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Identifying Protective Factors for Adult Children of Alcoholics

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Identifying Protective Factors for Adult Children of Alcoholics

By

Jessica S. Goeke, B.S.

MSW Clinical Research Paper

Presented to the faculty of the
School of Social work
St. Catherine University and the University of St. Thomas
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In Partial Fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University – University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the University Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

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Abstract

This study utilized the concepts of resiliency, a strengths perspective, and an ecological perspective to explore the experiences of ACOAs and to guide the research in looking for what ACOAs say have served as protective factors for them on their journeys from childhood into adulthood. As revealed from the interviews and the literature, it is clear that ACOAs are a unique population who carry with them a lot of experiences, emotions, and complexities to their personality. However, it is also true that not all of these emotions or experiences were negative, and not all ACOAs are “doomed”. In this study, eight self-identified ACOAs were interviewed and their responses were transcribed, analyzed, and sorted into themes. The biggest themes in regards to protective factors that arose from the data included having distractions or activities outside of the home; having trusted people to talk to about what they were experiencing (either professionals or mutual self-help groups); education about alcoholism; the alcoholic parent getting treatment; and having hope, positivity, and resilience. The most unique finding was that having close sibling relationships served as a significant protective factor for all of the participants. Discovering what has served as “buffers” or protective factors for ACOAs can allow for more informed and effective prevention and intervention strategies for this population and increase successful adaptation and functioning in adulthood.

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Introduction

For children who grow up in an alcoholic home, the effects can be severe and the impact can last long into adulthood. There is a large amount of research and literature that highlights the effects of alcoholism on the family and speaks to the varying developmental, psychological, and interpersonal effects that may result (Hall & Webster, 2007b; Dayton, 2012, 2013; Huckabay, 2014; Amodeo, Griffin, & Paris, 2011; Jiji & Rakesh, 2012). There is also a growing amount of literature that demonstrates it is possible for children of alcoholics (COAs) and Adult Children of Alcoholics (ACOAs) to limit some of these effects and move into adulthood as well-adjusted and successful adults (Werner, 1986; Rubin-Salzberger, 2006; Miller, 2015; Dayton, 2009). Tian Dayton, a nationally renowned psychologist, speaker, and consultant in trauma and addiction, says that:

[COAs/ACOAs] can become purposeful, strong, and resolute adults who are great at toughing it out and being creative, clever risk-takers. Because they've developed unique strengths while meeting the challenges of their childhoods, ACOAs can often go on to become independent and resourceful adults. (Dayton, 2012, p.15)

This can be a result of protective factors in their lives and environment, as well as internal qualities within themselves that allow them to be resilient amidst adversity.

Definitions

The following are definitions of terms frequently used in this study, as defined by the researcher and others in the field.

Children of alcoholics (COA). Children who are growing up in a home where at least one parent or caregiver is an alcoholic.

Adult child(ren) of alcoholics (ACOA). An adult who grew up in a home in which one or both parents or caregivers was, or is, an alcoholic.

Alcoholic. An individual who has difficulty controlling the amount they drink, is preoccupied with alcohol, and continues to drink, even when there are consequences or it causes them problems. An alcoholic often develops a tolerance for alcohol, gradually needs more to get the desired effect, and may experience withdrawal symptoms upon abstaining (American Psychiatric Association, 2013).

Resiliency. The capacity to effectively negotiate, adapt to, or manage significant stress or trauma and the disposition and capacity to optimistically “recover” from stressful and adverse life events (Windle, 2011; Park & Schepp, 2014; Rubin-Salzberger, 2006; Fondren, 1993).

Protective factors. Conditions or factors within the individual, their family, and their community or environment, which mitigate or eliminate the negative impact of risk factors (Park & Schepp, 2014; Rubin-Salzberger, 2006; National Research Council and Institute of Medicine, 2009).

Prevalence

According to the Substance Abuse and Mental Health Services Administration (2014), 16.3 million adults in the United States had an Alcohol Use Disorder (AUD) in 2014. Approximately 43% of, or 76 million, adults in the United States have been exposed to alcoholism in their family or in a close relative (Alcoholism Statistics, 2013) and research shows that one in four children in the United States are exposed to alcoholism or alcohol abuse in the home (Grant, 2000). The number of family members, loved ones, and children affected is enormous and the impacts can be serious.

The Impact

Alcoholism is considered a “family disease” as it affects everyone involved. The home environment often becomes unsafe, unpredictable, and confusing. The family must figure out how to live, survive, and function within the framework of addiction. Furthermore, they must determine how they will respond to the alcoholic’s behavior and the consequences of those actions. Navigating this experience is extremely challenging and while some manage to move through it relatively unscathed, others experience harmful effects. Many COAs and ACOAs struggle with symptoms of depression, anxiety, post traumatic stress disorder (PTSD), attachment difficulties, lack of effective coping skills, unresolved grief, low self-esteem or self-worth, relationship struggles, and difficulty with self-regulation (Dayton, 2009; Jiji & Rakesh, 2012; Park & Schepp, 2014; Klostermann et al., 2011; Lease, 2002). The risk of COAs being neglected or abused is three times that of the general population. In addition, it has been found that alcohol is a factor in approximately 85% of child abuse cases reported to state agencies (Child Welfare League of America, 2001; Dayton, 2012; The National Center on Addiction and Substance Abuse, 1999; Health Research Funding, 2014). Finally, COAs are four times more likely to develop their own struggles with addiction (Grant, 2000).

Research also demonstrates that COAs and ACOAs are more likely to struggle with physical health symptoms than non-COAs or non-ACOAs. Studies have shown that COAs experience a higher number of inpatient hospitalizations (24% greater than non-COAs), longer lengths of stay (29% greater than non-COAs), higher total health care costs (34% greater than non-COAs) and increased susceptibility to illnesses and injuries (Woodside, Coughy, & Cohen, 1993; Health Research Funding, 2014; Children of Alcoholics Foundation, 1990). One study of adolescents with alcoholic parents showed that those whose parent(s)’ alcoholism was

considered “severe”, experienced more medical conditions, physical symptoms, and negative moods, than adolescents whose parent(s)’ alcoholism was considered “low-to-moderate severity” (Gance-Cleveland, Mays, & Steffen, 2008). Finally, research has shown that ACOAs are at an increased risk for hypertension, diabetes, impaired sleep cycles or insomnia, generalized fatigue or delirium, gastrointestinal diseases, cirrhosis, cancer, hemorrhages, heart problems, headaches, and high blood pressure (Finney & Moos, 1992; Resnick et al., 2003; Johnson, Sher, & Rolf, 1991).

Costs to Society

ACOAs who do not receive support early on or have struggled to transition successfully into adulthood, may also place increased burdens on state and local governments. This can include increased costs for health care, mental health services, child welfare, education, adult and juvenile criminal justice services, and lost economic opportunity (U.S. Department of Health and Human Services, SAMHSA, 2004; U.S. Department of Health and Human Services, Office of the Surgeon General, 2016). An article by Hall and Webster (2007b) reported that roughly 50% of ACOAs receive state-funded case management services. In addition, Ackerman (1983) described COAs as being disproportionately represented in juvenile courts, family courts, and spouse and child abuse cases. Finally, the total healthcare costs for COAs is approximately 34% greater than children without alcoholic parents (Health Research Funding, 2014; The American Academy of Experts in Traumatic Stress, 2014).

Relevance to Social Workers

Considering the prevalence of substance use disorders and the number of children who are growing up in alcoholic homes, the emotional and psychological effects of the experience, and the role substance abuse plays in the number of child protection cases, social workers will

likely encounter the issue of substance abuse in families and encounter a number of COAs and ACOAs in their work. For social workers who work with this population specifically, or work with the surrounding systems (child welfare, chemical dependency treatment, school social work, etc.), it will be beneficial to have a greater understanding of the resiliency and protective factors for COAs and ACOAs.

In addition to the fact that the social work profession is likely to encounter this population, social work is uniquely fit to understand and help support this group. One of the main characteristics or essentials to social work practice includes a consideration of “person-in-environment” (Dorfman, 1988). The “person-in-environment” perspective seeks to understand the person in the larger context of his or her environment and the ways the environment impacts the individual, or how an individual can impact his or her environment. Since alcoholism is a family disease in which everyone is impacted and impacts others in some way, it takes a professional with the perspective, knowledge, and skillset to address the complicated family dynamics on a variety of levels. Finally, gaining a better understanding of the resiliency and protective factors for COAs and ACOAS will likely help social workers to develop more effective prevention and intervention strategies.

Purpose of This Study

To gain a better understanding of resiliency and protective factors for ACOAs, it seems most appropriate to talk to ACOAs themselves. In this study, eight ACOAs were interviewed with the following research question in mind: What do ACOAs say are the protective factors that have supported them on their journeys from childhood into adulthood?

Literature Review

It was not until the late 1970s and early 1980s that the individuals who grew up in alcoholic homes and experienced all of the repercussions of living in a chaotic, unstable, and at times, unsafe environment, were given a name and an explanation for their emotions, their hypervigilance, and the scars they had carried with them into adulthood. This term that was adopted was “Adult Children of Alcoholics (ACOAs)”. Research on this population grew rapidly during the 1980s and 1990s, however most of the research focused on the ways in which ACOAs were negatively impacted and the psychological and emotional issues that resulted from growing up in an alcoholic home, leading to a pathological view of ACOAs. More recently there has been acknowledgment of the fact that not all ACOAs experience mental illness or serious detrimental effects from growing up in an alcoholic home and that, in fact, some ACOAs are quite resilient and emotionally healthy.

This literature review will provide a brief history of alcoholism and the ACOA movement, describe what growing up in an alcoholic home can be like, and the harmful ways that it can affect children and adults if not addressed. It will also explore and articulate the fact that not all ACOAs experience psychological, emotional, and interpersonal difficulties and that there are resiliency and protective factors that have been shown to support ACOAs in moving into adulthood as well-adjusted and successful adults.

Brief History and Explanation of Alcoholism

Research on alcoholism dates back many years, but the biggest single movement to impact individuals who struggle with alcohol abuse and dependence was the founding of Alcoholics Anonymous (AA), a mutual-aid, 12-step program that shifted how society viewed alcoholics and introduced a new type of support to this population (White, 1991). The disease

model of addiction, which is supported by the Surgeon General (U.S. Department of Health and Human Services, Office of the Surgeon General, 2016), was developed around this same time, in 1939. The disease model of addiction asserts that alcoholism is more than just a desire to drink. The brain and the body of an alcoholic respond differently to alcohol and instead of being able to stop after one drink, an individual in the throes of addiction has an unexplainable urge to continue, despite an awareness (sometimes subconsciously) that they have gone too far or that there may be serious consequences to their actions (White, 1991). There is something different that happens for individuals who have the disease of addiction, namely, a loss of control. This understanding of addiction provides insight into the difficulties that people struggling with alcoholism face to actually quit drinking, and serves to help others understand that alcoholism is a disease, not a choice or a moral failing. However, it is also critical to understand the major consequences and impacts of alcoholism.

Brief History of the ACOA Movement

The late 1970s to early 1980s marked a significant shift in which children of alcoholics, a group that had previously been somewhat invisible, finally became recognized. In the 1950's Al-Anon, a 12-step mutual-aid group was established with the intent to support the friends and family members of alcoholics, but initially focused primarily on spouses. However, it was not until the work of Claudia Black and Sharon Wegsheider-Cruse who “graphically depicted the psychological and developmental consequences of parental alcoholism on children, and catalogued how these consequences continued to affect children of alcoholics in their adult lives” (White, 1991, p.295), that individuals who grew up in alcoholic homes were more clearly understood and supported. For the first time, COAs and ACOAs were seen, not simply as

sources of support for the alcoholic, but as individuals deeply impacted by the experience and likely in need of their own support.

