumpfer & DeMarsh, 1986; Taplin et al., 2014; Velleman, 2010; Velleman & Orford, 1993). Participants' homes were also associated with chronic family stress (Friel & Friel, 1988; Grekin, et al., 2005; Haverfield & Theiss, 2016) due to emotional abuse, psychological abuse, violence, and neglect (Anda et al., 2002; Bijttebier & Goethals, 2006; Edwards et al., 2006; Finger et al., 2010; Getz, 2014; Harter & Taylor, 2000; Haugland et al., 2021; Leonard et al., 2007). Conflicts in their family homes were regular occurrences (Barrera et al., 1995;

Velleman & Orford, 1993); along with interparental violence for some (Shaw, 2009) and a fear of abandonment (Beesley, & Stoltenberg, 2002; Guerra, 2018).

It needs to be stressed again, however, that not all individuals from these homes experience the fallout of their parent's problematic drinking in the same way (el-Guebaly & Offord, 1977, 1979; Fingarette, 1988; Giglio & Kaufman, 1991; Havey & Dodd 1993; Hawkins et al., 1992; Jacob & Leonard, 1986; Kashubeck, 1994; Ullman & Orenstein, 1994; Werner, 1989; West & Prince, 1987; Woodside, 1988; Wright & Heppner, 1993). However, the findings within this study overwhelmingly support previous research regarding the negative sequelae experienced by these participants not only in childhood but in their adult life.

Participants in this study engaged in the process of *Walking on Eggshells*, existing in a persistent or perpetual state of tension, fear, and hypervigilance consequent to the uncertain, unpredictable, and often volatile state of their inebriated parent. In essence, the participants in adulthood walk on eggshells while anxiously anticipating possible negative fallout from others. This means that these participants engage in the process of anxious anticipation that begins in childhood and continues in adulthood, the main purpose of which is to provide a way of waylaying possible judgement, rejection and/or abandonment. *Walking on Eggshells*, a subcategory of *Anxious Anticipation*, describes how these participants needed to continue to tread carefully so as not to break the eggshells underfoot and potentially run afoul of suffering greatly in the ways described above. In other words, *Walking on Eggshells* can be understood as a metaphor that conjures up images of the delicate manoeuvres these participants engage in that began in childhood and found necessary to offset adverse reactions from others. In threading carefully or walking gingerly then, these participants found ways not to cause further disturbance to the already delicate and fragile shell. Given these individuals' traumatic experiences growing up, and their propensity to walk on eggshells, it is understandable that the participants' accounts indicate that they had and continue to have a tendency to anxiously anticipate possible threats from others with whom they engage should they say or do the wrong thing.

In terms of *Anxious Anticipation*, the capacity to anticipate aversive circumstances is central to successful psychological adaptation (Nitschke et al., 2006). A small body of research specifically relating to anxiety, post-traumatic stress and neurobiology suggest that the impact of living with the unpredictability and uncertainty of future trauma events can impact an individual's psychological adaption, resulting in a state of sustained *Anxious Anticipation*

(Davis et al., 2010; Grillon, 2002; Grupe & Nitswchke, 2013; Havranek et al., 2016; Nitschke et al., 2006). In an Irish context, within which this research project took place, and indeed internationally, our current knowledge base and practice methodologies are informed by discourses that can be reductionist in nature. In this regard, current practice in this field is predominantly informed by seminal texts and extant literature based on the adult children of parental alcoholism (ACOA) model of classification, stereotypes, and associated characteristics (Black, 1982; Bradshaw 1988; Kritsberg, 1986; Wegscheider-Cruse, 1985; 1986; Woititz, 1984) which do not entirely capture how these individuals who have lived with parental alcohol abuse currently manage in everyday life. This study highlights that albeit many of these individuals may present with the characteristics described by Woititz (1984) and her contemporaries, it would appear that what lies beneath or forms the underbelly of these characteristics or pathologies are highly significant processes that, when revealed, can enhance our understanding of these participants' lived experiences that can ultimately inform policy and best practice in the field.

In real terms, then, if solely based on existing literature, mental health professionals may be inclined to have preconceptions of what these individuals might need and treat these clients according to these models. Current practices consequently may fall short in terms of what might best assist these clients and their needs in order to live better and fulfilled lives. In this regard, it is imperative that both mental health practitioners and policymakers become critically aware of how current practices might fall short in enhancing positive gains from treatment. The findings in this study then, as previously stated, may go some way in answering this call, as it further elucidates what can contribute to practice and improved outcomes for this client group. It is hypothesised that by offering the substantive theory *Anxious Anticipation* and variants of the same, these processes offer, in part, a point of departure from previous literature and conceptualisations when treating these individuals, which in turn affords all stakeholders an opportunity to reflect upon current practices and anomalies within our current body of knowledge. To that end, the theoretical frameworks posed within this discussion encompass a trauma perspective, an attachment and parentification perspective, along with that of secret-keeping and shame.

### **Anxious Anticipation - A Trauma Perspective**

As briefly discussed earlier, central to this grounded theory study in terms of theoretical integration, additional literature that augments and explains the substantive theory *Anxious*

*Anticipation* along with the sub-categories embedded therein are examined. From this perspective, the theoretical frameworks chosen intend to furnish, in part, our understanding of the substantive theory of *Anxious Anticipation*. Prior to 1979, adult children from parental alcohol abuse were diagnosed with “adjustment reactions”, the diagnosis of which was subsequently changed to “delayed stress syndrome” (Middelton-Moz & Dwinell, 2010). According to many commentators and researchers such as (Dayton, 2012; Hall & Webster, 2002; Middelton-Moz & Dwinell, 2010; Talpin, 2014; Velleman & Templeton, 2016), the symptoms displayed by adult children of parental alcohol abuse are similar to those shown by victims of other forms of trauma. More recent work around trauma explores the concept of complex trauma or developmental trauma (Herman, 2015; Van der Kolk 2015; Walker 2013), which is described by the WHO (2018) as a disorder that can develop consequent to prolonged and repeated exposure to threatening events from which individuals find it difficult to escape.

In the substantive area that explores issues associated with adult children of parental abuse, the concept of complex trauma (ICD-11) presents a significant step forward from the overarching concept of trauma that is generally ascribed to these individuals, as it relates more directly to the protracted trauma experienced by many of these individuals. Consistent with the previous literature discussed in the literature preview, Getz (2014), for example, posits that if trauma is not coped with effectively, the consequences will most likely persist and affect adulthood, impairing relationships (Black et al., 1986; Domenico & Windle, 1993; Fish et al., 1992; Haverfield & Theiss, 2014; Hubbard, 1987; Kearns-Bodkin & Leonard, 2008; Kelley, 2010; Kerr & Hill, 1992), thought processes (Haugland et al. 2021; Woititz, 1982), emotional regulation (Haverfield & Theiss, 2016; Jona, 1997; Kearns-Bodkin & Leonard, 2008; Rubin, 2000; West & Prinz, 1987), and overall functioning (Ackerman, 1985; Anda et al., 2002; Cloitre et al., 2009; Haack & Alim, 1991; Horwitz et al., 2001; Klostermann et al., 2011; Merikangas et al., 1998; Orford et al., 2013; Pasternak & Schier, 2012; Rossow et al., 2015). Importantly the aforementioned studies overwhelmingly relate to quantitative studies. Nonetheless, the specific issues raised and findings therein hold true for the participants in this study, as they, too, experienced continual trauma events throughout their childhood that instilled fear, anxiety, and a sense of imminent threat. Living in these unpredictable and threatening environments, participants became hyper-aware of the mood changes of their parents once they had imbibed alcohol. Consequently, these participants walked on eggshells fearing their inebriated parents' verbal and or physically



violent outbursts. As a result, participants engaged in a complex process of anxiously anticipating possible threats at the hands of their alcohol-abusing parents and finding ways to mitigate these. To that end, these individuals existed in a state of hypervigilance that has perpetuated into adulthood. In line with several commentators such as Dayton (2012), participants became adept scanners, constantly reading their environment and anxiously anticipating any sign of emotional danger from people around them. Moreover, almost unanimously, the participants in this study became habitually inclined to carefully monitor what they might say or do, fearing negative reprisals and to potentially protect themselves against a critical, judgemental and ultimately, rejecting other (Lincoln & Janze, 1988; Ruben & Ruben, 1984).

#### *Anxious Anticipation - Walking on Eggshells*

*Walking on Eggshells* or being hypervigilant with regard to social interactions and communications became a way of life for the majority of these participants long after they had left their family homes. This finding is consistent with the previous commentary described by numerous scholars in the field, such as (Cotton, 1979; Harter, 2000; Ruben, 2001; Sher, 1991; West & Prinz, 1987). Resonating with previous literature, it would seem that for those participants who have challenges in communication, this was embedded in their childhood experiences where communication styles were displayed through aggressive behaviours and parental violence (Haverfield et al., 2016; Keller, et al., 2008; Leonard & Eiden, 2007; Mares et al., 2011). Extrapolating upon these individuals' challenges in communication, Ruben and Ruben (1984) posit that these individuals may misinterpret verbal and nonverbal communications from others by perceiving negative connotations in words or actions even when that was not the intent of the other. Moreover, prior learning experiences that have instilled a fear of negative responses such as criticism, conflict, or rejection make participants hesitant to try to clarify their personal inferences. According to Ruben and Ruben, this failure to try to clarify unclear comments or behaviour from others makes it unlikely that these individuals will learn more adaptive behaviour, and similar to the majority of participants in this study, inaccurate perceptions have continued in their adult interpersonal and intimate relationships.

Returning to *Anxious Anticipation* as a response to complex trauma, participants in this study are habitually inclined to acquiesce, people please or appease others, all of which aim to protect participants from perceived imminent threats from an Other. In these instances,

participants are inclined to placate the Other, in essence, giving the Other what they want to reduce potential harm or danger (Van der Kolk, 2015; Walker, 2013). While Dayton's (2012) work invokes the people-pleasing construct as a facet of understanding how adult children of alcohol-abusing parents behave, Walker's (2013) fawning model, albeit having some pejorative connotations might help to explore this phenomenon as it goes a step further in considering the prolonged emotional and physical abuse and neglect experienced by participants. Regardless, these participants' urge to please others can be understood as part of complex trauma that results in unhelpful behaviours such as self-silencing (Ali et al., 2000; Bruck-Segal; 2020; Jack & Dill, 1992). Self-silencing, in terms of this study, can be understood as an anxious anticipatory response exhibited by some participants. According to Jack and Dill (1992), a history of abuse, coupled with the propensity to caretake and prioritise others' needs and values even when they conflict with their own needs, contribute to a heightened silence of the self. This is, in essence, an interpersonal coping strategy to avoid further abuse, judgement, rejection, and abandonment (Bruck-Segal, 2020; Jack & Dill, 1992). Ultimately, for these participants, their tendency to please others can be understood as a process that these individuals engage in that emanated in childhood in order to maintain a connection to their abusive parent and avoid possible physical or emotional abuse, disapproval or abandonment that subsequently become ever present in their adult lives.