Claudia Black and Sharon Wegsheider-Cruse's formative work with children impacted by substance abuse created the foundation for the ACOA movement. Their work in addiction and family systems brought light to the idea that when one (or more) individuals within a family system are struggling with addiction, or when there is chaos and chronic stress in the home, the rest of the system is impacted in a multitude of ways. Tian Dayton says that "naming and defining the ACOA syndrome also gave [ACOAs a way to understand themselves]" (Dayton, 2012, p.17). Many ACOAs found that they had several characteristics in common as a result of growing up in an alcoholic household and that the issues they dealt with were different than the spouses or partners of alcoholics. As a result, in 1978, a group of ACOAs split off from their Al-Anon group and formed what is now one of the most influential supports to ACOAs, called the Adult Children of Alcoholics (ACA) program. This program uses the AA and Al-Anon format, but the meeting topics are different and their 12 steps and traditions were modified to fit the group (Adult Children of Alcoholics, World Service Organization, n.d. [a]). The ACA program offers ACOAs who had previously been silent or even unaware of how they were being affected in their everyday life – a space to connect with others who might understand (Dayton, 2012). The ACA program and its members believe:

Healing begins when we risk moving out of isolation. Feelings and buried memories will return. By gradually releasing the burden of unexpressed grief, we slowly move out of the past. We learn to re-parent ourselves with gentleness, humor, love and respect. (Adult Children of Alcoholics, World Service Organization, n.d. [b], para 2).

For many, the ACOA movement and the ACA program offers hope, as well as empowers ACOAs to change how they respond, behave, and live as adults.

Since then, numerous articles, books, conferences, and education curriculum have played crucial roles in further understanding this population. Organizations such as the National Association of Children of Alcoholics (founded in 1983) and the Center on Addiction and the Family (formerly known as the Children of Alcoholics Foundation) have led the way in defining the term and raising awareness about ACOAs.

Growing Up in an Alcoholic Home

Growing up in an alcoholic home can be extremely challenging and often times a scary and painful experience. The behaviors of an alcoholic can often be unpredictable and out of control, and can cause family members to feel helpless, angry, and as if their life is being turned upside down and inside out (Dayton, 2010). The entire family becomes absorbed by a problem that is slowly spinning out of control. Tian Dayton (2012) gives a powerful description of what it can be like to grow up in an alcoholic home:

Visit the living room of the average family that is ‘living with’ – or should I say ‘living in’ – addiction, and you are likely to find a family that is clinging to its own emotional edges, one that’s functioning in emotional, psychological, and behavioral extremes. A family in which small things that might otherwise be solved smoothly become bigger than necessary or blow up and turn into minor catastrophes, while outrageous, self-destructive, or even abusive behavior may go entirely ignored and unaddressed. Where feelings can get very big, very fast, or literally disappear into nowhere with equal velocity. There can be a low hum of apprehension surrounding even the smallest decisions, while major life decisions are barely focused on. A family where what doesn’t

matter can get a lot of emphasis while what does matter can get swept under the rug, shelved, circumvented, or downright denied. A family, in short, that doesn't know what 'normal' is. (Dayton, 2012, p. 30-31)

Many children growing up in an alcoholic home feel powerless and stuck in a world that does not make sense. They learn that you cannot always trust the ones you love, and that even though sometimes they are present, the support is not always reliable. In many ways, the person they are supposed to be able to turn to for support and comfort, are the ones causing the fear or pain. This sends a very confusing message, as COAs then learn to avoid the person they love.

Inconsistency and unpredictability. Inconsistency and unpredictability are major themes in an alcoholic home. Many COAs will experience poor family communication, poor role modeling, and a lack of clearly defined and appropriate roles. The emotions of the alcoholic and their emotional availability are often unpredictable and unreliable, as is discipline within the home. For example, "what is appropriate or acceptable one day, and at one time, may be totally unacceptable later when the circumstances are almost identical. There is no predictability, and as a result, there is limited safety" (Hall & Webster, 2007b, p.500; Ross & Hill, 2001).

Negative impacts. Things such as high levels of conflict, lack of routine and order, lack of modeling healthy coping skills, poor parenting or none at all, lack of supervision and involvement, parentification of the child(ren), financial stress, emotional or physical separation, abuse (emotional, physical, sexual, or neglect), sneaky behavior or lying by the alcoholic and the children, have all been identified in the literature as part of the experiences of growing up in an alcoholic home (Dayton, 2012, 2016; Stanger, Dumenci, Kamon, & Burstein, 2004; Haverfield, 2015). Research has also shown that children who grow up in alcoholic homes often experience an array of struggles including: depression; anxiety; defiance; aggression; rule-breaking; school

difficulties such as absenteeism, tardiness, and poor performance; recurrent episodes of trauma or injuries; somatic complaints; hyperactivity or Attention Deficit Hyperactivity Disorder (ADHD); and low self-esteem (Wiechelt, n.d.; Haverfield, 2015).

The Family System

When there is a parent or parents that are struggling with addiction, everyone in the family feels the impact and everyone is affected. Many experts describe alcoholism as a family disease because as family systems theory and an ecosystems perspective suggests, each family member has an important role in the operation of the system, and interactions and experiences are constantly being influenced by the behavior and presence of every other person within the system (Haverfield, 2015; Huckabay, 2014; Miller, 2015; Dayton, 2013; Broderick, 1993). Oftentimes members of the family will subconsciously take on different roles to fit into and maintain the family system, even though it is dysfunctional. Claudia Black and Sharon Wegscheider-Cruse, experts in co-dependency, addiction, and family systems, were some of the first professionals to adapt Virginia Satir's work on family roles to fit the addictive family. They labeled these different characteristics and roles the family members often take on as: the "Hero", the "Scapegoat", the "Enabler", the "Lost Child", and the "Mascot" (Black, 1981; Dothi, 2009; Delmonico, 1997; Dayton, 2009).

The hero. The Hero is often the high achiever who takes the focus off of the alcoholic and is seen almost as a trophy for the family. When the Hero is achieving, the rest of the family looks good. A common belief of the Hero is that if they are "good enough" then the alcoholic will stop using. The achievement, however, is often all they are given attention for, leaving the person in this role with feelings of resentment and/or inadequacy, and alone to deal with their pain.

The scapegoat. The Scapegoat acts out or is labeled as the “trouble-maker” of the family, to take the focus off of the alcoholic. When the Scapegoat is breaking rules or getting into trouble, the family gets to ignore the alcoholic. Often times all ills of the family, even if they are not the Scapegoat’s fault, get assigned to this person.

The enabler. The Enabler’s role is to keep up appearances to the outside world and to solve problems as they arise in the home, in order to protect the alcoholic from the consequences of their addiction. The Enabler is the quintessential caretaker. Their goal is to reduce conflict and to maintain control over a difficult situation, but they often lose themselves and their identity in these pursuits.

The lost child. The Lost Child often gets left behind or left out, but this is essentially the point of their role. The Lost Child provides relief to the family and their role is reinforced because they do not place any added demands on the family. The Lost Child often struggles with communication and interpersonal skills and feels inadequate in relationships.

The mascot. The Mascot uses humor to lighten the mood and attempts to distract the family from tense, unpredictable, and frightening situations. The Mascot is often known as the “class clown”, but the humor actually serves to cover up hidden pain, difficult emotions, and the reality of the family’s situation.

Black and Wegscheider-Cruse believe that these roles can vary over time and family members can shift into different roles, depending on the changing environment and family needs (Rubin-Salzberger, 2006; Black, 1981). In addition, these roles may overlap and one child may take on more than one role. The “catch 22” of these roles is that they serve a purpose at the time and in some ways do seem to maintain an equilibrium; however, it is not a healthy system to maintain, as each role has its simultaneous set of consequences.

Family rules and responsibility. In addition, Hall and Webster (2007b) along with many other researchers, have identified an intricate set of “rules” that get established within an alcoholic family that are meant to keep the equilibrium of the dysfunctional family system or to hide or eliminate problems. These rules include: do not talk about the family problems; do not express feelings openly; limit communications; nothing is ever good enough, but you are still expected to strive for perfection; you have to work for the benefit of others and you cannot be selfish; ‘do what I say, not as I do’; play is not something you do; and whatever else, avoid conflict (Hall and Webster, 2007b; Ruben, 2001; Dayton, 2012, 2013).

Hall and Webster (2007b) and Dayton (2016) explain that responsibility becomes a central issue in an alcoholic home and many of the “rules” established have to do with responsibility and maintenance. The parent has the problem, yet the blame for drinking or other things going wrong is often attributed to others or outside situations. Responsibility gets tossed around from person to person in an alcoholic home, but usually it is the child(ren) who begin to take on the roles of the adult and are expected to care for the parent and follow the “rules” in order to ensure that equilibrium is maintained. Children who grow up in alcoholic homes face the confusing reality that they are small and have little influence or power, but at the same, are expected to take on the roles and responsibilities that the alcoholic parent has dropped (Kelley et al., 2007; Hall and Webster, 2007b, Dayton, 2012).

Kids learn to maneuver 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. (Dayton, 2012, p. 43)

While the roles and skills many COAs develop are functional and adaptive in the moment, and are practical for survival in a confusing and unstable family system, they also prevent COAs from receiving help and coping with the dysfunction in the long term. As these children grow into adults, the skills that were once adaptive and necessary become the very patterns that cause them difficulties in adulthood.

If Symptoms and Experiences Go Unaddressed

When the negative impacts of growing up in an alcoholic home go untreated or unaddressed in COAs, it can lead to a host of difficulties as they move into adulthood. For example, research has shown that when a child grows up in the kind of environment previously described, and when they experience repeated and cumulative chronic stress and trauma, the impacts can carry over into adulthood. Over the years, research has shown that “prolonged exposure to stress can impact the development of the brain and impair functioning” (Huckabay, 2014, p.19; Cloitre et al., 2009; Anda et al., 2002; Horwitz, Widom, McLaughlin, & White, 2001). When a child has to focus on interpreting their parent(s)’ behaviors, maintaining status quo and living in “survival mode”, normal development gets put on hold. This repeated stress or trauma can affect the development of emotion regulation skills and can result in experiencing a complex set of symptoms into adulthood. See Table 1 for the most common themes identified in the research on the difficulties and struggles ACOAs may experience, at least partially, as a result of growing up in an alcoholic home.

Table 1

Most Commonly Cited Negative Impacts on ACOAs

Personality Characteristics	Psychological Impacts
<ul style="list-style-type: none"> • Perfectionism/unrealistic expectations of themselves • Low self-esteem and self-worth • Difficulty having fun • Hyper-reactive • Easily triggered • Loss of trust in others or being loyal to a fault • Isolating/feelings of loneliness • Difficulty with control (either over-control or lack of control) • Difficulty understanding what “normal” is • Constant need for approval • Intense fear of abandonment • Taking themselves too seriously • Putting others’ needs before their own • Decreased ability to receive care and support from others 	<ul style="list-style-type: none"> • Emotional dysregulation • Hypervigilance and anxiety • Emotional constriction/numbing/dissociation • Unresolved grief • Learned helplessness (external locus of control) • Somatic disturbances • Post Traumatic Stress Disorder (PTSD) • Self-medication (with alcohol, drugs, food, sex, gambling, etc.) • Struggles with intimacy • Depression • Distorted/inflexible thinking • Higher levels of stress • Increased anger and irritability • Avoidance of past memories, negative thoughts, or emotions • Insecure attachment • Strained social relationships • Use of maladaptive coping skills • Risk-taking

Note: the above information was compiled from Lease, 2002; Klostermann et al., 2011; Huckabay, 2014; Hall & Webster, 2002, 2007b; Larimer & Cronce, 2007; Dayton, 2009, 2011; Jiji & Rakesh, 2012; Haverfield, 2015, Kelley et al., 2007; Rangarajan, 2008

Alternative Views of ACOAs

It is important to note that while there does appear to be a pattern of risk and vulnerability among ACOAs to experience psychological, social and interpersonal struggles, not all ACOAs exhibit or experience difficulties or dysfunction (Jiji & Rakesh, 2012; Hall & Webster, 2002, 2007a; Wolin & Wolin, 1993). In fact, there are a number of researchers who challenge the view of ACOAs as a population who all experience negative symptoms and outcomes.