#### *Anxious Anticipation - Being Triggered*

Resonating with the findings of the literature preview, Ruben (2000) posits that these individuals' background of conditioning and an inability to escape from stress and anxiety results in overreaction associated with distinct patterns of neural activation when exposed to reminders of traumatic events (Lanius & Hopper, 2008). In this regard, Jona (1997, p. 43) emphasises that those who developed symptoms similar to PTSD as a result of parental problem drinking often experience triggers as adults, for example, when hearing shouting that causes a sudden reaction of fear. Several participants, having lived through myriad trauma events in childhood, continue to experience trauma triggers that bring about a response based on their earlier experiences of trauma (Dayton, 2012; Middleton-Moz & Dwinell, 2010; Van der Kolk, 1998, 2006, 2022) and heightens their feelings of *Anxious Anticipation*. In his article 'Post-traumatic Stress Disorder in adult children of parental alcohol abuse Jona (1997) posits

An alcoholic family is a traumatic environment for a child. Children subject to chronic stress are anxious, frightened and always alert. Their vision of the world is based on unfairness, harm and an uncertain future. Their families do not give them much opportunity to release tension and emotions. Furthermore, a childhood traumatic experience can be relived during a later situation that resembles it, for example, when hearing shouting, and it causes a sudden reaction of fear (p. 43).

In this regard, Van der Kolk (1998) claims that in adulthood, these individuals, when triggered by a reminder of the past, that their experience can be relived with an immediate sensory and emotional intensity that makes ‘victims’ feel as if the event were occurring all over again. This phenomenon, as typified across the participants' accounts, conjures up a provocative image of becoming emotionally triggered (inducing stress reactions) when hearing ‘the key being put in the door’, ‘smelling whiskey’, or ‘encountering someone who has imbibed alcohol’, all of which describe their internalised anxious anticipatory response succinctly in terms of participants temporary hyperaroused state. Additionally, in participants' accounts, anxiety responses are evident when faced with potential conflict because when growing up, conflict often led to emotional or physical abuse and was rarely resolved (Deets, 1987; Hall & Webster, 2007; Middleton-Moz, 2010; Ruben, 2000). Now in their everyday lives as adults, many of these participants continue to anxiously anticipate potential conflict and engage in various processes previously discussed to mitigate against said conflicts.

Taken as a whole, research attests to the challenges and difficulties that many of these individuals can experience in terms of their challenging upbringings. Notwithstanding this, mental health practitioners might benefit from gently placing their assumptions based on medicalised models and characteristics aside and becoming attuned and sensitive to the subtle and often silent underbelly of these clients' experiences. The theory *Anxious Anticipation* and its associated process of *Walking on Eggshells* are concepts that can be understood to have intrinsic meaning within the lived experience of these individuals and consequently present the possibility of opening discourses within the profession and expanding our understanding of these individuals' lived experiences in everyday life.

## **Anxious Anticipation - Attachment and Parentification**

Attachment theory holds that the nature of one's childhood attachment with their primary caregiver affects an individual's ability to form healthy attachments in adulthood (Bowlby, 1969, 1973, 1980; Lander, et al., 2013). Bowlby (1969), in his seminal work on attachment theory, maintained that when infants are separated from their primary caregivers for a significant period, they exhibit predictable reactions, namely protest, despair, and detachment. Bowlby's theory was further developed by Ainsworth and colleagues (1978); a secure attachment style and three insecure attachment styles were identified, namely anxious/preoccupied, avoidant/dismissive and disorganised/fearful-avoidant. These attachment styles were later expanded to account for adult attachment styles (Bartholomew & Horowitz, 1991; Hazan & Shaver, 1987). According to DeWall et al. (2012), individuals have a fundamental desire to be accepted by others and to avoid social rejection, all of which form the basis of attachment theory. In terms of insecure attachment specifically, should primary caregivers react to children's needs with rejection, or if they are met with threat or a sense of danger, these children can experience high levels of stress and anxiety (Bowlby, 1982; Solomon & George, 2011) and develop insecure 'working models' which ultimately result in worry and anxiety about whether or not others will accept or reject them (Khoshkam et al., 2012).

Parental alcohol abuse is evidenced to be a significant factor influencing the insecure attachment style of adult children of parental alcohol abuse (Eiden, et al., 2002; Kearns-Bodkin & Leonard, 2008; Kelley et al., 2005; Latty-Mann, 1991; Lease, 2002; Ma, 2006; 2007) due to the inconsistent parenting practices of their alcohol abusing parent. Research strongly suggests that the attachment style developed in childhood continues into adulthood (Aikins et al., 2009; Campos et al., 1983; Feeney, 2002; Hamilton, 2000; Hazan & Shaver, 1987; Jaeger et al., 2000; Waters et al., 2000). Participants in this study developed insecure attachment styles early in childhood which became pervasive and permeated throughout their lives. Participants' alcohol-abusing parents and, in some cases, the non-problem-drinking parent were often unavailable to meet their emotional and/or functional needs. Indeed, there appeared to be many occasions when some parents, when inebriated, forsook their parental role altogether, choosing to abandon participants as young children in highly irresponsible ways in favour of imbibing alcohol. When abandoned abroad, for instance, participants heightened sense of stress, anxiety and fear were activated when faced with a sense of danger in terms of concern for the parent and of being left alone. For some, there

was an outright rejection levelled at them, specifically when the problem-drinking parent was inebriated. For others, their inebriated parent wielded harsh judgements or engaged in punitive practices, all of which cemented an insecure attachment style with said parent. It is no surprise then that these individuals, having lived unpredictably, engaged in the process *Anxious Anticipation* both in childhood and adulthood, fearing what might happen next that could ultimately result in some crisis.

As briefly discussed earlier, problems with intimate relationships in adult children of parental alcohol abuse are consistent with theoretical approaches to and empirical observations of the development of attachment in relationships and consequently, “children raised in alcoholic families may carry the problematic effects of their early family environment into their adult romantic relationships” (Kearns-Bodkin & Leonard, 2008, p. 941). According to many commentators, interpersonal functioning in adulthood is disproportionately lower in adult children of parental alcohol abuse relative to those who did not have this experience due to the inconsistent parenting practices of alcoholic parents (Black et al., 1986; Domenico & Windle, 1993; Fisher et al., 1992; Kearns-Bodkin & Leonard, 2008; Kelley, 2010; Kerr & Hill, 1992). In this regard, El-Guebaly et al. (1993) asserted that the interpersonal difficulties of these individuals are reflective of the relational patterns that were developed in their alcoholic homes and that these relational patterns underpin future negative expectations in establishing, and maintaining, secure intimate relationships. Overwhelmingly, participants found it challenging to maintain healthy intimate relationships in adulthood. Indeed, several participants, specifically in the thirty to sixty age bracket, are now divorced, citing that their intimate relationships were, in the main, highly problematic or dysfunctional, with some asserting that this was due to a partner's alcohol dependency. In contrast, others cited emotional and physical abuse as being a factor. Other commentators, such as Kelly et al. (2005), suggest that a significant reason why individuals such as the participants in this study have problematic intimate relationships relates to their fear of abandonment and a need to be in control (Black, 1981; Flores, 2013; Greenberg, 1994; Woititz, 2002, 2010). A need to control is closely linked to being over-responsible for participants. Often adult children of parental alcohol abuse fear giving control to others, as to hand over control can leave them feeling anxious and vulnerable (Flores, 2013). This need for control and a tendency to be over-responsible is deeply rooted in participants' childhood experiences and embedded within the ‘parentification’ process.

### *Anxious Anticipation and Parentification*

Returning to the concept of hypervigilance and the demands made to parent their parent, discussed in chapter four, the extant literature highlights that these individuals often fear that they have not done enough or have failed to anticipate the needs of or recognise the unspoken agenda of their parent (Chase, 1999). Often participants developed a heightened sensitivity to parental approval. Both consciously and unconsciously, gaining approval became a major source of obtaining affection and affirmation, consequently participants, in an attempt to gain approval, engaged in the process of people pleasing or appeasing their parent that regularly took the form of caretaking and *carrying the weight of responsibility* for their parent(s) and sometimes siblings, which in line with Ruben (2008) invariably bled into their adult lives. According to Ruben (2008), individuals from parental alcohol abuse can engage in anticipatory caretaking, which is generally understood as a methodical, systematic, and finely calibrated effort developed in childhood to avert highly charged aversive reactions from their alcohol-dependent parent. Fearing punitive ramifications from their inebriated parent, participants often *Bore the Brunt* of performing both emotional and or functional tasks and, moreover, lived in a state of *Anxious Anticipation*, fearing they might fall short in executing these tasks, which, should they fail to do so, could ultimately lead to all manner of negative reactions previously described and reported upon by commentators such as Lincoln and Janze (1988) and Ruben and Ruben (1984).

In line with Ruben's (2008) notion of anticipatory caretaking, participants in this study engaged in the process of anxiously anticipating and rapidly mobilising to attend to the needs of their alcohol-dependent parent and others in a bid to eliminate their own anxious feelings. Much of the contemporary literature describes the parent-child role reversal as parentification. The term parentification was first used by Boszormenyi-Nagy and Spark (1973) and is defined as "*a functional and/or emotional role reversal, in which a child, in response to an adult's abdication of parental responsibility, reacts by sacrificing his or her needs for attention, comfort and guidance, in order to care for the logistical, emotional and self-esteem needs of a parent*" (Tedgard et al., 2018, p. 225).

Other commentators posit that parentification creates a dependent relationship with their own children to meet their daily care needs (Kelley et al., 2006; Hall & Webster, 2007; Pasternak & Schier, 2012). According to Dayton (2012)

Kids learn to manoeuvre in and out of their parents' moods, which rule the atmosphere, so COAs become parentified children – little caretakers who, from a young age, learn how to manage problem adults. [They] have to develop a premature 'independence' before they are ready, and they do not learn how to reach out and get help with their normal developmental problems. [They] can feel helpless and despondent, unable to do anything that can really lead to their family getting better, happier, or safer. COAs develop a sixth sense of when to hide, when to run, and when to hurl themselves straight into the breach and bring their parent – who is whirling out of control – back from wherever they have gone (p. 43).

By being responsible for adult caretaking duties and responsibilities (Bepko & Krestan, 1985; Hall & Webster, 2007), parentification can also act as a coping strategy to minimise the stress that these individuals endure due to parental neglect (Tedgard, et al., 2018). As can be seen within the present study, and in line with Burnette (2006), participants' lived experience of parentification necessitated their *Bearing the Brunt* of or being *over-responsible* in myriad ways for their parents' behaviours, specifically when inebriated. For instance, being over-responsible for their parent ranged from calling an ambulance following parental self-harm, interceding in interparental physical abuse, secret-keeping, safeguarding their parent from potential harm, becoming a significant and vital breadwinner, being responsible for domestic chores including meal preparation, collecting their inebriated parent from the pub, along with purchasing alcohol from a young age, or regularly putting their inebriated parent to bed, to name a few. Being over-responsible in these terms embedded a deeply guttural sense of *Anxious Anticipation*, on the one hand, to prevent potential crises and, on the other, to pacify and please their parent for fear of negative reprisals should they not provide this emotional or functional support. Significantly, participants' drive to be over-responsible in adulthood emanates from being 'parentified' children. As highlighted within this study, this caretaking pattern of behaviour became significantly rigid or entrenched for some, culminating in interfered social and emotional development. Middleton-Moz and Dwindle (2010) succinctly describe this notion of interfering with social and emotional development in the following passage.