Shortly after the term “Adult Children of Alcoholics” was established, research grew rapidly and ACOAs began to be labeled as a population with distinct and consistent characteristics and personality traits who experience detrimental effects as a result of growing up in an alcoholic home (Woititz, 1983). In 1983, Janet Woititz wrote a book in which she identified 13 personality characteristics that she believed were universal to ACOAs. In their article, Seefeldt and Lyon (1994) state that Woititz viewed the population as a rather homogenous group who all had problems and needed treatment. Instead, Seefeldt and Lyon, among other clinicians, argue that first, the characteristics that Woititz named were not based on empirical evidence, and secondly, that their own research yielded different results. Seefeldt and Lyon, along with many other researchers, have found ACOAs to be a heterogeneous group who “defy simple categorization” and whose experiences and outcomes can vary (Seefeldt & Lyon, 1994; Bernard & Spoentgen, 1986; Clair & Genest, 1987).

Relevant studies. In his study on ACOA personality traits, Krizich (2008) noted that the previously mentioned symptoms and traits can be generalized outside of the ACOA population and can often be seen among individuals from dysfunctional family systems where alcohol is not the main problem. A study by Fisher, Jenkins, Harrison, and Jesch (1993) compared personality measures among 174 adults over the age of 22. The sample included one group of ACOAs (56%), one group of adults who reported dysfunctional family histories excluding alcoholism (21%), and one group of adults who reported no family dysfunction growing up (23%). They found that although the ACOA group differed somewhat from the adults with no history of family dysfunction, ACOAs were relatively similar to the dysfunctional family history group. This suggests that while there does appear to be some difference between individuals who experience family dysfunction or chronic stress growing up, and those that do not, the

experiences and symptoms that have been identified for ACOAs are similar to others who come from dysfunctional homes where alcoholism is not present (Fisher, Jenkins, Harrison, & Jesch, 1993; Fineran, Laux, Seymour, & Thomas, 2010).

Another study of 139 participants, ages 17-44, compared ACOAs, individuals who reported at least one traumatic event, but no parental alcoholism (named the “Traumatic Experiences” group), and a control group, on a number of measures relating to trauma symptomology, resiliency, stress, and depression. The researchers found that while ACOAs did have higher scores in general traumatic symptomology, depression, perceived stress, and lower scores on initiative and coping measures, there was not a significant difference between the ACOA group and the “Traumatic Experiences” group (Hall & Webster, 2002).

Finally, in a review of 46 studies on parental alcoholism and psychopathology in COAs, West and Prinz (1987) concluded that while differences existed between COAs and non-COAs, the degree of difference was minimal and much overlap was present. This again, challenges the idea held by some researchers and literature that there is a specific set of symptoms and traits unique to COAs and ACOAs, and that instead, these traits may be present among anyone who experiences family dysfunction.

Pathologized and overestimated. In addition to the differing and controversial results in studies of ACOAs, researchers have also claimed that there are many methodological flaws in the design or sample populations of many studies on ACOAs. A number of researchers and clinicians believe that the risk and pathology for this group may be overestimated (Schmidt, 1995; West & Prinz, 1987; Heller, Sher, & Benson, 1982; Burk & Sher, 1988, Miller, 2015). Heller, Sher, and Benson (1982) argue four different reasons why there may be over-pathologizing in the ACOA population.

First, many studies include participants that are drawn from clinical populations, such as ACOAs whose parents are in treatment or ACOAs who are in treatment themselves. The fact that these participants are being drawn from treatment and clinical settings indicates a greater likelihood that the problems they are experiencing are more serious and resulting in more stress. Results might be different among non-treatment ACOA participants.

Secondly, other serious and complex problems are often concomitant with alcoholism in the family, such as mental health issues, poverty, family conflict, unemployment, or divorce. When the participants in a study are dealing with one or more of these factors, it is hard to distinguish whether it is the experience of alcoholism in the home or these added factors that have caused the struggles or “pathology” that has been observed.

Thirdly, until recently, healthy, well-adjusted ACOAs have been overlooked because research is often focused on the “damage model”, which contends that “adversity damages people sooner or later, and that children or [adults] from troubled families are doomed” (Rubin-Salzberger, 2006, p. 38). As a result, pathology may be emphasized instead of the protective factors or healthy adjustment.

Finally, they argue that participants are often studied as children or as college-age individuals and that these are both stages of life when people are likely in transition and shifting into new developmental stages, which could impact results and explain for increased vulnerability or symptomology.

As previously stated, we cannot ignore the large amount of research that indicates ACOAs may experience negative impacts as a result of growing up in an alcoholic home. However, we must also pay attention to the fact that not all ACOAs are impacted in the same ways or to the same degree. It is not that some individuals in these situations go unscathed, as it

is not likely to grow up in an alcoholic family and not have some challenges (interpersonally, psychologically, socially, or practically). Rather, it seems that some individuals may be able to handle stress more adaptively, have other “buffers” or factors in their life that may lessen the negative effects, and possess or develop the capacity to thrive in spite of their adversity. The next section will explore these factors and characteristics.

Resiliency and Protective Factors

Schmidt (1995) wisely stated that “membership in an at-risk groups does not necessarily guarantee poor outcomes” (pg. 6). In fact, research suggests that a number of things can affect outcomes and impact the trajectory of our lives and the ways we experience and deal with adversity. “Some researchers have found that ACOAs have been shown to exhibit traits and behaviors that warrant them to be a resilient population and possibly thriving compared to their non-ACOA peers” (Miller, 2015, p.11; Holstein, 2006). Rubin-Salzberger (2006) asserts that

Reframing people’s abilities to overcome difficulties as proof of their strength, intelligence, insight, creativity, and tenacity is far more productive [than focusing on their struggles and vulnerabilities]. Such reframing not only serves to help practitioners and educators to become more compassionate and effective, but it helps [individuals] to view themselves as gaining mastery over their own struggles. (Rubin-Salzberger, 2006, p.40; Rockwell, 1998; Higgins, 1994)

Two concepts that often are spoken of in regards to overcoming adversity and “buffering” against negative or difficult experiences are *Resilience* and *Protective Factors*.

Resilience can be understood as the capacity to effectively negotiate, adapt to, or manage significant sources of stress or trauma and the disposition and capacity to optimistically “recover” from stressful and adverse life events (Windle, 2011; Park & Schepp, 2015; Rubin-

Salzberger, 2006, Fondren, 1993). *Protective factors* can be understood as, the conditions or factors within the individual, their family, and their community or environment, which mitigate or eliminate the negative impact of risk factors (Park & Schepp, 2014; Rubin-Salzberger, 2006; National Research Council and Institute of Medicine, 2009). Research on protective factors and resiliency is vital in order to not only begin to shift the habitual view of pathology in at-risk populations, but also to focus on prevention and interventions that are based on the individual’s strengths, not their weaknesses. Three hundred and thirty-three voluntary participants, that self-identified as ACOAs in an online survey, identified some of these strengths and positive qualities. The participants named qualities such as: self-reliance, sensitivity, humor, problem solving skills, inner strength, “can-do” attitude, people skills, creativity, humility, and willingness to change (Dayton, 2012).

As this current study is interested in learning what ACOAs identify as the protective factors that have supported them on their journeys from childhood into adulthood, data and information from a number of studies on resiliency and protective factors in ACOAs was collected to get a better idea of what has already been identified. Table 2 shows the most commonly cited protective factors identified within ACOAs, their families, and their communities.

Table 2

Most Commonly Cited Protective Factors For COAs and ACOAs

Within the individual	Within the family	Within the community
<ul style="list-style-type: none"> • Sense of self worth • Internal Locus of control • Ability to access and use active versus avoidant coping skills • Morality/sense of common 	<ul style="list-style-type: none"> • Healthy attachment with an adult or caregiver • Nurturance and positive attention • Emotional boundaries • Limited exposure to family 	<ul style="list-style-type: none"> • Positive role model (teacher, extended family member, mentors, co-workers, members of church/spirituality groups, friends, family friends, etc.)

<ul style="list-style-type: none"> • good and helping others • Good communication skills • Ability to form and maintain healthy relationships • Faith/religion/spirituality • Education beyond high school • Ability to see parent(s)' addiction as separate from themselves • Self-control • Tolerance of individual differences 	<p>conflict</p> <ul style="list-style-type: none"> • Adequate family income • No prolonged separation from family/caregivers • Supportive siblings • Family traditions, routines, and rituals • Encouragement to experience and express emotions and a safe place to do so 	<ul style="list-style-type: none"> • Formal support (counseling, psychiatric care, social services) • Encouragement at school • Involvement in extracurricular activities • Access to advanced education • Religion/community of faith • Alternative living arrangements • Opportunities that change life trajectory (new job, new school, internships, scholarships, etc.) • Informal support/mutual-help groups such as AA, Al-anon, Alateen, ACA • Access to treatment for the alcoholic parent and the ACOA
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Note: the above information was compiled from Miller, 2015; Tobler, et al., 2000; Schmidt, 1995; Rubin-Salzberger, 2006; Wolin & Wolin, 1993; Palmer, 1997; Bernard, 1992; Dayton, 2012; Hall & Webster, 2007a, 2007b; Werner, 1986; Werner & Smith, 1989, 1992, 2001; Werner & Johnson, 2004

Many of the factors included in this table originally came from a study conducted by Werner (1986). This study is one of very few longitudinal studies which followed COAs and ACOAs from infancy to adulthood, and one of the most influential in understanding what contributes to successful coping and successful outcomes of individuals who grow up in alcoholic homes. Forty-nine children from the island of Kauai, Hawaii, who had one or both parents who were identified as having serious problems related to alcohol misuse during the subject's childhood, and experienced financial, health, legal, psychological, or social problems due to their alcohol misuse, were followed at ages 1, 2, 10, 18, 32, and 40. The study focused on "child characteristics and on the qualities of the caregiving environment that differentiated between offspring of alcoholics who did, and those who did not, develop serious coping

problems by age 18” (Werner, 1986, p. 34). It also looked at what factors supported continuous success or contributed to continued struggles into adulthood. Many of the factors discovered as protective factors in the Kauai Longitudinal Study were then supported and corroborated in several subsequent studies.

Some of the most significant and widespread findings within the Kauai study and other research on protective factors and resiliency in COAs and ACOAs include: the dispositions and competencies of the COA/ACOA; social support; the establishment of a close bond or relationship with at least one competent, emotionally stable adult; an internal locus of control; and the condition or quality of the caregiving environment. Each of these factors seem to play major roles in developing resiliency and successful coping as an adult, and are perhaps the strongest protective factors identified in the literature for COAs and ACOAs (Werner, 1986; Werner & Johnson, 2004; Regional Research Institute for Human Services, Portland State University, 2005; Miller, 2015; Rubin-Salzberger, 2006; Masten & Coatsworth, 1998).

Werner and Johnson reflected on their studies, as well as other literature, and have suggested that it is the “buffers” or protective factors that “make a more profound impact on the life course of children who grow up under adverse conditions than specified ‘risk factors’ or stressful life events” (2004, p.715). Therefore, it is not solely the risk factor of parental alcoholism or stressful life events that contribute to outcomes, but the balance of these risk factors and protective factors (Werner, 1986).

Summary

COAs and ACOAs are a population that, while vulnerable and at risk for a host of psychological, behavioral, and interpersonal struggles, can also be extremely resilient. As this review has explored, growing up in an alcoholic home can be unpredictable, inconsistent, scary,

and painful. When the emotions, experiences, internalized messages or beliefs, and struggles of COAs are not addressed, it can lead to greater difficulties in adulthood. For many ACOAs, this is an unconscious process. It may not be until they start experiencing difficulties in developing close, meaningful relationships; difficulties in regulating their emotions and the demands of adulthood; or until they get hijacked and triggered into old memories or feelings, that they begin to look at and address these issues. In contrast, there is also evidence that resiliency and protective factors can mitigate the impact of the negative experiences.

Knowing the biggest struggles of growing up in an alcoholic home and knowing what can be helpful to reducing the impact on COAs and ACOAs will allow providers, families, and community members the chance to limit the exposure to the risk factors and associated problems. It will also allow providers, family members, and community members to intervene sooner and develop interventions that aim to strengthen and increase the protective factors and resiliency within individuals exposed to alcoholic parents. This study seeks to enhance and contribute to the existing knowledge on resiliency and protective factors among COAs and ACOAs by interviewing self-identified ACOAs.

Conceptual Framework

This study utilized a number of concepts or parts of different frameworks to help focus the design of the study and the overall direction of the research. The concepts of a *Strengths Perspective*, *Resiliency*, and an *Ecological Perspective* each contribute a lens through which this researcher has conceptualized this study and the design. The concepts and perspectives also supported the researcher in developing the interview questions.

Strengths Perspective and Resiliency

According to Hammond (2010) the heart of the *Strengths Perspective* is “an absolute belief that every person has potential and it is their unique strengths and capabilities that will determine their evolving story as well as define who they are - not their limitations” (p.5). Rather than focusing on problems, labeling, and pathologizing, the *Strengths Perspective* highlights what is going well; the valuable and positive traits or characteristics within the individual such as good self-esteem, appropriate use of social support, or an optimistic outlook; and the potential and capacity of individuals to impact their own transformation and success (Hammond, 2010; Miller, 2015). A similar concept that is often associated with a *Strengths Perspective* is the concept of *Resiliency*. *Resiliency* can be understood as the capacity to rise above adversity; to be hurt or to struggle, but also continue to stay engaged with life and to rebound from the negative experiences and thrive in spite of the odds (Wolin & Wolin, 1993; Dayton, 2009). A realistic sense of hope and personal control, a strong sense of self-efficacy, personal identity, a goal-driven attitude, and a sense of purpose or mission have been identified as aspects or characteristics of *Resiliency* and/or *Resilient* individuals (Schwarzbaum & Thomas, 2008; Hall & Webster, 2007a). *Resilience* “affirms the reparative potential in people and seeks to enhance strengths as opposed to deficits” (Hammond, 2010, p.6).

Application Of The Strengths Perspective And Resiliency To This Study

With the *Strengths Perspective* and the concept of *Resiliency*, the commonly held assumptions or beliefs about this population and the negative picture that is sometimes portrayed in the literature, could be understood or looked at in a different way. The *Strengths Perspective* aligns with what research on ACOAs has more recently shown and supports the idea behind this current study - that ACOAs actually have a number of strengths despite growing up in an alcoholic home, and that they have the capacity to change their fate or improve their situations by identifying, developing and accessing different skills and protective factors.

Ecological Perspective

The *Ecological Perspective* is another perspective or framework that has been used to guide this study. The *Ecological Perspective* is based on the idea that each individual functions and interacts with multiple “systems” or environments in a bidirectional or cyclical way. Within the *Ecological Perspective*, each individual is seen as an inextricable part of the ecosystem, and the transactional nature of the systems and environments means that the environment contributes to a person’s adjustment and development, and the person’s behavior creates unique responses within the environment, and so on (Pardeck, 1988). Therefore, “an individual and his or her behavior cannot be understood adequately without consideration of the various [overlapping and interacting] systems” (Kondrat, 2015, para. 1). These systems can include social, spiritual, economic, and physical systems, as well as systems on the individual, family, and community levels. The *Ecological Perspective* looks at and understands different systems or environments based on a level system. The three systems established within this perspective are the *Microsystem*, the *Mesosystem*, and the *Macrosystem*. The *Microsystem* includes the individual

and at times can include a partner or close immediate family, the *Mesosystem* includes families or groups, and the *Macrosystem* includes community or on a larger level – society.

Application of Ecological Perspective To This Study

When applying the *Ecological Perspective* to this study, one is able to think about and understand the impact of growing up in an alcoholic home and the way the differing systems and environments impact the ACOA and influence their experiences and behaviors. This perspective allows for a shift from pathologizing the ACOA and making them the core focus of treatment or intervention, to focusing on the ACOA within the different ecosystem levels and what impacts the various systems are having on the ACOA. In addition, this perspective can support the understanding of protective factors for ACOAs within themselves (*Microsystem*), within their families (*Mesosystem*), and within their communities (*Macrosystem*). For example, one can look at a sense of hope or good self-esteem as protective factors within the individual (*Microsystem*), but we can also look at factors outside of the *Microsystem* and discover protective factors such as a consistent and stable caregiver (*Mesosystem*), or involvement in larger athletic or religious organizations (*Macrosystem*), as protective factors for ACOAs.

Methods

Research Design

The research question for this qualitative study is: What do Adult Children of Alcoholics (ACOAs) say are the protective factors that have supported them on their journeys from childhood into adulthood? In order to answer this question and to get a deeper understanding from ACOAs themselves - who are closest to the struggles and successes - the researcher conducted a qualitative research study and interviewed eight self-identified ACOAs.

Sample

The sample consisted of eight self-identified ACOAs. The inclusion criteria for this study was, the ability to speak and understand English; age 25 or older, as they have matured and are likely more “articulate and introspective”, thus providing rich descriptions of their experiences (Pagdett, 2008); self-identification as an ACOA; and report living in the same home as the actively alcoholic parent(s) for at least five years.

Convenience sampling. The participants were recruited using convenience sampling. Convenience sampling is a form of recruiting participants in which any individuals who are available, willing, and meet the inclusion criteria, may be included (Padgett, 2008). For this study, an advertisement was posted on a social media website describing the study and the inclusion criteria. Participants responded to the provided private email address to indicate their interest in participating in the study.

Protection of Human Subjects

To ensure confidentiality and privacy of the participants, a private email address was used for participants to respond to the advertisement. The email address was accessed on a personal computer and only the researcher had the password to this email address. In addition to

active measures to ensure confidentiality and privacy during the recruitment and interviewing phases, the participants' privacy was protected by removing any identifying information, using numbers randomly assigned to the participants in the results and findings reported in the paper, and the audio recording of the interview was destroyed on May 15th, 2017 after completion of the research project.

When discussing or recalling a previous experience that was potentially painful or traumatic there is a chance that the topic will elicit some emotions. Even though participants in this study were asked to recall some of the positive things or protective factors that helped or supported them as COAs or ACOAs, recalling this time of their lives may be difficult. To respond to this and to limit emotional harm to the participants, the researcher debriefed with each participant after the interview and participants were offered resources and referrals to seek support after the interview if emotions or issues arose.

Data Collection Process

The data collection process began with recruiting eight participants who met the inclusion criteria stated above. The participants in this study were volunteers recruited through an advertisement posted on a social media website. The participants were accepted on a first come, first served basis.

After recruiting participants, the researcher sent a document with the interview questions (See Appendix A) and the informed consent form (see Appendix B) for the participant to review before the interview, and then began setting up interviews that were conducted in private and quiet locations, or over video call. The researcher began by giving a brief explanation of the purpose of the research, reviewed the informed consent form, and reminded the participant that the interview would be recorded with a digital voice recorder. After reviewing this information,

each participant signed the informed consent form. The researcher began interviewing using the included interview schedule and the interviews lasted approximately 30 to 60 minutes each. The researcher then transcribed the recordings.

Interview Schedule

Questions for the interview schedule were developed with key topics from the literature review and the concepts discussed in the conceptual framework section in mind. They were developed by the researcher, adapted or modified from interview questions of a previous study on ACOAs (Miller, 2015), and a research committee reviewed all of the interview questions. The interview schedule included questions covering the topics of general information or demographics; experiences growing up in an alcoholic home; what was helpful to them or what they considered to be protective factors within themselves, their family, and the community; what things served as buffers for them; coping skills; advice to other ACOAs; and strengths or lessons gained from their experiences. Most questions were intentionally open-ended to maximize disclosure.

Data Analysis Plan

The data analysis process began with the researcher transcribing each interview. After the interviews were transcribed, the data was analyzed using Interpretive Phenomenological Analysis (IPA). According to Smith and Osborn (2008) the aim of IPA is to interpret and understand the participant's experiences and how they make sense of and create meaning out of these experiences, from their point of view. It involves "sense-making" by both the participant and the researcher. With IPA there "is no attempt to test a predetermined hypothesis of the researcher; rather, the aim is to explore, flexibly and in detail, an area of concern" (Smith & Osborn, 2008, p. 55).

The process of IPA involves reading through the transcripts a number of times, making notes about important or interesting responses or language used, identifying and “clustering” emerging themes, finding similarities across respondents’ interviews and narrowing down the themes to make final statements, comparing the themes to those identified in the literature review, and presenting the results (Smith & Osborn, 2008; Padgett, 2008).

Researcher Bias

While measures were taken to avoid researcher bias in this study, it is important to acknowledge the potential for bias to come into play. The researcher, an ACOA herself, does have a personal connection to this topic and this population. To avoid the use of any “leading questions” within the interview schedule and portraying the results based on preconceived thoughts of what the data would look like, colleagues, committee members, and the research chair reviewed the interview questions and the results before the researcher completed the final paper.

Results

The present study was designed to get a better understanding of what ACOAs identify as protective factors for them on their journeys from childhood into adulthood. The researcher conducted eight semi-structured interviews, allowing for the researcher and participant to engage in a dialogue and for the researcher to probe further in order to understand interesting and important information that arose. The researcher supported the interview process by using Interpretive Phenomenological Analysis (IPA) to analyze and summarize the data and to look for emerging themes. This chapter presents the results of the data analysis for the current study.

Description of Participants

A total of eight participants were interviewed in this study. Each participant self-identified as an ACOA, spoke and understood English, lived with their actively alcoholic parent for at least 5 years while growing up, and were at least 25 years of age at the time of the interview. All of the participants were females and ranged in age from 25 to 66 years old. Seven of the participants identified as white, non-Hispanic, and one participant identified as Hispanic or Latino. All of the participants had at least some college education and three were actively working on graduate degrees.

In terms of family information, five of the participants reported that their father was the active alcoholic; two participants named their father as the main alcoholic, but reported both parents as having alcohol or drug use disorders; and one participant named their mother as the main alcoholic, but reported both parents as having alcohol or drug use disorders. In addition, five participants reported that their alcoholic parent attended chemical dependency treatment or Alcoholics Anonymous (AA) while the participant was living with them, and three reported that

their alcoholic parent never received treatment. See Table 3 for a more detailed description of the participants.

Table 3

Participant Information

Category	Responses
Ages	25, 25, 25, 27, 28, 33, 57, 66
Gender	8 females
Race/Ethnicity	7= White, non-Hispanic 1= Hispanic or Latina
Level of Education	1= Some college 1= Bachelor's Degree 3= Working on graduate degree 3= Graduate Degree
Geographic region during childhood	1= Rural area 4= Suburban area 3= Urban area
Sibling order	1= Youngest child 3= Middle child (one was a twin) 2= Middle child but large gap between the next oldest child – so they took on mostly oldest child roles and characteristics 2= Oldest child
Alcoholic parent	5= Father 2= Father main, but mother also used 1= Mother main, but father also used
Primary caregiver	3= Alcoholic parent 4= Non-alcoholic parent 1= "themselves"
Treatment for alcoholic parent	4 = Inpatient 1= AA 3= None
Participants current profession	3= Full time student 1= Veterinary technician 1= Executive Assistant 1= Retired, but used to be in mental health field 2= Mental health/Social work fields

Themes

After reviewing and analyzing the transcripts, there were a number of themes and responses that emerged out of each of the interview questions. For the purposes of this study, themes were determined when at least three of the participants reported similar experiences and responses. Direct quotes from the participants will be italicized in this section. See Appendix C for a comprehensive table of the responses and themes identified.