For a child, surviving the regular assault of trauma requires massive amounts of energy. This puts the normal developmental process on hold;

there is no energy left to invest in development. While other children are learning to play, to trust, to self-soothe, and to make decisions, children in addicted families are learning to survive. The end result is a child who often feels thirty years old at five and five years old at thirty (p. 40).

As stated above, and according to commentators such as West and Keller (1991), participants became ‘parentified’ children and over-responsible to others in adulthood. Parentification and being over-responsible are considered dysfunctional coping behaviours that can subsequently impact relationships in adulthood (Fox & Gilbert, 1994). Going as far back as the seminal work of Woititz (1985) and her contemporaries, children of parental alcohol abuse were understood to receive inconsistent care and affection that frequently vacillated between demonstrations of love and warmth to criticism and rejection. As a result, these children learnt from early childhood not to trust people and experience persistent fears of abandonment in adulthood. Consequently, according to (Wood, 1987), these individuals may wish for love and intimacy, yet they are often fearful that adult relationships will be as hurtful as their parental relationships in childhood.

In keeping with (Black, 1981; Flores, 2013; Hall & Webster, 2007; Woititz, 2002, 2010), having grown up in home environments where parentification was prevalent, many participants continued to maintain a sense of hyper-responsibility where they believe they are responsible for situations in their interrelationships. In keeping to Flores (2013), intimate relationships can be problematic for participants as they often find it difficult to accept emotional support; in essence, they can give and offer support yet find it difficult to accept it. Moreover, several participants' actions and behaviours exhibit a tendency to be over-responsible in intimate relationships and can be used by some as a mechanism for maintaining control. In many cases, participants seem to be hardwired to maintain control, anxiously anticipating that functional tasks such as food shopping, enrolling kids in school and so forth may not be carried out or done correctly by their significant other. For some, this has put considerable strain on relationships. For others, it appears that their partner can ‘rest on their laurels’, so to speak, knowing that the participants will take on what can often be a heavy burden of responsibility, which some claim can be exhausting. For some participants, this burden of responsibility can also bleed into their work environments. From its inception in childhood, many participants exist in a pervasive state of *Anxious Anticipation* that often drives them to work above and beyond what is expected of them.



This is partly because they default to people please and gain approval and also because they anxiously anticipate real or imagined potential rejection, along with real or imagined punitive actions from significant others in a work context.

In sum, two significant factors interweave and influence the difficulties that participants can experience in adult life, both underpinned by an *Anxious Anticipation* that can weigh heavily on them. In the first instance, participants developed insecure attachment styles that they carried into their adult relationships while concomitantly taking on the heavy burden of responsibility that often had a blunt edge to it regarding their need to control others and situations.

### **Anxious Anticipation - Fearing the Disclosure of Secrets**

Anxiously anticipating how others might perceive them, the participants in this study engage in the process of *Putting Up a Front* in a bid to waylay possible negative judgement and rejection from others. Beginning in childhood, participants presented a façade of themselves to the outside world to keep their parent's alcohol abuse hidden from people outside of their family home. Participants put up a front while existing in *Anxious Anticipation* should their vulnerability, embarrassment or shame be revealed. For participants, the tendency to put up a front continues, regardless of whether their parent is still living or not for the same reasons. The notion of 'wearing a mask' or 'hiding behind a facade' is not a new one, as this has been reported upon by many commentators such as (Davidoff et al., 1999; Friel & Friel, 1988; Haverfield & Theiss, 2016; Hibbard, 1987; Jahn, 1995; Potter-Efron, 1988; Smart, 2011). Commentators such as (Middelton-Moz & Dwinell, 2010; Ryan, 1991), explain that this is due to feelings of shame, and it is posited that these individuals often try to keep their familial alcohol problems a secret for fear of stigmatisation (Hajela, 1998; Harris, 1996; Kingree, 2000; Matthews et al., 2017; Nace et al., 1982). However, what has not been discussed before concerns *Anxious Anticipation* as a process in terms of secret keeping. For participants, anxious anticipation is a constant that centres around the fear of and hypervigilance to avoid 'being found out'. This subjective distress exerts its own pressures on participants. It requires a great deal of energy to safeguard themselves against an unpredictable threat should their painful and embarrassing secrets be exposed. *Anxious Anticipation* as a process in secret keeping can provide further insight into how these individuals exist at the most basic subjective level and the strategies used to shield them from harm.

### *Secret Keeping*

In line with Friel and Friel (1988), in terms of secret-keeping, participants were discouraged from discussing anything that occurred behind closed doors, such as emotional and physical abuse and financial difficulties. Additionally, as was often the case, regardless of the harms or deficits financially, participants were sanctioned from voicing their concerns or difficulties with extended family members such as grandparents. According to Smart (2011), secrecy encompasses at least three distinct areas. The first concerns the workings of power, specifically in relation to how the maintenance of family secrets operates to protect a family against forms of governance from outside the family (Rose, 1989, 1999). In this regard, participants' families made strident efforts to hide the truth of things from others. For some, this facade was tied up in imagery and symbolism vis-à-vis, ensuring, for example, that the physical family home presented a pleasant outward appearance to the world that camouflaged the distress within. Or that 'flowers were regularly displayed in the corner as music played that "hid the rot underneath." In the same vein, some participants went to great lengths, for instance, 'dressing to the nines, like Jackie Onassis', in order to present an outward picture of themselves that symbolised self-confidence and the appearance that they had nothing potentially stigmatising to hide. Smart also argues that this power works within the family, between family members. Hence, keeping secrets can defend individuals against other family members or empower some members against the interests of weaker members. The third dimension is what has been referred to as the families we live by (Gillis, 1996). Gillis distinguishes between the families the participants live 'with' (i.e., our actual kin in an existing household) and the families they live 'by', which are the idealized version of loving families which inhabit our cultural imaginations notwithstanding the fact that their actual families may be unhappy, conflict-ridden places (P. 541). Similar to the first dimension, this dimension held significant relevance for participants. In many cases, participants were 'terrified', for instance, that their families would be seen as different; thus, they avoided bringing friends home. Moreover, in the unlikely event that some friend might be calling, participants anxiously anticipated what condition their often-inebriated parent might be in or the behaviours that they might engage in.

Barnwell (2019) extrapolates upon this in his paper, *Family Secrets and the Slow Violence of Social Stigma*. According to Barnwell, secrets are maintained by these families due to the 'slow violence of social stigma', which exerts pressure from a broader context that directs

codes of conduct and silence. In such cases, he posits that families affected by parental problem drinking, for example, are compelled to edit their public face for fear of judgement and sanction in response to this pressure. There is a theme of “conspiracy of silence”: “where shame and fear of consequences effectively cut families off from both their wider family and community [...] children were effectively muzzled and isolated from potential sources of support that might foster resilience” (Kroll, 2003, p. 132). In this environment then, where truth has been censored, it is no wonder that these families have been described as invisible, hidden, or forgotten (Backett-Milburn et al., 2008; Gorin, 2004; Kroll, 2004; Velleman & Templeton, 2007; Wilson et al., 2012). This conspiracy of silence exists in no small measure due to literature which fosters discourses of blaming or pathologising the families most affected (Orford et al., 2013; Taleff & Babcock, 1998). Within this context, inappropriate stereotypes of these families and their mutual roles have been bred (Orford et al., 2013), and furthermore this harbouring of ‘dangerous secrets’ often makes children of parental alcohol abuse feel shame (Imber-Black, 1998, p. 21).

### *Experiences of Shame*

Shame has been described as a core emotional experience associated with alcoholism (Brown, 1988; Jacobs, 1991) and is a powerfully detrimental experience in alcoholic homes (Black, 1981; Corrigan & Miller, 2004; Corrigan & Shapiro, 2010; Dayton, 2009; Middleton-Moz & Dwinell, 2010; Salatto, 2014; Seixas & Youcha, 1985; Soyster, 1984; Woititz, 1985). In line with Hubbard (1987), many participants possessed a deep and persistent sense of shame, with many experiencing numerous incidents of shame produced by their parent's public drunkenness. Some participants also claimed that their parent's behaviours when drinking eroded their self-confidence, and in the words of one participant, there existed a fear of being seen as "less than". According to Hubbard, the mechanism involved, which is unique to these individuals, is the identification with the source of the shame, the ‘alcoholic’, which can be an infinite source of shame and embarrassment. In this regard, Schomerus et al. (2010) posit that persons whose lives are impacted by their problematic drinking are

Held much more responsible for their condition, provoke more social rejection and negative emotions, and [...] are at particular risk for structural discrimination than those affected by mental disorders/illnesses (p. 105).

Overwhelmingly, most participants recounted that their inebriated parents 'drunkenness' had been put on public display. In this regard, theorists emphasise the role of others in shame, seeing such experiences as responses to social rejection (Elison, 2005; Scheff, 2000). Having had previous experiences of parental public drunkenness, participants lived in constant fear, all the while anxiously anticipating further episodes of public drunkenness that could potentially cause embarrassment should others find out their family secrets. Of course, this is paradoxical. While Potter-Efron, (1988), for example, posits that this is a private shame, their shame is, in many cases, as highlighted above, an open secret to those beyond the family unit.

#### *The impact of Self-Stigma and Social Stigma on the lives of these individuals*

Stigma is a psychological factor affecting alcohol-dependent people and their families (Nace et al., 1982). Goffman (1963), in his treatise, *Stigma: Notes on the Management of a spoilt identity*, described this kind of stigma as a 'courtesy stigma' or what has become more recently known as an associative stigma (Mehta & Farina, 1988) or as a stigma by association (Goldstein & Johnson, 1997; Neuberg, et al., 1994; O'stman & Kjellin, 2002), all of which can lead to experiences of prejudice and discrimination on the basis that they could be associated with someone marked by a stigma such as alcohol abuse (Corrigan et al., 2006). Several participants tried to conceal their associations with the alcohol-abusing parent to defend themselves against a critical other (Codrington, 2017) for fear of being discredited, which in turn can impact individuals' social life and interactions (Codrington, 2017; Goffman, 1963). In real terms, some participants avoided acknowledging their alcohol-dependent parent when encountering them in social settings or on the street when in the company of others. Anxiously anticipating problem behaviour, these parents were sometimes excluded from major family events, such as in the case of a participant's wedding when the parent was explicitly not invited.

Research and theory underscore these challenges as experienced by participants. Researchers and theorists have categorized stigma into three general perspectives to understand and measure causes and effects (Glass et al., 2013; Luoma et al., 2008; Mehta & Farina, 1988; Room, 2005). These categories include perceived stigma or "the awareness of public stigma," experienced stigma or the acts of discrimination in the face of a stigmatized condition (Glass et al., 2013, p. 237); and self-stigmatization resulting from public stigmatization that can lead to the internalization of the perceived social condemnation

which is attached to the negative stereotypes associated with addiction (Matthews et al., 2017).