Growing up in an alcoholic home. The researcher asked each of the participants what it was like for them growing up in an alcoholic home. One of the participants explained:

I think for me it was one of the most defining aspects of my childhood growing up because it kind of colored everything else. It colored how discipline worked and how relationships worked. It colored who I could invite into my home as a child and who I could be friends with. I colored my responsibilities and everything that I did! (Participant 6)

All of the participants reported things such as: hypervigilance and always needing to assess the situation and keep an eye on what was going on with others at home; unpredictability; deception or lying; unspoken rules (especially “don’t talk about it” within the family or with outsiders); isolation; not being able to count or rely on their alcoholic parent; feeling stressed, anxious, or worried much of the time; and having to take on more responsibilities than they should have.

Another major experience reported by all of the participants was the positive impact of their relationships with their siblings. One participant said: *Me and my siblings burrowed into each other instead of out in the world, but I think that protected us. We had each other and that made us stand strong. (Participant 6)* The participants all reported that they found their siblings

to be a major source of support. One of the participant's sibling passed away when she was 11, but this participant reported that before she passed, her older sister took care of her, "managed" the alcoholic, and protected her from a lot of the negative impacts or unhealthy family dynamics. Many others reported that their siblings, rather than their parents, were the ones who raised them. They described feeling very protective of their siblings and the participants who were the oldest child (plus one middle child) talked about trying to protect or hide their siblings when things got too intense in the home or when the alcoholic parent became unsafe.

Five of the participants described their alcoholic parent as "rageful" or "out of control" and described a home life that was chaotic, frightening, involved yelling, and sometimes physical fighting. The other three participants described their alcoholic parent as more of a "mellow" or "subdued" alcoholic that did not really have big outbursts or aggressive behavior, but were unstable and unavailable.

Five of the participants shared that their alcoholic parent did go to chemical dependency treatment, sometimes more than once, and each of these five did have some periods of sobriety. The participants described what it was like to go visit their alcoholic parent while they were in treatment, talked about the family programs they were a part of that they perceived as helpful, or remembered their alcoholic parent having an AA sponsor or the non-alcoholic parent going to Al-anon meetings. In addition, three of the participants reported at least one of their parents having an affair and three reported missing a lot of school for various reasons related to their parent's alcoholism.

Positive and negative dynamics. As we have seen from previous research, there are dynamics that are present in the alcoholic, or any dysfunctional home, that affect how the family functions. When asked about the positive dynamics within their family as they were growing up,

all of the participants reported their close relationships with their siblings as being one of the most positive dynamics for them. Some of the participants reported that they did receive some affection and care from their alcoholic parent and others reported that although relationships amongst family members were often very strained, there was still a sense of loyalty to each other that felt comforting. Three participants reported that they learned a lot of lessons, skills and competencies from their alcoholic parent that they value or see as a positive thing and two participants reported that the alcoholism did not really become an issue until they were adolescents and that they have some good and happy memories from earlier in their childhood. Finally, three of the participants explained that any open dialogue around the drinking was helpful and that for some of them, openness around this felt like a positive family dynamic.

The participants were also asked to identify the most harmful or damaging dynamics within their families. All of the participants reported that they fought with their alcoholic parent (some physically), that they felt isolated, that there was a lot of lying or manipulation amongst all family members, that their parents had unhealthy or unstable relationships with each other (five out of eight participants' parents got divorced), that they experienced emotional abuse from the alcoholic, that they had to take on a lot of parental roles and responsibilities, and that they experienced a substantial lack of consistency from their parents. Most participants reported being treated as a partner by their alcoholic parent, that they had to protect their alcoholic parent, and that other members of the family tried to normalize or minimize the alcoholism. An interesting dynamic that nearly all of the participants reported was not only feeling embarrassed OF the alcoholic, but also FOR them. One participant described the conflicting process of not wanting others to see her dad drunk, and being angry and embarrassed by him, but then also feeling sad and embarrassed FOR him. She said, *no one wants to see their parent falling apart. It was really*

hard to watch. And I don't think he liked who he was becoming either, but he was powerless to the alcohol. (Participant 8)

Coping while growing up. When asked about how they responded or coped while growing up in an alcoholic home and with the different dynamics they experienced, the participants' answers revealed a variety of healthy and unhealthy coping skills. Many of the participants recognized that the coping skills they used growing up were about survival and many of the participants noted that they were not really taught how to handle difficult situations and strong emotions. In fact, one participant shared that she learned from her mom that drinking WAS the way to handle hard situations. She said:

When I was 15 or 16 one of my close friends passed away and my mom went out and bought a case of beer, handed it to me, and said, 'If I was in your position, I'd want to be drunk'. (Participant 3)

All of the participants reported that at an early age they learned to be hypervigilant and they learned to read people very well. By doing this, they were able to attempt to control their situation a little more. For example, one participant said, *If I could tell my dad was in a bad mood, I would just start cleaning or doing chores so he would have less to yell about.*

(Participant 5) All of the participants mentioned feeling like they carried an extra level of responsibility in the home and that they did a lot of what they now understand as “caretaking” or “people pleasing” to keep the peace at home.

Four of the eight participants reported that they responded and coped by drinking or using drugs at a young age, doing self-injurious behaviors, or struggled with an eating disorder. Others reported that for a while, they denied what was happening, lied about it to other people, and eventually began to dissociate or shut down when things got intense at home. One participant

explained that she eventually learned that she had to cope with her feelings internally, because there was no room in her house to have emotions. *Dad's were too big and mom was always in crisis – so I had to handle things on my own. (Participant 7)*

Four of the participants said they tried to be the “good kid”, at least for a while, to lessen the tension, and others reported that as they got older, they started to fight back with their parents (physically and verbally). Many felt that they had to play a protective role for their siblings. Those who had younger siblings told stories of grabbing their siblings, their pets, etc. and bringing them into their room and turning music on really loud when there was fighting, screaming, or unsafe situations.

Despite some of the negative coping strategies that were used, participants also reported finding healthy ways of responding or coping with the experience. All of the participants reported seeking support and solace from their siblings and five of the participants reported having a safe adult that they could talk to such as the non-alcoholic parent, a grandparent or in one case, a fourth grade teacher. Each of the participants also reported finding ways of distracting or getting out of the house and reported eventually being able to establish physical boundaries from their parents or families. For example, all of the participants got involved in school sports or extracurricular activities, one participant had a tree in her backyard that she would climb, another reported that since they lived on a farm she would go outside and play with all of the animals, and others reported going on “adventures” and using their imagination to mentally escape.

Current coping skills. Many of the participants reported that as they got older they still struggled with using some unhealthy coping strategies they had learned in childhood, but that they had learned many other ways to cope with emotional stress as adults. While all of the

participants reported still struggling with “caretaking” and “people pleasing”, they also reported trying to let go of things beyond their control and working on lessening the constant hypervigilance. Perhaps one of the most valued coping skills that all of the participants reported working on or accessing was “emotional boundaries”. Not all of the participants used this therapeutic term, but they all reported actions taken that would be defined as such. One participant explained that she has been able to create a boundary with her alcoholic parent where she is able think to herself, *I know they [the alcoholic] can't fill my need right now, so I'm not going to go to them because I know I'll be disappointed.* (Participant 7) She also explained that she has been able to develop the skill or ability to have a “wall”, that is, to not absorb, or be affected by what the alcoholic parent says or does. She has internalized the knowledge that the alcoholic’s behavior or words are not a reflection of her and are not something she is responsible for. This participant acknowledged that it has taken her a long time and a lot of personal work to get to this point, but that it is worth it to develop these boundaries. Five of the participants explained that they still wanted to have some semblance of a relationship with their alcoholic parent, even though it had always been pretty tumultuous, so they engaged on a more casual level to avoid getting into deeper issues and getting hurt.

Participants also identified a number of things that continue to be helpful in dealing with the alcoholic parent, including family support, therapy, writing and art, and prayer or meditation. Many have or continue to utilize programs specifically for COAs and ACOAs, including family therapy programs, AA/Al-anon/ACA meetings and literature, and their own treatment. Additional coping skills that participants are currently using include: walking or exercising, humor, staying in a rational or logical brain, healthy alone time, keeping busy, trying not to “stuff” emotions, and doing things to increase self-awareness.

Strengths and values. ACOAs are a resilient population. Despite the childhood adversity described by the participants, many say that it is these experiences that have helped to develop their strengths and the things they value in themselves. When asked about what they saw as their strengths or things they valued about themselves, all of the participants named that they value their resilience. Some felt that it was something they were born with and others described it as something that was developed and grew in them over time. Other strengths named by all of the participants included empathy, connectedness, humor, loyalty, sensitivity, the ability to relate well to others, and their commitment to helping others.

Four of the eight participants identified being organized, task oriented, and efficient, as strengths or things they value in themselves. Four participants said they valued their faith in God or a higher power and one participant explained that her faith and sense of hope helped her get through the experience. She said that *even if you can recognize that something is wrong, but have hope or faith that your situation can change when you grow up – that eventually you would be out of that situation - that helps. (Participant 1)* Three of the participants identified thoughtfulness, open-mindedness, self-awareness, and optimism or joyfulness as some of their strengths.

Factors within the ACOA. When asked what internal factors served to buffer or lessen the effects of growing up in an alcoholic home, participants gave a variety of responses that included both factors that they perceived as positive and others that they saw as negative or unhealthy, in the long run. An internal protective factor reported by each participant was the ability to distract, dissociate, and keep busy. Many participants gave the example of doing things like cleaning or taking care of household chores as a way of distracting. For example, one participant explained that mowing the lawn was one of the best distractions for her because she

could get away from the alcoholic and the fighting and she would not get in trouble because she was doing a chore and helping out. *The lawn mower was really loud so when I mowed I didn't have to listen to all of the fighting. There was also something really satisfying about mowing the lawn and getting the exercise that was calming to me. (Participant 1)*

All participants also reported that they developed an ability to “read” people really well, and they had strong survival instincts, which served them in a variety of ways. Mostly, they reported that it served them in being able to read their alcoholic parent or the other caregivers in the house to tell if they needed to stay away, for example, or if they were sober enough to ask them for something or have a conversation. Each participant reported having different outlets as something that served as a buffer for them, such as: school, sports, animals, hobbies, exploring outside, having an imagination, etc. In addition, participants mentioned their faith/religion/sense of hope, a good self-esteem, “blissful ignorance” or not really being aware of how bad things were, positivity, and their understanding or perspective on alcoholism as a disease, as further protective factors.

There were also factors named by the participants that served to buffer or lessen the negative effects of growing up with an alcoholic parent because they provided an “artificial high” or “escape”, that they now recognize as maladaptive or unhealthy. Four of the eight participants reported: drinking or drug use themselves, self-injurious behavior, eating disorders, caretaking, and people pleasing.

Factors within the family. All of the participants explicitly mentioned their siblings as a very important protective factor for them within their family. One participant said that her siblings pretty much raised her and that their support allowed her to feel loved, whereas she did not feel like she got that from her parents. *Because of my siblings, I always knew someone cared*

about me and that made a huge difference for me. I didn't feel so isolated. (Participant 1)

Another participant stated that the bond between herself and her siblings was a major protective factor because they knew they were never alone. They each had their roles and responsibilities and *[their] job was not to function alone, but to function together and to get through it together. (Participant 6)*

Another factor that was reported by four of the participants as helping to buffer or lessen the effects of having an alcoholic parent, were family traditions or rituals. One participant stated that it seemed to give their alcoholic parent some parameters around their drinking and that at those times they seemed to drink less or not at all. She said, *Birthdays! He never drank on our birthdays – and he usually came to the party! (Participant 2)* Others reported that holidays when extended family were around helped to reduce their parent(s)' drinking and therefore, the chaos in the home.

While only three of the participants' parents were involved in AA or Al-anon programs, those whose families were involved, reported that it seemed to help. Having the parent and the rest of the family living out the principles of the program appeared to be a protective factor. In addition, the families who were involved in 12-step programs or in which the alcoholic went to treatment reported having a more open dialogue around alcoholism, treatment, and sobriety, which was identified as an important protective factor in lessening the negative effects for the participant. When there was a supportive non-alcoholic parent involved in the family system, this appeared to be a buffer; however, that was not the case for about half of the participants. At least four participants reported that they had a turbulent relationship with the non-alcoholic parent or that both parents struggled with alcoholism, drug use, or severe mental health issues.

Two of the factors reported by half of the participants that seemed to lessen the traumatic effects of their childhood, but were recognized as not particularly healthy mechanisms, were isolation and being enmeshed with other family members. These participants reported that staying isolated created some safety. If the family was able to keep the drinking a secret, then outside people such as child protection would not get involved, thereby allowing the family and siblings to stay together. One participant believed that if other people had found out about her father's alcoholism, he would have been quite angry and that would have made things even worse at home. Staying quiet and keeping isolated protected or prevented them from further or bigger upsets. Another factor mentioned that was perhaps maladaptive was when the family members became extremely enmeshed with each other. One participant reported that she was very close to her mom and sister – to the point where they *denied together, dissociated together, and isolated together. (Participant 7)* They banded together against the alcoholic parent and *even though it felt very messy and when I look back now, was not healthy, it was just nice to feel we were in it together and it got us through. (Participant 7)*

Factors within the community. When asked about factors within their community that served to buffer or lessen the effects of growing up in an alcoholic home, the participants named a number of things. One factor reported by all of the participants was school, especially volunteering and participation in extracurricular activities. They felt that it was a place to get away from the drama of their family and home life and many of them tried to be involved in as many activities as possible (sports, theater, choir, advanced placement courses, clubs, etc.). Others reported things such as supportive teachers or family friends that “watched out for them”, and being part of a community such as a church community, as positive buffers.

In addition to things such as school, volunteering, working, activities, etc., that served as distractions and offered safe spaces, most of the participants reported emotional support as a buffer that helped in lessening the negative effects. Almost all of the participants mentioned that meeting other people who were going through the same thing (whether through mutual support groups or through daily interactions), was extremely helpful. One participant shared about this experience saying: *I remember randomly meeting other people at school who also had an alcoholic parent and being able to connect with them on a totally different level than my other friends. (Participant 5)* Four of the participants also reported being a part of a “family program” when their parent was in treatment, three of the participants reported going to therapy, and one reported being involved in “Alateen” and “Aladude” (support groups for teenagers and children of alcoholics) as a child.

Making meaning and lessons learned. Each of the participants interviewed acknowledged some very difficult experiences growing up in an alcoholic home, but each of them were also able to point out things that they learned from the experience and ways that they have been able to make meaning out of their experience. All of the participants reported that they felt they had an increased sense of empathy and compassion for others, an understanding of their own caretaking tendencies, and enhanced resiliency because of their childhood experiences. They reported being particularly mindful of their own drinking, viewed themselves as effective “problem solvers”, and generally able to cope with and handle major stressors and chaos well. One participant shared her thoughts on making meaning out of her experiences. She said:

This experience ultimately has changed me and has brought out one of the things that is most defining in my life - that I need to make meaning ... I desperately want to know what has influenced me and how this will influence me later on... I don't want this to be

the end all, be all, of my life. I don't want to be 55 and still dealing with stuff that happened when I was 12. So for better or worse it's like ok – so what have I learned from this? What can I take away? What can I build off of? (Participant 6)

Participants also reported that going through this experience helped them to develop standards for future relationships, the courage and fortitude to work on current relationships, insight to know what needs they did not get met growing up, and to develop healthy ways to get those needs met. More than half of the participants reported having gained skills such as: how to stand up for themselves, to be less mentally fragile, to challenge old or negative messages and beliefs, to see warning signs in others and support others going through their own addictions, to be vulnerable, and to be independent.

Four of the participants reported working in the mental health or social work fields. These participants reported that their work in supporting others has also aided in their own healing work. One participant explained:

Obviously I'm a social worker because of my experiences. That's very clear. But for me, that helps give meaning to my own experience, like it helps me too... I know I can't go back in time and save myself from experiencing what I was experiencing, but if I can utilize what I've learned so far and help other young people acknowledge and rise above that as well - as best as they can - that's super meaningful to me. It helps turn this really terrible experience into something that can be beautiful and healing for other people.

(Participant 3)

Three of the participants talked about their work on reframing their experiences and how they have now been able to look at their situations and see what positive things came out of them

as well. One of the participants explained that she does not think she would have the relationship she has with her siblings if they did not go through what they went through. She said:

I can't stay and mourn that because look at all of these things that I've gotten that other people didn't. I have some of the best relationships with my siblings than any of my friends who are even close with their siblings. Just because we – it feels like we went through battle together. (Participant 6)

Another participant explained that even though her life growing up was “crazy”, she is now able to see how her mom, the alcoholic parent, did do something right.

I feel like I've been super resilient in my life and I feel like my mom played a role in that ... so there's something that my mom was doing right in that time period that helped to set the stage for that or create an attachment style that would allow me to be able to move forward... so I have to think about that with her and I have to acknowledge that as well – that she did do something right. (Participant 3)

Other valuable lessons or thoughts they have taken from this experience were: to be more real in their relationships; the life mantra *Shit happens. It just does. And we'll take care of it* (Participant 8); *you never know what's going on with other people* (Participant 4); *parents are people too* (Participant 5), as a reminder of the importance of forgiving; *you may have to feel the anger and sadness and hurt in order to move forward* (Participant 3); the value and importance of accepting your story; and how to accept love.

Advice for other ACOAs. When asked what advice the participants would give to other ACOAs all of the participants said, “watch your own drinking and addictive behaviors”, “it's ok to struggle”, and “do the work!” All of the participants believed that self-awareness and

understanding what impacted and influenced you is a huge piece of moving forward in a healthy way. One participant said:

I think personal narrative is incredibly important and identity work is huge. Not only because we are an individualist society, but because just coming out of trauma, knowing who you are, not despite, but influenced by that trauma, is imperative to know who you want to become. So I say, do the work! Even if you think you're fine – you're carrying stuff... We spent developmental years being told that we're getting in the way and that who you are isn't something to be celebrated, desired and adored. That affection, love, worth and time was placed into an addiction. Fight to get that back – because it's yours!
(Participant 6)

Another participant shared the following:

It's so easy to look away from yourself – especially when you're an ACOA, or trauma survivor or whatever – you don't even want to look at yourself. I think to try and gain as much awareness and introspection as possible is huge. Huge! ... Granted, that comes with work. Like, my ability to know myself like I do also comes with a lot of therapy, but I think to try as much as you can is the biggest piece of advice! Because you can't make the alcoholic better, so you have to make yourself better. (Participant 7)

Also mentioned by all of the participants were the powerful messages: “You are good enough” and “You are not alone”. Many shared that they deal with all kinds of beliefs about who they are and that growing up they felt like they had no one to challenge those negative beliefs. They said it felt important to put that reminder out there. The participants encouraged other ACOAs to figure out what works for them in terms of self-care and to find a balance and a regular practice of doing those things.

Another piece that at least five participants brought up is the process or the goal of accepting your story. As we have seen from the research, many ACOAs struggle with shame when they move into adulthood after growing up in an alcoholic home. But at least half of the participants spoke to the fact that growing up in an alcoholic home and everything that went with it, is part of their story. One participant explained that,

There may be things that I will carry with me until I die that are because of growing up with an alcoholic dad, but that doesn't mean it [has to] paralyze me. It's just part of who I am. And so I think the more that I can walk forward with my eyes wide open about what those pieces are and accept them, I can come to some peace with it. (Participant 8)

Finally, three participants acknowledged the fact that alcoholism and trauma are generational and that people have to do the work so that they do not continue passing down their struggles. One participant said:

I have to recognize that my mom went through trauma and as a result of her trauma, I went through trauma. We have to ask ourselves, 'what can I do to change that so that if I have children someday they don't have to go through that as well?' (Participant 3)

Discussion

Sample

The characteristics of this population represented participants who were further along in their healing process, as well as others that were still exploring the ways in which they were affected by growing up in an alcoholic home. The fact that the participants were all at least 25 years of age and did have some separation from the experience (as they had not been living with the alcoholic parent or in the dysfunctional family system for at least three years at this point) likely contributed to their ability to process the experiences more maturely or from a clearer perspective. The population included people in working professions and in school, but at least half of the participants have chosen careers or were in school preparing to work in some kind of mental health or social work profession, which may have also contributed to their ability to articulate and discuss their experiences and protective factors.

Other data worth noting about this population was that at least five of the alcoholic parents began their addiction by abusing alcohol, but eventually either added or switched to abusing prescription medications. In addition, all of the participants reported that the alcoholic parent had co-occurring mental health issues such as mood disorders, trauma, personality disorders or bipolar disorder. This makes it difficult to definitively say that the effects on the ACOAs were only related to their parents' alcoholism, as there were many coexisting issues.

This sample includes individuals who had received formal counseling or treatment, as well as those who had not. This allowed for a mixture of representation from both groups and addressed Seefeldt and Lyon (1994)'s concerns around studying "clinical populations" and the potential for skewed or pathologized results.

Summary of Findings

The findings from the interviews revealed a rich picture of the experiences of ACOAs, from ACOAs themselves. The purpose of this research was to learn from ACOAs, what it was like growing up in an alcoholic home, how they understood and now make sense of the experience, and most importantly, what they believed were the biggest protective factors for them. Much of what was reported by the participants aligned with what has been described in the literature regarding ACOAs and alcoholic homes. For example, many of the participants described unpredictability, chaos, and fear as a child growing up in an alcoholic home and shared the various personal effects it had on them physically, emotionally, spiritually and developmentally. However, all of the participants also reported that they learned how to cope, they found ways to survive, and they found support people. As adults, many of them did their own emotional work to come to terms with their childhood experiences and recommended for other ACOAs to do their work as well. Table 4 provides a summary of the key findings and themes that arose from the interviews.