Returning to Barnwell's (2019) argument that secrets are maintained by families affected by alcoholism due to the 'slow violence of social stigma,' it is also worthy of note to consider what Goffman (1963) calls 'tribal stigma' associated with being part of a group. This is thought to "be transmitted through lineages and [can] equally contaminate all members of a family" (p. 14). According to Barnwell

Tribal stigma is social; it moves between families and society, but it is perceived as sticky – once one family member 'contracts' stigma, it is thought to taint the family, within and across generations. The family is not the source of the stigma but is likely to be read as such and must, therefore, manage the stigma (p. 1116).

Arguably, individuals who experienced parental alcohol abuse in harmful ways, similar to the participants in this study, may consequently be associated with all three perspectives of stigma. This phenomenon can be further explained by revisiting Goffman's study of stigma. In "Insanity of Place," Goffman explores the interaction when the internal social order of the family is disturbed (Goffman, 1963). In such cases, the children of parental alcohol abuse will attempt to offer an idealized impression of self as it is only possible to define themselves relative to the status, roles, and relationships corresponding to the social order. Although these strategies attempt to mirror the idealized version of the family, they can, conversely, position the family beyond professional support (Werner & Malterud, 2016). Ultimately, the power of secrets in maintaining these individuals' poor psychological functioning cannot be overstressed. Arguably then, according to Friel and Friel (1988), it is the revealing of these secrets that is key to moving toward these individuals' healthy recovery. Yet, many of these individuals often avoid talking about their experience of parental alcohol abuse when in therapy (Mackrill et al., 2012).

As discussed in *Putting Up a Front*, participants in this study learnt from a young age to keep parental alcohol problems a secret outside of the home and went to great lengths to sustain the falsehood that their homes were unremarkable (Liverpool Drug and Alcohol Action Team, 2001). According to Crawford and Moore (2000), this is described as denied knowledge, split between '... a private him' who knew and a 'public him' forced to deny

knowing. Akin to participants, the public him could not talk with anyone about the denied knowledge (Crawford & Moore, 2000, pp. 316–323) for fear of potential or actual discrimination (Branwell, 2019). Likewise, their silence can be understood as self-preservation; moreover, as previously discussed, participants often offer a presentation of self-aligned with their current self-image to moderate fewer flattering merits (Goffman, 1959). Importantly, these individuals may attempt to revise their narrative and censor information to curtail the ‘tribal stigma’ discussed above. Holding on to such secrets then, according to Barnwell, can perpetuate the social stigma that they are trying to avoid.

To elicit an understanding of how these individuals may narrate their lives in the face of their feelings of shame and perceived stigma, Dunlop's (2015) narrative identity construct is considered, which claims that narrative identity is contextualized in nature. It is argued that once recognition is given toward the contextualized “flavours” which are expressed in life stories, “the possibility becomes tenable that individuals possess a series of life narratives pertaining to the specific contexts most relevant to their lives.” (p. 314). In other words, these individuals can feel pressure to endorse what is known as master narratives, even if their personal experiences and lives are at odds with these schemas (McCoy, 2017).

### *Narrative Stories and Risks of Disclosing*

Using the narrative approach, McCoy and Dunlop (2017) examined the contextual nature of children of parental problem drinkers' identity. The narrative theme of ‘redemption’ is considered a "master narrative" (McAdams, 2006) and is deemed the redemptive story many individuals align with their narrative identities. Regardless of whether they relate to this story or have led a life consistent with the optimism, hope, and promise inherent in redemptive sequences (Dunlop & Tracy, 2013). McCoy and Dunlop (2017) argue that this incongruence between how these individuals perceive their lives and how society demands they narrate them is likely maladaptive and emotionally distressing. In a similar vein, McLean (2014) found that higher rates of redemptive imagery in these individuals’ personal stories were associated with more significant Posttraumatic Stress Disorder (PTSD). Consequently, he suggests that among these individuals, the tendency to construct redemptive stories may predict reduced psychological functioning.

Refocusing the lens on the participants within this study, participants learnt from an early age to protect themselves by avoiding or keeping secret information that might potentially

reveal their difficult past and, by virtue of the same, enkindle feelings of shame. Ultimately, participants, in line with Afifi et al. (2005) and others, engage in these self-protection practices that stem from the anticipation of criticism, judgment and rejection experienced in childhood.

### **Limitations of this Study**

As with all research projects, this study has several limitations. In any grounded theory study these limitations are inherent as GT sets out to discover a theory in a substantive area and consequently may not be relevant to other areas of study. In grounded theory studies, transferability and fit between contexts is considered, however there are issues around generalisability as we cannot assume that the findings emanating from this study apply to all individuals who experienced parental alcohol abuse. Moreover, the participants in this study had sought treatment and engaged in psychotherapy; therefore, this study does not account for individuals who may never have sought psychotherapy support. From a cultural perspective, the participants in this study were all Irish which by default fails to capture diverse views of others from other cultures and varied contexts; consequently, further studies that explore these individuals lived experiences would broaden our understanding of this phenomenon from their perspective. Additionally, albeit this grounded theory study gleaned rich case data for analysis, this study was conducted during the Covid-19 pandemic which raised a challenge regarding attaining a larger sample as some individuals were uncomfortable with being interviewed online, while in contrast, others were not comfortable with being interviewed face to face. As specified earlier, the sample in this study consisted of (n=12) with a predominant sample (n=9) female, consequently further GT studies could be conducted with a gender balanced sample. It is also worthy of note that in a GT study such as this, the concern around recall bias is circumvented as this study was concerned with patterns of meanings vis-à-vis the overriding sense that participants made of their experiences. Finally, and importantly, these individuals can also be considered as a 'hard to reach' population, and by virtue of the same, their 'voices may not have been heard'. It is important, therefore, to conduct additional grounded theory and qualitative studies that can give voice to this broader population.

## **So Where to Next?**

The substantive theory, *Anxious Anticipation*, contributes to the field of mental health and provides a framework that practitioners can be cognisant of when working with adult individuals who have experienced deleterious childhoods due to a parent's alcohol abuse. As discussed in the literature preview and again briefly at the outset of this chapter, most treatment philosophies and programs developed for adult children of alcohol-abusing parents are derived from the adult children of parental alcohol abuse model 'ACOA' social movement (Tiegel & Johnson, 1991), which arguably has contributed significantly to both theory development and clinical practice within the field of mental health. However, most of the clinical wisdom attributed to treatment plans is not only based on the 'ACOA' model but is, in the main, based on research and seminal works emanating from the 1980s, with significantly less literature published in the past decade. Additionally, and arguably, more importantly, an argument can be made that seminal works and discourses such as that of Woititz's (1983) characterisation of discreet behaviours exhibited by adult children of parental alcohol abuse have not been undisputedly supported by the empirical literature (Sher, 1991). Yet, regardless of the lack of empirical studies supporting these characteristics, it has become generally accepted that the label 'ACOA' along with said characteristics are both meaningful and valid for many (Logue et al., 1992). What has significantly populated the literature preview and review within this study is the idea that in clinical populations, the medicalised explanations of social problems, such as those experienced by adult children of parental alcohol abuse, have enjoyed cultural ascendancy (Rajchman, 2002). This is concerning as both labels and reductionist symptomology can suggest particular treatment approaches and prognoses that can encompass maladaptive and pathological characteristics (Burk & Sher, 1988), which can bring into question the validity of potentially damaging clinical conceptualizations described by earlier commentators in the field. Indeed, a number of researchers and clinicians argue that the 'risk' and 'pathology' assigned to these individuals may be overestimated (Burk & Sher, 1988; Heller et al., 1982; Miller, 2015; Schmidt, 1995; West & Prinz, 1987), and over-pathologised Heller et al. (1982), moreover, some commentators such as Freire (1968) went as far as to claim that this medicalisation can be seen as 'false charity'. Arguably, without empirical evidence to support or validate this label and related characteristics, we could be running the risk of these individuals being over-pathologised and labelled maladaptive (Heller et al., 1982; Seefeldt & Lyon, 1992). Importantly, as a counterargument then, taking a medicalised and psychiatric lens



persistently encroaches upon everyday ‘problems in living’ for these individuals (Szasz, 1961). When considering this current study, one such challenge experienced by the participants is a propensity to anxiously anticipate varied negative consequences from others, should their ‘secrets’ and ‘shame’ ‘be exposed’ along with a fear of saying or doing the wrong thing, all of which could lead to judgement and rejection.

## **Implications of this Study**

### *Implications for Practice*

This research study, offers a contemporary lens through which practitioners can work therapeutically with these clients. To date, no previous research has been conducted in an Irish context, or internationally, that captures in a new way a primary process that these individuals engage in order to manage their everyday lives. The theory *Anxious Anticipation* and associated categories are highly relevant to practice as they offer practitioners insight into some of the fundamental challenges experienced by these individuals that go beyond the extant knowledge while also offering consideration for a more nuanced therapeutic approach.

As highlighted in this study, the theory *Anxious Anticipation* proposes that these individuals can be hesitant to disclose information about parental alcohol abuse, deeming it too risky and stigmatising (Hall & Webster, 2007; Haverfield & Theiss, 2014). Consequently, the theory *Anxious Anticipation* suggest a paramount challenge in opening up about their difficult pasts. These individuals often fear negative consequences from others, should their ‘secrets’ and ‘shame’ ‘be exposed’ along with a fear of saying or doing the wrong thing, all of which could lead to judgement and rejection. Having come from homes where exchanges with the alcohol-dependent parent could potentially be punitive and rejective, this power imbalance (Dayton, 2012), can potentially be re-enacted in the therapy space and by default reinforce the client’s sense of being powerless.

In terms of transference and countertransference, one can borrow from the research relating to group therapy work with these individuals. In this regard, it is important to bear in mind that the fantasised wish to escape from their family of origin can be re-enacted when tensions and conflict arise that can beget a wish to leave the group (Vannicelli, 1993). In the same vein, these clients, when attending one-to-one therapy, can anxiously anticipate all manner of negative reactions from their therapist, such as judgement or rejection should they do or

say the wrong thing, and these fears may ultimately impact client retention. As this potentially can be the case, the importance of bringing transference and countertransference issues into supervision cannot be understated.

In a similar vein, when working with this client group, the relational turn in psychoanalytic thought vis-à-vis a framework or set of sensibilities that refocus psychoanalytic ideas around the centrality of relationships in the human psyche (Malone et al., 2018) can offer significant points of contact with other therapeutic modalities (Wachtel, 2007) such as a person centred (Rogers, 1957), and pluralistic approach (Cooper & McLeod, 2011). In this regard, therapists are urged to consider not only the potential therapeutic benefits of particular interventions but also through metacommunication (Cooper & McLeod, 2007) in practice with the client to adapt treatment plans for therapy that are aligned with these clients' challenges in living rather than viewing these individuals through the characteristic and labelling (Heller et al., 1982; Seefeldt & Lyon, 1992) or a pathologizing (Heller et al., 1982; Seefeldt & Lyon, 1992) lens. In so doing, the therapeutic space can afford these clients an opportunity to open up to 'another' about their life's challenges once a strong therapeutic alliance has been established. This is important, as having a climate of unconditional positive regard and non-judgementalism (Rogers, 1957) needs to be fully developed, experienced and trusted, all of which may have been lacking in these clients family of origin. Within this climate, therapists can gain a keener understanding of the complexities of meanings in the client's life, and in turn, offer greater affective engagement between the therapist and client (Wachtel, 2007). This focus, coupled with the psychoanalytic theory of transference (Freud & Breuer, 1895), can offer therapists a therapeutic tool to critically understand these clients' defence mechanisms or behaviours, such as projection or displaced feelings (Horacio, 2005). In so doing, healing can potentially occur once the underlying issues are effectively exposed and addressed. It is important, then, that therapists be vigilant and ready to explore in depth the client's lived experience when hints of parental alcohol abuse begin to surface. For instance, should therapists capture statements such as their parent drank to excess, they can be alerted to the possibility that their clients *Walked on Eggshells*, fearing negative reprisals from their inebriated parent and that this process continues in adulthood in their engagement with others, including the therapist. That they *bore the brunt* of responsibility in childhood leading to a propensity to be *over-responsible* and or controlling in adulthood. That they developed *People-Pleasing* tendencies while *Putting Up a Front* to hide an internalised shame, all of which can be played out in the therapy room.

It is also important to note that should the therapist be an adult child of an alcohol-abusing parent themselves; countertransference issues need to be addressed. In such cases, the therapist must engage in reflexivity and supervision, not only to consider their motives for doing this work with this cohort but also to process any triggers and feelings associated with the recapitulation of their family of origin experiences (Vannicelli, 1993). In these terms significant life experiences that have strong emotional valences make the therapist particularly vulnerable to reacting on the basis of their own needs rather than those of the client (Kanfer & Schefft, 1988, p. 374). It is also worth bearing in mind that having insider status can be both an asset and a liability. On the one hand, being familiar with the possible issues that clients experience is helpful, however, on the other hand, it is important that therapists maintain distance and perspective (Vannicelli, 1993). Again, engaging in reflexivity and bringing these issues to supervision can assist in unpacking the therapist's countertransference feelings, which can lead to a better understanding of the interpersonal dynamics at play.

In sum, the theory *Anxious Anticipation* can ultimately help both practitioners and their clients to move beyond yet not dismiss our current knowledge base for informing treatment with these individuals. In these terms, individuals can be helped to find meaning and an understanding of their unique experiences and how they manage their interactions with others as a consequence. Ultimately, this consideration is important as this may be the first time these individuals have removed their façade and truly been seen and valued. Additionally, the potential severity of issues brought by these individuals to therapy, requires in-depth reflection, reflexivity and supervision.

#### *Implications for Education and Training*

As an educator and practitioner in the field of counselling and psychotherapy, an observation is made that educational programmes and continual personal development (CPD) workshops fall short in terms of educating students and mental health professionals about the challenges that adult children of parental alcohol abuse may experience. It is important, then that educators help therapists comprehend the complexity of the impact of parental alcohol abuse on these clients' lives and the complexity of practice, including the potential for longer treatment plans when working with these individuals. Educators can also be encouraged to expand the curricula in order that students and practising mental health professionals move away from the tendency to characterise, label or pathologise these clients. Indeed, Rogers'

(1942) idiographic emphasis underscores the importance of this viewpoint in his critique of diagnosis, preferring to view human beings as unique, individual organisms rather than as manifestations of trans-individual dysfunctional states (Cooper & McLeod, 2011). To that end, a pedagogy that offers an alternative philosophical framework and processes of action described herein can be considered. In so doing, educators can challenge the medicalised models (Rajchman, 2002) and the labelling characteristics (Heller et al., 1982; Seefeldt & Lyon, 1992) often assigned to these individuals. This is not to say that the medicalised models and characteristics should be discounted altogether, but it is suggested that the concept-based model of *Anxious Anticipation* and associated concepts described in this study can provide another perspective.

In terms of these concepts as they relate to this client group, a rudimentary understanding of psychoanalytical theory specifically in relation to transference and countertransference should be a prerequisite along with their relationship to *Anxious Anticipation* and associated concepts. Bearing in mind that these clients may have been judged and rejected in their family of origin, specifically by their alcohol-abusing parent, it can be helpful for educators to encourage a holistic and collaborative pluralistic approach in terms of training both students and supervisors. In steering away from a medicalised and labelling model, a pluralistic approach to therapy with an emphasises the psychological irreducibility of these clients can be helpful. In this regard, a pluralistic perspective is not only a theoretical assumption but is embedded in a deep ethical commitment within the person-centred field to engaging with an Other in a profoundly honouring way (Cooper & McLeod, 2011). In these terms, by applying this philosophical lens to treatment these clients may begin their therapeutic journey where *Anxious Anticipation* of a judgemental Other in the form of the therapist may abate.

Ultimately, then, education and training programmes should provide a platform that emphasises the importance of reflexivity and supervision specific to the work with this client group in tandem to the other issues that arise in their general practice. It is also important that educators encourage discourses that further partitioners and supervisors understanding of the social processes that these clients might engage in, such as those that emerged from this study. In so doing, practitioners' knowledge base is enriched, which ultimately avers well for better treatment plans and outcomes.

### *Implications for Research*

As highlighted in the literature preview, much of the research conducted thus far is, in the first instance, quantitative, which in the main, explores specific aspects of these individuals' experiences when growing up with a parent who imbibed alcohol problematically. Conversely, qualitative research studies are significantly fewer in this substantive area, which is unfortunate, as qualitative research has the capacity to explore individuals' lived experiences of this phenomenon. This is the first grounded theory study specifically conducted in an Irish context. The substantive theory, of *Anxious Anticipation* that emerged from this study addresses a research gap, specifically in relation to the complex processes that adult children of parental alcohol abuse engage to help manage their encounters with others. Albeit this research project contributes to our body of knowledge in terms of *anxious anticipation* and associated concepts, this could only go so far; consequently, additional research could be conducted that explores these concepts further. Moreover, it is noteworthy that this research project was conducted with a small sample who were predominantly female and Irish. Therefore, the relevance of this theory could be explored with a larger sample and with parity of gender and from other cultures. The relevance of the theory could also be explored in other contexts such as individuals who have never received psychological help in the past. In addition, with further theoretical sampling, the theory could be developed to formal level theory, by exploring how psychotherapists respond to clients who exist in 'anxious anticipation' due to other traumatic background situations such as having experienced war or suicide. Finally, it could also prove extremely valuable if mental health professionals engaged in practice-informed research to further our knowledge base in this substantive area.

### *Implications for Policy*

Research has the potential to impact policy, yet no policy per se directly impacts improved outcomes for adult children of parental abuse who experience challenges in everyday life. However, in terms of an existing policy, one of the most significant policy documents titled *Reducing Harm, Supporting Recovery*, sets out government policy on drug and alcohol use for the period 2017 to 2025. The strategy provides an integrated health-led approach to drug and alcohol use, that focuses on reducing the harms for individuals, families and communities and promoting rehabilitation and recovery (Department of Health, 2017). The interim report for this strategy was published in 2021 and highlights some positive results in

terms of implementation (Policy & Unit, 2021). Additionally, the ‘Hidden Harm Strategic Statement’ (2015) emanated from the Family and Child Protection Agency (Tusla) and the Health Service Executive (HSE) is highly significant. As briefly discussed in the literature preview, this strategic statement acknowledges the significant harm that can befall children of parental alcohol abuse. Consequently, professionals are ideally placed to support both the alcohol-abusing parent and their offspring. This document clearly states that cultural and procedural change needs to occur to attain improved outcomes. To that end, discourses that might broaden the debate about managed care programmes and involve myriad stakeholders, including adult children with lived experience of their parent's problem drinking, could add further depth and insight into the debate.

## **Conclusion**

This research project highlighted that parental alcohol abuse is unquestionably a significant problem for Irish children, who grow into adulthood carrying harmful effects. Given the magnitude of the potential harm that parental alcohol abuse can cause, this study is timely, as this is the first Grounded Theory research study that examines the significance of parental alcohol abuse on the lives of adult children. The participants in this study brought their stories to the fore, and all painted stark pictures of neglect. Through the analyses of the twelve interviews, the substantive theory *Anxious Anticipation* and its associated concepts *Walking on Eggshells*, *Bearing the Brunt*, *People-Pleasing* and *Putting up a Front* emerged. These findings are significant as they shed light on the difficulties these individuals can experience and the processes, they engage in to somehow manage the world and their interactions with others within it. In *Anxious Anticipation*, these individuals tread nervously and carefully, always cautious of what they might say or do that could cause a negative reaction from those with whom they engage. In many respects, these individuals can be understood as neglected in their childhood experiences and in their lives as adults. Moreover, as a result of a conspiracy of silence when growing up in these homes, coupled with the learned behaviour of self-silence to avoid conflict, these individuals can consequently be considered neglected, hidden and silent, rendering them a hard-to-reach population in terms of psychotherapy interventions. In terms of psychotherapeutic responses, this study aims to inform, educate and raise mental health practitioners’ consciousness of the difficulties these individuals may be experiencing. By virtue of the same, should practitioners hear that a client’s parent drank too much, this can be an indicator that they live in – *Anxious Anticipation*.

APPENDIX A  
EMAIL TO PRACTITIONERS

Dear (practitioners name),

I am a doctoral candidate in the *School of Nursing, Psychotherapy and Community Health*, in Dublin City University. As part of my doctoral studies, I intend to conduct a research study, the aim of which is to explore the significance of parental alcohol abuse in the lives of their adult children. This study has the working title of 'How Adults Live their Lives having experienced Parental Alcohol Abuse.'

To date, very limited research has been conducted to explore the views, opinions, experiences, meanings, and perceptions of individuals who have experienced the same. It is hoped that this study will generate new insights into this important area which in turn will enhance psychotherapists' knowledge and understanding of personal/professional responses while working with adult individuals who have experienced parental alcohol abuse.

To that end, (practitioner's name), should you think that clients in your practice might be interested in taking part in this study, I have attached a flyer with all the relevant details that you might give to them.

Thank you for taking the time to read this email (practitioner's name), and should you have any queries, please do not hesitate to contact me at [grainne.ward24@dcu.ie](mailto:grainne.ward24@dcu.ie) or 0852843595.

Best Regards,  
Gráinne Martin.



## APPENDIX B

### Participants & Client Information Sheet

# AN EXPLORATION OF HOW ADULTS LIVE THEIR LIVES HAVING EXPERIENCED PARENTAL ALCOHOL ABUSE

Are you someone who has experienced parental alcohol abuse?

Are you aged 18 or over and English speaking?  
If so, you may be interested in taking part in this research study.

THIS RESEARCH IS BEING CONDUCTED TO ENHANCE PSYCHOTHERAPISTS KNOWLEDGE AND UNDERSTANDING OF AND PERSONAL/PROFESSIONAL RESPONSES WHILE WORKING WITH ADULT INDIVIDUALS WHO HAVE EXPERIENCED PARENTAL ALCOHOL ABUSE. IT IS ALSO POSSIBLE THAT THE FINDINGS OF THIS RESEARCH MAY INFORM POLICY IN THIS AREA. YOUR PARTICIPATION WILL INVOLVE AN INTERVIEW WHICH WILL TAKE NO LONGER THAN ONE-HOUR, WITH THE POSSIBILITY OF A SECOND SHORTER INTERVIEW. THIS INTERVIEW WILL TAKE PLACE VIA A VIDEO CONFERENCING CALL VIA ZOOM. INTERVIEWS ARE COMPLETELY CONFIDENTIAL AND YOUR PARTICIPATION IN THIS STUDY IS VOLUNTARY.