Table 4

Summary of Key Findings

Theme	Subtheme
Growing up in an alcoholic home	<ul style="list-style-type: none"> • Acquired hypervigilance or keen awareness of what was going on around them • Unspoken rules/secretcy (i.e. “don’t talk about it”, “don’t feel”, “don’t let others know what’s going on”) • Unpredictable, chaotic, stressful • Alcoholic either “rageful” and “out of control” or “mellow” and “checked-out”
Positive dynamics	<ul style="list-style-type: none"> • Close relationship with siblings • Did receive some affection or care from the alcoholic parent • Some still felt a sense of loyalty within family that felt comforting • Learned lessons, skills, competencies from alcoholic parent that they value

Negative dynamics	<ul style="list-style-type: none"> • Frequent lying and manipulation • Parents’ relationship was unhealthy or unstable (five of the participants’ parents got divorced) • Emotional, verbal and sometimes physical abuse from alcoholic parent • Frequently had to take on parental roles and responsibilities
Coping while growing up	<ul style="list-style-type: none"> • Distracting or getting out of the house • Tried to be the “good kid” • Caretaking/“people pleasing” • Shut down/dissociate/handle things internally
Current coping skills	<ul style="list-style-type: none"> • Letting go of things they cannot control • Setting emotional boundaries • Reaching out for support (from family members, therapy, ACA/AA/Al-anon groups) • Fostering self-awareness by reading, journaling, faith/religion, etc.
Strengths	<ul style="list-style-type: none"> • Resiliency • Empathy/connectedness/ability to relate well with others • Loyalty • Open-mindedness
Protective factors within the ACOA	<ul style="list-style-type: none"> • Ability to distract, dissociate, keep busy • Ability to “read people”/strong survival instincts • Having multiple outlets (school, sports, animals, hobbies, exploring outside, faith/religion, etc.) • Sense of hope/positivity
Protective factors within the family	<ul style="list-style-type: none"> • Close relationship with siblings • Family traditions/rituals • Parents in AA/Al-anon programs and living out the principles • Open dialogue around the alcoholism
Protective factors within the Community	<ul style="list-style-type: none"> • School, work, volunteering, participating in extracurricular activities • Meeting others who were going through what they were going through • Supportive teachers or family friends watching out for them • Participating in a “family Program” or therapy
Making meaning and Lessons learned	<ul style="list-style-type: none"> • Mindful of their own drinking • Ability to problem solve and cope with major stressors • Supporting others has helped them heal • Gratitude for positive things that came out of the experience (fostered resiliency, close with siblings, etc.) • Gained skills in: standing up for themselves, challenging old messages or negative beliefs, being vulnerable, and being independent
Advice to other ACOAs	<ul style="list-style-type: none"> • Watch your own substance use • Validate the struggle (“you are not alone” and “you

	<p>are good enough”)</p> <ul style="list-style-type: none"> • Do the healing work • Develop self-awareness and understanding of what impacted you • Figure out what works for you in terms of self-care and balance • Learn how to accept your story
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While there were no themes or results that blatantly contradicted the current literature, one of the themes that revealed different information, or perhaps a gap in the research, was the role that siblings played in the lives of the participants. In her systematic review of the literature on adjustment of ACOAs, Huckabay (2014) says “the availability of the parent and the formation of secure attachment is the most influential and commonly cited protective factor found in the literature” (p.54). However, this current study found that participants saw their siblings as one of their main protective factors and an incomparable resource. At least seven of the participants reported that their siblings were what made the most difference in terms of getting through the experience and buffering or lessening the potential effects of growing up in an alcoholic home, over having a parent or caregiver they felt close to or had a healthy attachment with. There is not much research specifically looking at the role and protective factor of having siblings for ACOAs, but the findings from this study indicate that this can be a beneficial resource and highlights the need to address and research this factor further.

Another example of a theme or topic that was lacking in the literature was the correlation between the severity of the alcoholism and the negative impacts experienced by the ACOAs. Within this study, the participants whose parents exhibited more frequent alcohol use, more aggressive behavior, and more labile moods ended up being the ones who eventually developed their own struggles with alcohol, drugs, self-injurious behavior, suicide attempts, eating disorders, unhealthy/abusive relationships, depression and/or anxiety. In addition, these participants reported more issues with self-esteem and self-worth, had a more difficult time

identifying strengths, and reported more difficulties in interpersonal relationships. While we cannot say that there was causation, and while other factors could have contributed to this, the correlation is definitely visible and it would be worth specifically looking at whether or not the severity of the alcoholism, frequency of relapses, or persistence of using impacts COAs or ACOAs more negatively.

Researcher Reaction

This study has not only been a rigorous journey of academic research, but a personal journey as well. When I decided to research this population I expected to hear stories with some pain and intensity, but was profoundly amazed by the resiliency, creativity, and courage weaved into these stories as well. I saw a sense of strength in these participants that humbled me. Knowing my own process and the fact that this is not an easy topic to discuss, I wondered if it would be hard for participants to share their stories or to talk about their experiences. Instead, what I heard from many participants was that it was nice to have a chance to talk about their experiences with someone else that has gone through the same thing. Having a shared experience with someone and getting a chance to process that, proved to be another healing and protective factor for these ACOAs, and it was an honor to have been part of that with them.

Another aspect of this study that touched a personal note for me was that I truly believe that when we give someone tools and resources - we give him or her a fighting chance. My hope is that this study, and similar studies in the future, will not only shed a little light on the resourcefulness and resiliency of ACOAs, but will also give other ACOAs a guide for recovering from these experiences and an opportunity for healing. The reality with alcoholism is that no one can change or control the alcoholic, so the ACOA must learn how to take care of himself or herself and heal the wounds of their childhood. Knowing more about what has been helpful for

ACOAs and what things have served as protective factors might change the course for other ACOAs.

Social Work Implications

In addition to helping ACOAs understand what has been helpful for others in a similar situation as themselves, the data from this and other related studies can help social workers in a variety of ways. The biggest of these being that the more we know, the more informed interventions can be, and the more preventative work we can do. If we can help COAs to seek out and foster more of the protective factors identified in this study (see Appendix C), social workers and other professionals may be able to support in counteracting the negative impacts of the experience of growing up with an alcoholic parent. One of the benefits of this study is that it looks at factors that are not only within the individual, but protective factors within larger systems such as the family and the community that may help to lessen the effects, allowing for a broader and more holistic approach to the problem.

Social work implications from this study include:

- Assess sibling relationships and encourage these bonds, regardless of practice models, and possibly even when dealing with family issues beyond alcoholism.
- Encourage COAs to get involved in activities or other distractions outside of the home.
- Educate COAs and ACOAs about alcoholism and possibly refer COAs and ACOAs to family programs.
- Engage in non-judgmental discussion regarding the experiences of COAs and ACOAs.
- Recommend that ACOAs seek out informal support such as ACA meetings, Alateen, or simply talking with others who have had similar experiences. Considering where our society currently stands as far as the stigma of mental health and addiction disorders, and the

negative connotations around getting professional support, promoting informal supports such as these may be a way for COAs and ACOAs to get support that does not feel as threatening or shameful, and often costs little or nothing.

Limitations and Recommendations for Future Research

The limitations of this study include things such as an inability to generalize the findings to a larger population, due to the size of the sample. A survey that could reach more people or a larger-scale study would be advised in order to potentially generalize findings. In addition, the gender and ages of the participants were fairly homogeneous. All of the participants that responded and met the criteria were women. Six of the eight women were in their mid-twenties to early-thirties, and two were between their mid-fifties to mid-sixties. A sample with a mixture of genders and ages could reveal different experiences and protective factors. In addition, the data relied upon recall or reflection, which can be influenced by a number of things such as “accuracy of memory, and biases introduced as a result of forgetting” (Rubin-Salzberger, 2006, p.12). Interviewing children and adolescents who are currently growing up in an alcoholic home would be a way around this, however, due to protection and confidentiality regulations, interviewing minors is much more challenging, and they might not have the insight and capacity to discuss what resources or coping skills are currently serving or have served as protective factors for them. Connecting with the siblings of participants may be a way to corroborate stories and thus, reduce the challenge of inaccurate or lost memories.

In addition, the fact that the researcher does have personal experience with this topic could potentially be considered a limitation of the study, due to the possibility of using “leading questions” or having preconceived thoughts about the outcome of the data. Having colleagues, committee members, and the research chair review the study, the interview questions, and the

results before completing the final paper controlled for the potential for biased questions or results.

Further recommendations. Based on the gaps in the literature and the information revealed in this study, more research focusing on the protective role of siblings would be of interest. Additionally, comparing the impact of birth order or being an only child on ACOA protective factors could also be of value. One of the criteria for this study was that the participants had to have lived with their actively alcoholic parent for at least five years. Part of the purpose of this was to assure that the participants had enough experience to recall protective factors. However, research also suggests that exposure to chronic stress or prolonged trauma can have more profound detrimental impacts (Dayton, 2012; Cloitre et al., 2009; Anda et al., 2002), therefore, using the criteria of five years of exposure to the alcoholic parent was a place in which to start assessing the impact of length and degree of exposure. Future research looking at various lengths and degrees of exposure to the alcoholism could add beneficial information for intervention and prevention strategies and for the timeliness of interventions. Other areas to consider for further research include differences based on the gender of the alcoholic parent, gender of the ACOA, and examining whether experiences or protective factors vary across ethnicities and cultures.

Conclusion

The purpose of this study was to identify what ACOAs believed were protective factors for them on their journeys from childhood into adulthood. Through semi-structured interviews with eight self-identified ACOAs, a number of themes were discovered. The most prominent themes were the value of sibling relationships and how siblings can serve as supports, “buffers”, and protectors. Another prominent theme reported by all of the participants was finding ways to distract or “escape”, mentally or physically, from the experience. Many participants reported being involved in school, extracurricular activities, working, volunteering, or otherwise getting out of the house as beneficial. Participants reported having hope or faith as a resource and finding ways to cope or process what was going on – either internally or with support people. They also reported resilience as a major protective factor and their ability to connect and relate well to others as strengths that they value. Participants named the benefits of informal supports such as Al-anon, Alateen, ACA programs, or simply connecting with others who have gone through similar experiences. Many reported that as a result of the experience of growing up in an alcoholic home, they believe they are better able to cope with major stressor in their lives, they have learned about setting boundaries, have a desire to help others, and continuously strive to make meaning out of what they went through. They advise other ACOAs to do the healing work and address any wounds that may be unresolved.

One of the biggest strengths of the study is that the data came directly from the voices of those closest to the issue, which allowed for a much deeper and richer understanding of their experiences. This study also looked at protective factors on the microsystem, mesosystem, and macrosystem levels, which for this study meant looking at the individual on the microsystem level, the family on the mesosystem level, and the community on the macrosystem level. This

contributed to a broader view of the protective factors for ACOAs and a more holistic understanding of their experiences. Another strength of this study is that the researcher has personal experience with the topic and because of this, had better insight regarding the kinds of questions to ask, and in general, a good understanding of what this population experiences.

This study utilized the concepts of resiliency, a strengths perspective, and an ecological perspective to explore the experiences of ACOAs and to guide the research in looking for what served as protective factors. As revealed from the interviews and the literature, it is clear that ACOAs are a unique population who carry with them a lot of experiences, emotions, and complexities to their personality. What we have learned however, is that not all of these emotions or experiences were negative, and not all ACOAs are “doomed”. None of the participants came out unscathed, but they all found ways to make it through, and even thrive amidst their circumstances. To say that this population is one that loves deeply, feels strongly, acts intuitively, and prevails boldly is an understatement. Tian Dayton says that,

The gift of trauma [or adversity] is that it deepens us layer by layer. It pushes us to our psychological, emotional, and spiritual limits and teaches us to hold more emotion than we are used to holding, to see more than we are used to seeing, to contain, observe, and look for meaning. All people get hurt; pain is part of being alive and in a body. In the same way that we will have body bruises and broken bones, we will have emotional wounds and broken hearts. But we have a choice as to what we do with what happens to us. The art of life, as the saying goes, ‘is to play the hand we’re dealt’ as well as we can. (Dayton, 2012, p.268)

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Appendix A

Interview Schedule

Research Question: What do Adult Children of Alcoholics (ACOAs) say are the protective factors that have supported them on their journeys from childhood into adulthood?

Instructions: Please familiarize yourself with each of the interview questions prior to the interview. Please also review the Informed Consent form to be sure you understand what is being asked of you and what you can expect in this process.

Relevant definitions:

Protective factors: Conditions or factors within the individual, their family, and their community or environment, which mitigate or eliminate the negative impact of risk factors.

Adult children of alcoholics: An individual who grew up in a home in which one or both parents or caregivers was, or is, an alcoholic.

Resiliency: The capacity to effectively negotiate, adapt to, or manage significant stress or trauma and the disposition and capacity to optimistically “recover” from stressful and adverse life events.