**THIS STUDY IS ENTITLED 'HOW ADULTS LIVE THEIR LIVES HAVING EXPERIENCED PARENTAL ALCOHOL ABUSE: A QUALITATIVE STUDY'**  
**THIS STUDY IS BEING CONDUCTED BY A DOCTORAL STUDENT GRÁINNE MARTIN ON A PSYCHOTHERAPY PROGRAMME IN THE SCHOOL OF NURSING, PSYCHOTHERAPY AND COMMUNITY HEALTH, IN, DUBLIN CITY UNIVERSITY.**

If you are interested in taking part in this study and sharing your experience, please see the contact details  
[grainne.ward24@mail.dcu.ie](mailto:grainne.ward24@mail.dcu.ie)

Dedicated research phone number: **085 284 3595**



APPENDIX C

Participants & Client Information Sheet

The research working title is ‘How Adults Live their Lives having experienced Parental Alcohol Abuse’. The research is being conducted by Gráinne Martin, doctoral candidate in the *School of Nursing, Psychotherapy and Community Health*, in Dublin City University. Gráinne Martin can be contacted at [grainne.ward24@mail.dcu.ie](mailto:grainne.ward24@mail.dcu.ie), my dedicated phone number is 0852843595.

### **Details of your involvement in the study**

Dear participant, I am hoping to explore how individuals may have been affected by and live their everyday lives having experienced parental alcohol abuse. Your psychotherapist has extended this invitation to you because you have shared some information about their parents problematic drinking. However, please be assured that you are under no obligation to follow up on this invitation. Should you wish to be involved in this study, you will be invited to an interview which will be conducted with the principal researcher (Gráinne Martin). This interview should last no longer than 1 hour. The interview will be exploratory in nature with a view to gaining insight into the significance of parental alcohol abuse in your life. This will include an exploration of any changes that you observed in your parents drinking habits over time. Additionally, it would be interesting to know how you have coped and somehow dealt with any adversity associated with your parents drinking and how this may have impacted on you and your relationships.

All information (known as data) collected will be retained and analysed by the principal researcher and will also be viewed by her supervisors. Interviews will be recorded (audio only) in order to facilitate data gathering and subsequent data analysis. Your interview/s will only take place on the secure DCU Licenced version of the Zoom platform. The researcher will minimise any risk to security by following the recommended security settings. To that end, the Zoom link will be sent to you one hour before the scheduled Zoom meeting is due to take place. Prior to the interview and when the interview has commenced the researcher will use the ‘lock room’ icon to prevent any unintended access to the room.

You will also be informed in advance of the study about your data protection rights, including your right to access your personal data and your right to object to the processing of personal data relating to you, along with your right to withdraw from the study up to the point where your data has been analysed.

### **Protecting your confidentiality**

There are several procedures involved in this research project aimed at protecting your confidentiality. In line with DCU's Research Data protection guidelines, all files generated for the study will be encrypted and a password security system will be provided by Microsoft Office. All data including recordings will be stored on the DCU google drive as this is a safe and secure way to store this data. Additional data sources such as memos will be locked away for safekeeping.

Absolute anonymity cannot be guaranteed, as participant stories may be distinctive, and you might be identifiable even when your name has been changed. In as much as is possible, every effort will be employed to safeguard your anonymity. To help ensure that you cannot be identified from the data or other information that is in it, your identity will be anonymised by the researcher. It is important to note that "Confidentiality of information can only be protected within the limitations of the law - i.e., it is possible for data to be subject to subpoena, freedom of information claim or mandated reporting by some professions." With regard to mandated reporting, it is important to note that any disclosure of child abuse and/or neglect both present and in the past, if not already reported, will be reported to the appropriate bodies. Additionally, mandated reporting will take place if you were assessed as being at risk of harm to yourself or if you disclose information that indicated that you presented a potential risk of harm or had inflicted actual harm to another person.

### **How your data/information will be disposed of:**

In line with Dublin City University guidelines, your data will be kept for a period of 5 years and will then be safely disposed of in order to protect your anonymity and maintain a minimal risk. Additionally, no identifying information will be used in any subsequent publications.

Should you have any concerns about your data protection, please contact the DCU Data Protection Officer – Mr. Martin Ward ([data.protection@dcu.ie](mailto:data.protection@dcu.ie) Ph: 7005118 / 7008257). Additionally, should you for any reason wish to lodge a complaint in relation to your data protection, you are invited to contact [Irish Data Protection Commission](#).

### **Potential Risks arising from involvement in the Research Study**

You will be guided through the Informed Consent form along with this Plain Language Statement before your interview/s. During your interview/s, it is possible that you may find

the topic upsetting. In such instances, the researcher will ask you if you would like to take a break or to end the interview; at such time, the recording device will be turned off. Additionally, you will be offered a free debriefing session via the Healthy Living Centre in Dublin City University and be made aware of support services such as the HSE helpline and Al-Anon support groups. Please note that your data will not be shared with the Healthy Living Centre in Dublin City University. Rather, you will be given the contact details of the Healthy Living Centre should you wish to contact them independently to arrange a debriefing session.

**Benefits of this research to you either directly or indirectly**

You may experience the therapeutic effect of voicing your experiences to the researcher. This in turn this may encourage you to seek psychotherapy going forward.

You will be provided with information about support services, which you may choose to access.

You may also benefit indirectly by influencing developments that will guide professional practice and service provision, be it to you or others in the future.

Once the study has been completed, a written report outlining the outcomes of the study will be available upon request.

APPENDIX D  
PARTICIPANTS INFORMED CONSENT FORM

## Research Study Title

The study in which you are being requested to participate has the working title of ‘How Adults Live their Lives having experienced Parental Alcohol Abuse. It is being conducted by Gráinne Martin, a doctoral student in *School of Nursing, Psychotherapy and Community Health*, in DCU.

### I. Purpose of the research

This research will be conducted within Dublin City University (DCU). The aim of this research project is to explore how adults live their lives having experienced parental alcohol abuse. Very limited research has been done to explore the views, opinions, experiences, meanings and perceptions of individuals who have experienced parental alcohol abuse. This study aims to generate new insights into this important area.

### II. Confirmation of particular requirements as highlighted in the Plain Language Statement

As stated in the Plain Language Statement, you will be requested to participate in at least one interview of one hour duration, with the possibility of an additional short interview, up to 30 minutes long. The interviews will be conducted on the secured DCU Zoom platform, which the researcher will request to be record (audio only).

Could you please complete the following (Circle Yes or No for each question)

<i>I have read the Plain Language Statement (or had it read to me)</i>	<i>Yes/No</i>
<i>I understand the information provided</i>	<i>Yes/No</i>
<i>I understand the information provided in relation to data protection</i>	<i>Yes/No</i>
<i>I have had an opportunity to ask questions and discuss this study</i>	<i>Yes/No</i>
<i>I have received satisfactory answers to all my questions</i>	<i>Yes/No</i>
<i>I am aware that my interview will be audiotaped</i>	<i>Yes/No</i>

As a participant in this study, you may withdraw at any point.

### III. Arrangements to protect confidentiality of data

Every effort will be made to respect your anonymity. Any identifying information will be omitted. Your actual name will be protected and replaced by a fictitious name. Interview notes and/or transcripts will be held by the principal researcher and stored in a secure location.

### V. Signature

I have read and understood the information in this form. My questions and concerns have been answered by the researchers, and I have a copy of this consent form.

Therefore, I consent to take part in this research project

**Participants Signature:** \_\_\_\_\_

**Name in Block Capitals:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date Dublin:** \_\_\_\_\_



APPENDIX E  
PERMISSION LETTER

13<sup>th</sup> January 2021

To whom it may concern,

The Healthy Living Centre will provide one debriefing sessions, with a member of the Psychotherapy team for participants taking part in research being undertaken by Gráinne Martin.

Catherine Timmins

Catherine Timmins  
HLC Coordinator

**Healthy Living Centre**  
Dublin City University  
Dublin 9,  
Ireland

**Ionad Folláine**  
Ollscoil Chathair Bhaile Átha Cliath  
Baile Átha Cliath 9,  
Éire

Tel +353 (0) 17007171  
Fax +353 (01) 7007172  
Email [hlc@dcu.ie](mailto:hlc@dcu.ie)  
Web [www.hlc.dcu.ie](http://www.hlc.dcu.ie)

APPENDIX F  
PARTICIPANT DEBRIEFING FORM

Dear Participant,

Thank you for taking the time to participate in this research study; it is much appreciated. This research has been conducted with the aim of exploring the significance of parental alcohol abuse for the lives of their adult children.

It is anticipated that the findings will enhance psychotherapist's knowledge and understanding of how you may have experienced parental alcohol abuse. In so doing, psychotherapists may be better equipped in helping clients who have been raised in families where alcohol consumption may have been an issue.

Should participating in this study have raised any concerns or questions for you, please find below a list of resources that you may find helpful.

HSE Information Helpline,

Ph. 1800 459 459

Email: [helpline@hse.ie](mailto:helpline@hse.ie).

**Al-Anon,**

General Service Office,

Tel: 01-8420700

You may also find it helpful to avail of a free debriefing session at the Healthy Living Centre at DCU or speak to another therapist other than myself who is experienced in this area.

When results of the research become available, I will provide you with an outline of the findings if requested.

Should you have any questions about this research, please feel free to contact the following:

**Researcher:**

Grainne Martin

**Research Supervisors**

Dr. Rita Glover

Dr. Mark Philbin

APPENDIX G

IN-DEPT SEMI-STRUCTURED INTERVIEW GUIDE

The following questions will be expanded upon over the course of the interviews:

- Do you think your parent/s drank too much? If so, what was that like for you?
- Does your parent/s still drink too much? If so, what is this like for you?
- What was this like for you in different periods of your life? .... Could you tell me more about that?
  
- How do you think your parents drinking has affected your life?
- What areas of your life have been impacted do you think as a consequence of your parents drinking?
- In what kind of ways? Can you give me examples?

APPENDIX H  
EXAMPLES - OPEN CODING

Feeling Anxious
Stressful
Knowing that over a period of time - negative change would happen
Behaviour Change
Type of alcohol was a contributing factor to personality change and behaviours
Angry Environment
Difficult
Arguments
Fights over money
Shouting
Tension
Scared
Hyperventilates
Terrified of Conflict
Destabilising
Fearful of what to say to adults
Unpredictable
Interfamilial
Confusion
Cautious
Uncertainty
Uncertainty in other homes
Shy
Broken Inside
Troubled teenage years – always in trouble
Loss of Innocence
Parent not physically available
Lack of emotional support
Unaware of the effects of alcohol at a young age
Understanding of cause and effect of alcohol abuse
Mums drinking problem became clear when away with groups
Poor functioning
Reciprocal blame
Co-dependency
Financially impoverishment
Responsibilities
Growing up too soon
Mothering both mum and dad
Reduced freedom to be with friends – peers
Death
Alcohol abuse in family of origin (generational)
Lost everything because of parents drinking
Social outlet in pub through fathers drinking
Insecurities
Denial
Avoidance
Negative coping strategies form young age
Problematic romantic relationships



Married alcoholic
Problematic interrelationships
Blaming
Outward façade of looking good to hide the truth of things
Appearance of life being normal
Continue to wear a façade
Disguise emotional wounds
Maintenance of family secrets
Open Secret
Made complicit in lies
Emotionally affected by being made complicit in mum lies
Freedom from the alcohol abuser
Powerlessness
Conspiratorial
Sadness
Loneliness
Financial responsibility
Controlling
Punishing
Trying to reclaim childhood as adult
Fun times as a child involved/included adult drinking
Verbal and physical abuse
Pre-emptive anxiety
Triggered by key in door
Triggered by arguments
Triggered by smell of alcohol
Protection, needing to protect other family members
Sadness when returning to alcoholic home
Alcoholism got worse over time
Family crisis demanded separation to other family members
Family secrets
Poor academic achievements in early school life due to lack of support at home
Core belief not being intelligent
Not understood
Resilience
Self-empowerment
Siblings in denial of mother's alcoholism
Non-drinking parent vilified
Anxiety – Walking on Eggshells
Alcohol a constant
Disrupted family rituals
Avoid being at home
Friends not allowed visit
Disenfranchised – angry at not having the life others had
Drinking to escape family situation
Alcohol took over – no escape from reality

APPENDIX I  
FIRST MEMO 21/05/2021

Before I began the interview, the participant made a point of saying that he was delighted to take part in the interview as he was happy to contribute to the study in some way. He emphasised the hope that all information given might be helpful in ‘helping others who may have experienced parental alcohol abuse in their family of origin’.

He deliberated over the first question and thoughtfully responded. He used slow deliberate speech to communicate his responses. I get the sense that this interview is very important to him. Ancillary to his response to the question, I wonder if his slow deliberation is relevant, is the tempo significant in revealing something about the participant and the way he tells their story, I will keep an eye on this in further interviews.

He uses words like ‘cause’, ‘effect’, ‘stimuli’ (meaning alcohol) and repeats these a number of times, he also uses what I see as structured, controlled language, such as ‘my request was discounted’ (e.g., in relation to his request to his mum to stop drinking) I wonder if this is a way of keeping a ‘distant stance to his experience and the word ‘alcohol itself’. He uses the term ‘the mother’ regularly and again is this a sign of this distancing from both his experience and the alcohol abuser. (later he calls his sisters and brother ‘the other kids’ rather than my siblings, it seems like more distancing, dissociation.

Noticing the use of the 3<sup>rd</sup> person, this again seems to be distancing himself from his own experience, intellectualises. There is a tangible shift though when he reflects on alcohol ‘kicking her (mother) into a zone’ that awareness is there, he appears to be right there in his experience of his mums drinking, the idea that when she started drinking, the clock would run down to when things changed. Although he is still using the ‘you’ third person instead of the 1<sup>st</sup> person ‘I’, there is a sense that he is seeing this play out like a video in his head. I could see and hear his anxiety as he described the following:

“A glass of beer would be enough to kick her into a zone, em, (pause), what was it like for me? It was awful, because once you became aware that this stimuli as a child you became ‘Oh God’ this stimuli, you knew it meant within an hour, you know everything became egg shelly.”

Here and previously, he states that the volume of alcohol didn’t correlate with her behavioural change, that a glass of beer was enough for this to happen, yet later he states that she drank Smirnoff and that to sooth her ‘angst and frustration’ she would ‘drown in the bottle’. This is a contradiction within his account.

This is a jarring statement compared with the romantic, intellectualised, social norm he speaks of earlier.

Asking did his mother drinking become problematic over time, there is a long pause, he responds “it kind of did (pauses again and swallows), I wonder what is going on here? Is there more unsaid, strong emotional underpinnings? I think so, but he chooses to not follow through in his response. I will see if he readdresses this later.

Again, I am struck by his term ‘the mother’ depersonalising and distancing her.

*Very long pause - It kind of did pauses again and swallows, but to cope with that a duality kind of thing happened, where you knew ‘the mother’ was an alcoholic, her behaviour was wrong. Eh, I would be sent up to buy the naggin of eh em, em, em, Smirnoff or the other one, eh, Hussard. But, it would always have to be Smirnoff, so, but what happened was then you became, you lost your childhood or your innocence to coping yourself and at the age of, I mean I started at the age of late 12’s of smoking hash.*

So the mother is maybe a form of distancing from the ‘alcoholic’.... A duality kind of happened – the juxtaposition between being the mother or (‘mum’perhaps) and her unhealthy behaviours when drinking.

Behaviour Change is typified again by public displays of drunkenness – *“my mother would have fallen down three steps from, there were two lounges and there were three steps connecting them and she'd fallen down those three steps, a mild injury, whatever it was, but she was taken into hospital, and kept overnight. And the next day obviously was Christmas Day.”*

This incident highlights the disrupted family rituals/festivities. I also wonder did he feel embarrassed. I should have asked more about that. I will be more aware to this in subsequent interviews.

There is the innocence he speaks about coming through again when he talks about going up to the shop for alcohol in relation to enjoying the Freedom of being let out in the dark to walk this long journey to the off-licence. At these times it seems in the main that this was the significant part for him ‘freedom’ rather than the purchase of alcohol. There is a distinct sadness in his voice as he says this though because he as an adult knows that this was decidedly not a good thing. He also speaks to the idea of being ‘used’ by his mum and being sad, his emphasis is on the loss of innocence and his being complicit in enabling his mother’s drinking “so you don’t know when you are being used’.

**Growing up too soon/Adult Responsibilities** –He was only a very young boy when he had to do grown up things e.g., walking in the dark to buy vodka – loss of innocence, coping with doing adult things, taking on responsibilities beyond his years. Graphic description of this when buying the vodka:

(Deep sigh, intake of breath) *“I was young, I’d be guessing 7 (pause) em, I was young enough that I couldn’t quite see over the counter that type of thing you know, looking level with the counter. I mean I would put the money up like that to the counter (demonstrates this). Em, and it would be handed out to me, let’s say it was 3.36 or something like that for a naggin in those days.”*

I am struck by the demands made on him especially being so young and how neglectful his mother was in sending him out in the dark and moreover, being able to buy vodka. I wonder will there be signs of parental neglect in other participants stories? If so will there be outliers? I am also interested in ideas around potential embarrassment, as he seemed to be visibly animated when describing his mother’s fall down the steps.

C also describes his home life in relation to his mums drinking as a ‘family rot’ he says this a few times in the interview, so it conjures up a feeling of decay in me. A destruction or brokenness of the family unit. He speaks of a time when he essentially got fed up of and resigned to there being no foreseeable change, and disengaged from his mother in particular as a consequence “I can certainly remember making that decision to, to pull back at about 12/13 years old”.

### **Developing unhealthy coping strategies at an early age**

He developed unhealthy coping strategies for his age in order to cope – hash at 12.

The hash was obtained from sister aged 15, this could imply that other siblings had also adopted unhealthy coping strategies. Using coping strategies either good or bad is

something I will keep a close eye on going forward with interviews in terms of theoretic sampling.

In relation to his perception of his chaotic family life, *“the environment was so chaotic. And it was chaotic, because it was superficially lovely.”* He went from functioning well to choosing to hang out with ‘peers who were damaged’ this shows signs of a self-destruct attitude. Pulling back from education, being healthy or progressive.

**Resilience:** Recognising that he was going down a ‘slippery slope’. His creativity pulled him through taking on an apprenticeship in pottery and ceramics. This took him on a different healthier trajectory. Finding something he liked helped him find his way back to a better way of living. This was aided by the intervention of someone (teacher) who could see his potential when it came to creativity. When at home he did not get this type of support, indeed his mum would say from when he got a school report ‘I think she said’, “Oh my God, we’ll use him in the circus” ‘I think I was written off’.

His parents/family environment didn’t seem to lend itself to helping him while he was struggling with problems in living such as academic achievements. Future interviews might reveal the same and does it help if there is some other helping adult available to help others from this background who also experience challenges.

### **An anxiety provoking environment**

He describes his experience of growing up in this environment as awful. He was acutely aware that with the passage of time when drinking, his mother would become a different person. He describes the atmosphere at home as being ‘eggshelly’. This is an interesting turn of phrase; I am interest to know if other participants experienced similar anxiety provoking environments and if so do they use provocative expressions life this. He does not really describe what this actually means (I will seek clarity on this across participants if relevant). He does, however, use language that suggests that the anxiety he experienced was significant e.g., beyond egg shelly, words such as “Oh God, this stimuli...” “arguments and vibes.” “By the age of 9 or 10 by implication, you knew where this is going”, *“But then there were the words that would scare, when the alcohol went in.”*

There was also the anxiety he experienced when trying to conduct purchases of vodka, be it the right brand or the right change.

Additionally, I am not sure if his mother’s endless illogical arguments about things generally, when drinking caused anxiety, but I heard frustration in his tone when he talked about this.

**Powerlessness:** There is a possible category arising in relation to powerlessness. He talks about the frustration he felt in relation to being powerless over his mother’s drinking *“that the adult won’t take adult responsibility, to sort out her drinking.”* There is also strong feelings of frustration *“that an adult in your life won’t address, stand up and make the call to stop this, to acknowledge that it’s wrong. Not only is it wrong to have a child do that (buy alcohol) but also that they, my mother wasting her life really to an addiction.”* A sense of being powerless is also evident in terms of trying to have adult conversations with his mother in order to try and address the situation at home, that everything was swept under the carpet. Denial appears to be an issue within his home. Denial may be important in terms of future interviews.

This plays out as there is also evidence that he was frustrated with his father. That his father could not see that his mother's drinking was not normal "*Just like, my mother, your wife has a problem with drinking. This is not normal.*" This could be significant as I wonder will more participants non-drinking parent be complicit in their spouses drinking or have a history of trying to intervene? Neither parent in fact seems to want to do this – his dad doesn't seem to know what to do, although participant speaks to his (fathers) and his own enabling – this is interesting on many fronts, as the partners of the alcohol abuser may be confounded by the drinking and drinking behaviour and in turn can enable the alcohol abuser. Also, participant recognises in hindsight his own enabling for example in being asked to buy the alcohol.

*"You grow very quickly as a child because you realize that here's an adult, I couldn't have intellectualized it. But I would have said, here's an adult who has a problem. It's a big problem. I don't quite know what it all is but certainly it is not going to be addressed."*

He speaks about his father also in the third person 'the father' when he talks about his mum's drinking being a 'big problem', "the father didn't put his foot down and to be a man". He is a child, trying to do something about the drinking in an adult world, "my sister, my brother, my mother, your wife" no one else speaks up, he gets no support.