Demographic Questions

1. What is your age?
_____ Years old

2. What gender do you identify as?
_____ Male
_____ Female
_____ Other

3. What do you identify as your race/ethnicity?
_____ African American
_____ American Indian
_____ Asian
_____ Hispanic or Latino
_____ Native Hawaiian or other Pacific Islander
_____ White, Non-Hispanic

_____ Other (Please Specify) _____

4. What is your highest level of education completed?

- _____ Some high school
- _____ High school graduate
- _____ GED/Alternative credential
- _____ Associate's Degree
- _____ Some college, no degree
- _____ Bachelor's Degree
- _____ Graduate Degree
- _____ Doctoral Degree

5. What geographical region do you live in?

- _____ Rural
- _____ Suburbs
- _____ Urban

6. What are the gender, ages, and order of your immediate family members and/or any extended family that have had a significant role or influence in your life?

Relation to you	Gender	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Who was the alcoholic? (*mother, father, step-parent*)

-
8. How many years did you live with your alcoholic parent(s)?

-
9. Did your alcoholic parent(s) ever received treatment and/or become sober?
-

Interview Questions

1. What was it like growing up in an alcoholic home?
2. What dynamics in your family affected you the most (positive and negative) and how did you respond or cope?
3. What coping skills are you using now?
4. Tell me about your strengths or the things you value most in yourself
5. Were there factors within you that served to buffer or lessen the effects of growing up in an alcoholic home?
6. Were there factors within your family that served to buffer or lessen the effects of growing up in an alcoholic home?
7. Were there factors within your community that served to buffer or lessen the effects of growing up in an alcoholic home?
8. How have you been able to make meaning out of your experience or what lessons have you learned?
9. What advice would you give to another ACOA?
10. Is there anything else you think I should know to better understand your experience?

Appendix B

Informed Consent Form

ST CATHERINE UNIVERSITY
Informed Consent for a Research Study

Study Title: Identifying Protective Factors in Adult Children of Alcoholics

Researcher(s): Jessica Goeke, BS; Michael Chovanec, PhD, LICSW, LMFT

You are invited to participate in a research study called, “Identifying Protective Factors in Adult Children of Alcoholics”. The study is being conducted by Jessica Goeke, a graduate student from the School of Social Work at St. Catherine University and the University of St. Thomas, in St. Paul, MN. The faculty advisor for this study is Michael Chovanec, Associate Professor of Social Work, in the Master of Social Work program at St. Catherine University and the University of St. Thomas.

The purpose of this study is to gain a better understating of resiliency and protective factors for Adult Children of Alcoholics (ACOAs). This study is important because it will further our understanding of this population and what ACOAs themselves feel is or was supportive to them; therefore, allowing for the development of more effective prevention and intervention strategies. Approximately eight people are expected to participate in this research. Below, you will find answers to the most commonly asked questions about participating in a research study. Please read this entire document and ask questions you have before you agree to be in the study.

Why have I been asked to be in this study?

You have expressed interest or willingness to participate in this study by responding to the flyer or announcement about this study and contacting the researcher. You have been selected because you have self-identified as an Adult Child of an Alcoholic, you can speak and understand English, you are at least 25 years old, and you report living with the parent(s) with an active Alcohol Use Disorder for at least five years.

If I decide to participate, what will I be asked to do?

If you agree to be in this study, you will be asked to do these things:

- Step one: Review the interview and demographic questions on the document sent to you by the researcher before the interview. The purpose of this is to give you, the participant, time to think about your answers before the interview
- Step two: Review and sign this Informed Consent form together before the interview begins
- Step three: Participate in one, 30 – 60 minute, audio-recorded interview

What if I decide I don't want to be in this study?

Participation in this study is completely voluntary. If you decide you do not want to participate in this study, please feel free to say so, and do not sign this form. If you decide to participate in this study, but later change your mind and want to withdraw, simply notify me and you will be removed immediately. Your decision of whether or not to participate will have no negative or positive impact on your relationship with St. Catherine University and the University of St. Thomas, nor with any of the students or faculty involved in the research.

What are the risks (dangers or harms) to me if I am in this study?

There are minimal risks to you if you agree to participate in this study. When discussing or recalling a previous experience that was potentially painful or traumatic at times, there is a chance that the topic will elicit some emotions. However, the research focuses on protective factors and things that have supported you, so the risk of emotional reactions or responses will likely be lessened. I will also debrief with you, the participant, after the interview and provide a list of resources in case you want to seek further support.

What are the benefits (good things) that may happen if I am in this study?

There are no direct benefits to you for participating in this research; however, the information you choose to share may lead to more effective prevention and intervention strategies for other Children of Alcoholics (COAs) or Adult Children of Alcoholics (ACOAs).

Will I receive any compensation for participating in this study?

You will not be compensated for participating in this study.

What will you do with the information you get from me and how will you protect my privacy?

The information you provide in this study will be handled with the utmost responsibility to ensure that your confidentiality and privacy are protected. This means that any information you provide during the interview will not be identified or identifiable in any written reports or publications.

To ensure your privacy, the interview will be conducted in a quiet and private location. The interview will be recorded using a digital recording device and all audio files and electronic files will be stored on a password-protected computer that only I, the researcher, will be able to access. Before the transcriber receives the audio recordings I will remove any identifying information within the recording. When it is time for the transcriber to transcribe the interviews, they will be sent in an encrypted file. When the transcriber has finished transcribing, the transcripts will then be returned to me and I will change any passwords so only I can access it. Once I finish analyzing the data (by May 15th, 2017), I will destroy the digital recordings and all research notes and transcripts that could possibly be linked back to you. Additional measures taken to ensure your privacy and confidentiality will include the use of pseudonyms in the results and findings reported in the paper.

If it becomes useful to disclose any of your information, I will seek your permission and tell you the persons or agencies to whom the information will be furnished, the nature of the information to be furnished, and the purpose of the disclosure; you will have the right to grant or deny permission for this to happen. If you do not grant permission, the information will remain confidential and will not be released.

How can I get more information?

If you have any questions, you can ask them before you sign this form. You can also feel free to contact me at 952-797-4902 or goek9568@stthomas.edu. If you have any additional questions later and would like to talk to the faculty advisor, please contact Michael Chovanec at 651-690-8722 or mgchovance@stkate.edu. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739 or jsschmitt@stkate.edu.

You may keep a copy of this form for your records.

Statement of Consent:

I consent to participate in the study and agree to be audiotaped. My signature indicates that I have read this information and my questions have been answered. I also know that even after signing this form, I may withdraw from the study by informing the researcher(s).

Signature of Participant

Date

Signature of Researcher

Date

APPENDIX C

Table of Findings and Themes

Theme	Subtheme
Growing up in an alcoholic home	<ul style="list-style-type: none"> • Alcoholism dictated discipline, relationships, and responsibilities • Acquired hyper vigilance or keen awareness of what was going on around them • Unpredictable • Deception/lying • Unspoken rules (i.e. “don’t talk about it”) • Isolating • Alcoholic parent (if not both) were unreliable • Stressed, anxious, and worried most of the time • Took on unreasonable responsibilities • Siblings were a huge source of support • Protected siblings • Some were raised by siblings or raised their siblings • Alcoholic either “rageful” and “out of control” or “mellow” and “checked-out” • Some alcoholic parents received treatment and experienced periods of sobriety, some did not
Positive dynamics	<ul style="list-style-type: none"> • Close relationship with their siblings • Did receive some affection or care from the alcoholic parent • Some still felt a sense of loyalty within family that felt comforting • Some reported that the alcoholism did not really affect them until they were teenagers • Many reported happy memories from childhood • Learned lessons, skills, competencies from alcoholic parent that they value • Open dialogue around the alcoholism felt like a positive dynamic
Negative dynamics	<ul style="list-style-type: none"> • Fighting with alcoholic parent (verbally and/or physically) • Isolation • Frequent lying and manipulation • Parents’ relationship was unhealthy or unstable (five of the participants’ parents got divorced) • Emotional, verbal and sometimes physical abuse from alcoholic parent • Frequently had to take on parental roles and responsibilities • Lack of consistency

	<ul style="list-style-type: none"> • Treated as a partner rather than a child, by their alcoholic parent • Protected alcoholic parent • Minimization or normalization of the alcoholism • Felt embarrassed OF, and also FOR the alcoholic parent
<p>Coping while growing up</p>	<ul style="list-style-type: none"> • Sought support/solace from siblings • Sought safe adult to talk to (other parent, grandparent, teacher) • Distracting or getting out of the house • Got involved in school, sports, volunteering, etc. (gave purpose and got out of the house) • Animals and pets (distraction and comfort) • Imagination served as a distraction and way to mentally escape • Tried to be the “good kid” • Developed hypervigilance and learned to read people well • Carried extra responsibilities to appease parents • Caretaking/“people pleasing” • Shut down/dissociate/handle things internally • Their own drinking/drug use, eating disorder, self-injurious behaviors • Denial and/or lying to others • Fighting back with their parents (physically and verbally)
<p>Current coping skills</p>	<ul style="list-style-type: none"> • Letting go of things they cannot control • Trying to lessen their hypervigilance • Trying not to “stuff” emotions • Fostering self-awareness by reading, journaling, faith/religion, etc. • Setting emotional boundaries • Keeping things on a “surface level” with alcoholic parent to limit disappointment • Reaching out for support (from family members, therapy, ACA/AA/Al-anon groups) • Getting exercise • Humor • Staying in a “rational” or “logical brain” • Healthy alone time • Keeping busy
<p>Strengths</p>	<ul style="list-style-type: none"> • Resiliency • Empathy • Connectedness/ability to relate well with others • Humor • Loyalty • Sensitivity • Commitment to helping others

	<ul style="list-style-type: none"> • Organized, task-oriented, efficient • Faith in God or a higher power • Thoughtfulness • Open-minded • Self-awareness • Optimism or joyfulness
Protective factors within the ACOA	<ul style="list-style-type: none"> • Ability to distract, dissociate, keep busy • Ability to “read people” • Strong survival instincts • Having multiple outlets (school, sports, animals, hobbies, exploring outside, etc.) • Faith/religion • Sense of hope • Good self esteem • “Blissful ignorance” • Positivity • Understanding of alcoholism as a disease • Own drinking/drug use, self-injurious behavior, eating disorders, “artificial highs”, caretaking, people-pleasing
Protective factors within the family	<ul style="list-style-type: none"> • Close relationships with siblings • Family traditions/rituals • Parents in AA/Al-anon programs and living out the principles • Open dialogue around the alcoholism • A supportive non-alcoholic parent • Isolation, enmeshment with family members
Protective factors within the Community	<ul style="list-style-type: none"> • School, work, volunteering, and participating in extracurricular activities • Supportive teachers or family friends watching out for them • Church community • Being part of a “family Program” or therapy • Being involved in “Aladude” and “Alateen” (support groups for children and teenagers of alcoholics) • Going to therapy • Meeting others who were going through what they were going through
Making meaning and Lessons learned	<ul style="list-style-type: none"> • Increased sense of empathy and compassion for others • Understanding of personal caretaking tendencies • Enhanced resiliency • Mindful of their own drinking • Ability to problem solve and cope with major stressors • Healthy ways to deal with stress • Desire to learn how the experience influenced them

	<ul style="list-style-type: none"> • Standards for future relationships • Courage to work on current relationships • Insight to know what needs they didn't get met growing up & how to get them met in healthy ways now • Gained skills in: standing up for themselves, challenging old messages or negative beliefs, seeing warning signs of addiction in others, being vulnerable, and being independent • The value of supporting others as part of their own healing • Reframing expectations • Gratitude for positive things that came out of the experience of growing up in an alcoholic home (fostered resiliency, close with siblings, etc.) • Importance of forgiveness
<p>Advice to other ACOAs</p>	<ul style="list-style-type: none"> • Watch your own drinking • Validate the struggle • Encourage other ACOAs to do the healing work • Develop self-awareness and understanding of what impacted you so you can move forward in a healthy way • Reminders that “you are not alone” and “you are good enough” • Figure out what works for you in terms of self-care and balance • Learn how to accept your story • Do the work so you do not pass on your struggles to your children