In his marriage he seemed to be powerless as well, in some respects he gave his power away

*"I was in every regard physically, financially, psychologically, I was just feeding her"* (the wife)

**People Pleasing:** People pleasing seems to have begun in early childhood. He makes a point of stressing that the learned behaviour to pacify to please that he carried that forward, especially into his marriage. Moreover, he states that he left home early with no sense of who he was, of what he needed or wanted. He was only happy when he made others happy.

This people pleasing tendency seemed to become more entrenched as he grew older and more specifically in early adulthood. Encapsulating the years into his married life until his divorce. The participant clearly did not know what his own needs were entering into the relationship with his wife and subsequently having a family. Everything was given to them emotionally, financially inc. security and with fatherly support to the girls.

This suggests to me that people pleasing and not knowing his own needs are caught up in each other. There is a distinct correlation in this case/data set, however, there seemed to be a lack of awareness of this until the marriage had ended.

Do ideas such as self-actualisation only began when something changes in a negative way? The idea of finding the self, discovering who you are, needs, likes, dislikes etc

In some ways his married life reminds me of the kind of lost child he seemed to be in childhood:-

But no matter what environment you're in, it's very, very few people understand the environment you're in at the time. And I was in a very unhealthy environment. And my core self and core essence was being reduced and sapped dry. I mean, I really did feel like a dried fig.

When revisiting this interview, I see that he had actually made this statement clear when he said:

*“I just kept giving and kept giving to my detriment. But now that I’m five years out of that relationship, and the education around what I was in, and I can feel my core essence reviving ..... But when you leapfrog back from now, to the relationship I was in, you can bring, you can leapfrog back further to your childhood and say ‘for fuck sake’ talk to me about getting drained. (maybe look at this again in relation to the ‘weight of/burden of life experience in the alcoholic home)*

**The following thoughts and analysis of the people pleasing aspects of him, are directly linked to how he was in intimate relationships and marriage, below.**

**Discovering the self:** It would appear that this participant had no sense of self outside of his identity of being a husband and father. Everything was wrapped up in and about the doing in relation to his wife and girls. He was decidedly blindsided his Ex. It seems that everything he had found in terms of creativity was discouraged when he got married. There is a sadness about this, it seems palpable in his tone and language. Yet he distinctly perks up when discussing his present journey through art and art college. He is finding himself again now by “diving back into that bowl of creativity”.

Interpersonal and Intimate relationships along with people pleasing tendencies appear to overlap, and especially in married life. He learned in childhood to appease and calm situations. Having come from this environment, he then entered into a marriage without knowing his own needs, indeed he shares that his own needs were not important.

### **Intimate relationships**

Intimate relationships were difficult for him. He talks about having a sense of unworthiness, no self-esteem, no self-awareness, ‘and that was from childhood’. His self-concept would appear not to be congruent to how others saw him. He couldn’t take complements, and these made him very uncomfortable. *“I had no idea. I was handsome. I had no idea. I was talented. I had no idea that I was a catch. I had no idea of that”*. He emphasises that when he was in a romantic relationship that *“I was lucky, I was lucky”* to be with her. On the one hand he acknowledges that this came from childhood, yet he finds it difficult to understand why he could not accept positive affirmations e.g., when once dating, he had to stop seeing her because she flattered him, and he could not handle that. This might suggest that this was overwhelming because it conflicted with his core-belief about himself being unworthy etc.... A core point is around the fact that ‘she could see him’ and acknowledge his positive assets and this jarred against his self-concept – as ‘he didn’t have a self’

This seems important, so again I will see if this is relevant going forward in future interviews.

### **Future intimate relationships**

P1 is decidedly against further intimate relationships. It would seem at this point that once bitten twice shy is what he is really saying. This then invokes curiosity in me to determine if poor relationships in this cohorts childhood and maybe in subsequent relationships brings up a resistance to try again in further relationships. Can there be repair or does experiences of the past and fear of the future in the context of relationships curtail any interest in developing new intimate relationships *“You have to overcome the trust or the vulnerability or that the risk, the bloody risk of it, and you kind of (pause) life's too bloody comfortable at the moment.”*

**Education:** There is a direct linkage between his unfulfilled educational achievement and his mother's drinking – he states that he pulled back from education. Linkage between his life being chaotic and not having a sense of self, back then. Same in marriage, however he has engaged in 3<sup>rd</sup> level education in late adulthood has helped to flourish, part of him finding self

**Further Thoughts:** All the above issues/concerns are significantly pertinent for this participant in adult life and form direct linkages to his childhood environment.

A general sense I have from this 1<sup>st</sup> interview is that his pace and choice of words were precise and contained (whatever that means) and I just wonder was there more unsaid due to censorship. There may be other main concerns. I will revisit this transcript following future interviews.

**Interesting turn of phrases used** e.g., Rot, swept under the carpet, drown in the bottle, dying fig, dehydrated plant.



APPENDIX J  
SUBCATEGORIES AND THEIR PROPERTIES

**Core category - Anxious Anticipation**

<b>Sub core categories</b>	<b>Properties</b>	<b>Domains</b>
Walking on Eggshells	Fear of Doing or Saying the Wrong Thing  Anything could cause an aggressive reaction	Hypervigilance Anything could kick off Personality Change – Jackal & Hyde Unpredictability Uncertainty Volatility Threat
Bearing the Brunt	Parenting the Parent Over-Responsibility Verbal Abuse Emotional Abuse Physical Abuse Need for Control Being Altruistic	Feelings of Powerlessness Being Resourced Irresponsible Parenting Good Organisational Skills Neglect Helping Others and Self
People-Pleasing	Fear of Rejection Fear of Abandonment	Loss of Self
Putting up a Front	Secret Keeping Hiding Shame Fearing Rejection	Vulnerable Insecure

APPENDIX K

THEORETICAL MEMO 'WALKING ON EGGSHELLS'

Parental drinking caused significant problems in the lives of participants. When constantly comparing the memos and reviewing the previous analysis, their parent's drinking caused significant personality changes. The notion of a Jackal and Hyde personality is presented either explicitly or implicitly. Patterns are developing across participant interviews, namely in relation to 1). negative personality and behavioural changes displayed when their parent abused alcohol, and how this had damaging effects in adulthood, emotional insecurities being one of them (go back to previous interviews for examples of this concept). 2). High levels of anxiety were experienced by all participants, which influenced their feelings of anxiety and associated presenting behaviours in adulthood. 3). Being over-responsible as children and adults (growing up too soon is a dimension of this). Additionally, there appear to be people-pleasing tendencies present as part of this. 4). There is a high level of relationship dissatisfaction seen across all participants.

(P9) states that when her dad drank, things became difficult: it was always the drink that caused family disruption. Parental drinking causes huge anxiety; one form of this is what I call anticipatory anxiety, a property of anxiety seen across interviews.

Anticipatory Anxiety (caused by previous experiences of parental drinking) – In P9's case, different types of alcohol had different results e.g., with Guinness, he was docile/fell asleep (relevance? has not come up with other participants so far). There were implications of this for this participant because there was a sense of fear that if he did not fall asleep, that meant that arguments would start. More specifically, if he had mixed his drinks e.g., drank whiskey, he 'would come home gunning for a fight'. Her dad was easily triggered; anything would set him off. Facial expressions and actions told the story of what was to come, trigger – *"You'd just know either by facial expressions and the way he might even throw the gloves on the chair or something"*

He was very aggressive, angry and physical. She talks about the horrific physical violence, at one point re, his strangling her mum. [Arguments present in all participant's homes, Physical, mental and emotional acts of violence were perpetrated by the alcohol abuser in many of these stories. In the case of (P2), there would be breaking plates etc., she would put her hands over her ears in her bedroom to try to block out the noise of the fighting.

This anticipatory fear of his personality change was initially triggered by the sound of the key in the door for some participants. *"As soon as you hear the key in the door, you just kind of started bracing yourself for whatever his presentation might be"* For some, like P1, he knew that once his mother started to drink, that her personality would change, 'kicking her into a zone', that meant everything would become 'egg shelly'.

Again, for (P3) she described her home life as being very volatile, stating that 'you never knew when she would blow up or why'. 'She'd always come home from the pub at a certain time, and then you'd hear the key being put in the door, and it is even the same now like, if me and my sister or my brother, are in the sitting room in her place now, and she comes home from the pub and you'd hear the key in the door, we all leave the sitting room, and we go our separate ways, better if you just don't get to get away from her.'

In (P4's) case, she makes the following statement: "uncomfortable going somewhere where there was a chance that she could drink, a christening, a communion party. I hated going to those places because then there was a chance for her to drink. That period of time would have just been still embarrassment and still being like, she's getting louder, and her attitude

is kinda changing.” Dawn goes on to say that over time, the violence got progressively worse.

(P5) highlights this same theme; she also experienced significant anxiety, including anticipatory anxiety, stating that his behaviour was unpredictable. In relation to anticipatory anxiety, she recounts that she would hyperventilate as soon as she heard him coming down the path and putting the key in the door. She experienced a bodily reaction in that she would become tense and find it hard to breathe.

Fear (anxiety) of/wishing that non-alcoholic parent not escalate the situation: ‘I wish that my mother wouldn't say anything, answering back because it might just prevent things escalating’.

#### Escaping from the alcoholic behaviours

She states that if she got a chance that she would scarp to her room - Escaping away from the alcoholic and his behaviours – Escaping from the family home, and the problem drinker was a major concern for all participants; a legitimate out if you will this is typical of C, A, K, D?, G, M, J, Sonia

This ‘escaping’ is reminiscent of how participants behaved when at an age to do so, mainly through work C, A, (work for K? D?), M, J,

A and G had to work to earn money to help support their family of origin

Control exerted by dad – Siblings struggled to participate in normal age-appropriate things. ‘My father always objected; he’d try to bargain with them, you have to do this in order to be allowed out’ - older siblings would be trying to go out and do their own thing, you know, maybe the local dance or someone might want to go to the pictures or something like that.

The street angel, house devil/Jackal and Hyde: Marked behaviour change: Dad was seen by others differently outside of the family home; in this context, he was seen as upstanding in the community, e.g., involved in the church. There was a behaviour change indoors. I am struck by the duplicitous nature of the alcoholic behaviour

What is seen on the outside is not congruent to what was happening behind closed doors - House devil revealed as harmful, be it aggression, anger and physical violence; I am struck at how at logger heads this is to his outward persona in the community

Her dad functioned well in some areas of his life; this holds true for some other participants – C, A (by times, but eventually died from alcoholism), K, M. This does not hold true for D, as a mum on a steady decline, G’s dad steady decline until he died. Sarah declined until he died. J’s mum did not find recovery as far as I can ascertain.

Later Sonia, her dad declining/dying.

Going back to previous memos and coding, The Jackal and Hyde personas is prevalent in the context of this behavioural change for all participants, leaving them all in a state of anxiety and stress (for Colm (P1) – he was walking on eggshells, there was an unpredictability – one side was a lovely woman, the other scary).

Was there a sense of hiding secrets behind the front door

[Noticing that non-drinker (mum) is significant in providing some stability for K? D? G, M, J (dad), S (mum)

Not true for A, uncertain about C – I will go back and check this out

Does having one parental figure help reduce problems in living for others – again, go back and check this out]

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