The Experiences of Adult Children of ‘Alcoholics’

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A Thesis submitted in partial fulfilment of the requirements of the University of Hertfordshire for the degree of Doctor of Clinical Psychology.

The Programme of study was carried out in the School of Psychology, University of Hertfordshire.

June 2013
ACKNOWLEDGEMENTS

I would like to thank my research supervisors Lizette Nolte and Jenny Maslin for your much needed support, encouragement and guidance throughout this process. I wouldn’t have made it through this without your inspiration. Thank you also to Cohort 10 and my fellow trainees conducting IPA research: your help and support was vital through this process. I would also like to thank my family and fiancé Chris who have provided endless support and encouragement and have been very patient even though I’ve been incredibly neglectful. Finally and most importantly, I would like to thank all the participants who took part in my research. I hope I was able to do justice to the things you wanted to be heard, as I couldn’t have done this without your willingness and openness. Thank you.
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**ABSTRACT**

**Background:** A wealth of quantitative literature exists exploring the impact of parental alcohol misuse on adult and child offspring. It is often proposed that children of alcoholics are at risk of experiencing a host of negative outcomes, many of which are said to persist into adulthood. Confusing and contradictory results have led researchers to identify a subset of offspring deemed to be resilient. Little remains known about the factors that influence who becomes negatively affected and who becomes resilient, or how these factors are experienced by individuals. The recent up rise of qualitative methodologies also suggest this divide is not clear, with offspring of alcoholics demonstrating a range of functioning.

**Aim:** With this in mind, the current study aims to explore the lived experience of adult children of alcoholics to gather a richer understanding of how these individuals develop into the people they are today.

**Method:** Semi-structured interviews were conducted with six individuals who grew up with at least one alcoholic parent. Interpretative Phenomenological Analysis was used to analyse verbatim transcripts.

**Results:** The analysis produced four master themes. These were: ‘Dealing with the loss of connection to parents’, ‘Feeling hopeless and helpless’, Struggling to stay sane’ and ‘I know who I want to be more than I know who I am’. The master themes and corresponding subordinate themes are discussed in relation to the relevant literature. Clinical implications, methodological considerations and directions for future research are also presented.

**Conclusions:** This study provided insight into the lived experience of being an adult child of an alcoholic. It highlighted the challenges and struggles they faced in childhood and the ways in which they battled to overcome the difficulties they experienced to forge a preferred identity in adulthood. It also emphasised the importance of perceived parental rejection as the pathway to causing distress and the desire to be better than their parents as a pathway to resiliency.
LITERATURE REVIEW AND INTRODUCTION

Alcohol use has steadily grown over the years, as have the rates of alcohol misuse and dependency (Alcohol Concern, 2013). A number of people dependent on alcohol are also parents. A large body of research has been carried out to explore the impact of alcohol misuse on the children of problem drinkers, who have long been considered an ‘at risk’ group. A review of 10 years of literature concluded that children of problem drinkers are more likely to display heightened incidences of symptoms of psychopathology and negative social and emotional outcomes (West & Prinz, 1987). Research into the impact of parental alcohol misuse on adult children suggests that a number of the negative outcomes persist into adulthood, along with a range of other difficulties (Harter, 2000).

Scope of Review
A preliminary review of the literature revealed a dominance of quantitative research methodologies focusing on identifying the presence or absence of a range of negative outcomes and psychopathologies. The list of negative outcomes explored is exhaustive, so the current review will focus more on researchers’ attempts to explain the pathways that lead to negative outcomes and will draw on qualitative methods to try and capture the experience of this group.

Scientific journal articles and books were identified using the EBSCO search engine and MEDLINE, Pubmed, PsycINFO, PsycBOOKS, PsycARTICLES databases. Additional Google and Google Scholar searches were conducted to access reports and policy papers from government and non-government organisations.

combinations of these terms such as ‘adult children and parental alcohol misuse’ and ‘qualitative and accounts and parental alcohol misuse’.

**Terminology**

Within the studies reviewed a number of terms were used to describe parents difficulties with alcohol. I will use the term ‘alcohol misuse’ to describe any drinking that is seen as problematic, either in terms of the frequency or quantity of alcohol consumed or by the impact on the drinkers physical, social or psychological wellbeing. I will use the term ‘alcoholic’ to describe the parents who are misusing alcohol. The term alcoholic is associated with ‘alcoholism’ which is defined by the American Medical Association as ‘a primary, chronic disease with genetic, psychosocial and environmental factors influencing its development and manifestations’ (Morse & Flavin, 1992) The disease model is not the view held by all disciplines; for example Velleman and Orford (1999) feel this term oversimplifies and obscures a complex subject. Although not subscribing to the disease model personally, I have chosen to use this term as it has always been the term that is most familiar to me and my peer group to describe problematic drinkers. It is also used by a number of support groups targeted at people whose parents’ misuse alcohol, e.g. Al-Anon (Alcoholics Anonymous), NACOA (The National Association for Children of Alcoholics) and ACA (Adult Children of Alcoholics) and as such will be familiar to children who have grown up surrounded by alcohol misuse. Children of alcoholics will hereon in be referred to as COA and adult children ACOA as they are commonly abbreviated in much of the literature.

**How does parental alcohol misuse impact on adult children?**

Callingham (1999) found that while some of the distress and negative outcomes experienced in childhood appeared to be alleviated in adulthood, a large proportion of people raised by alcohol misusing parents may ‘continue to carry the mark of being from an alcoholic home’ p 19. So what is this ‘mark’ that is carried? Why is it not carried by all? And what factors may influence the degree to which one is ‘marked’ by their experiences of being raised by an alcoholic?
Despite a vast amount of research being dedicated to answering these questions, a review of the literature suggests there is still much to be explored and understood. A meta-analysis of 12 years of research (1988-2000) pertaining to the outcomes experienced by ACOA led Harter (2000) to conclude that ACOA do appear to be at risk for a variety of negative outcomes, however, there is much variability, with negative outcomes not being found uniformly or exclusively in ACOA. Harter’s review outlines a number of methodological limitations of research studies that may contribute to the inconsistent findings; of particular note is the dominance of cross-sectional research that makes it difficult to draw inferences across the lifespan.

The list of negative outcomes researched is exhaustive, so the current review will focus more on researchers’ attempts to explain the pathways that lead to negative outcomes.

**Depression**
ACOA have been reported to have higher incidences of depression and be more likely to have a depressive attributional style than non-ACOA (Bush, Ballard & Fremouw, 1995). Blatt (1974) distinguished between two types of depressive experience; anaclitic depression characterised by feelings of helplessness, weakness and fear of abandonment, and introjective depression which is characterised by feelings of guilt, worthlessness and inferiority. Jarmas and Kazak (1992) found a significantly higher degree of introjective depression in ACOA and no differences in anaclitic depression, which led them to conclude that introjective depression may account for the clinical descriptions of ACOA as guilt prone, self critical individuals (Black, 1981). This research suggests that operational definitions of depression may in part be responsible for the inconsistent findings on rates of depression in ACOA.

There is also evidence to suggest that depression in ACOA may be linked to parental psychopathology (Neff, 1994; Sher et al., 1991), meaning that studies that fail to control for parental psychopathology may not accurately explain the pathways as to why higher rates of depression are observed in ACOA.
Anxiety
While it may appear intuitive that unpredictable parental behaviour and home environments may expose COA to anxiety provoking situations, little research has explored why the rates of anxiety continue to be elevated in offspring who have long since left the parental home. Maynard (1997) considered the relationship of anxiety to differentiation of self; the ability of one to separate from family attachments and develop their individuality. Maynard (1997) found that adult children of alcoholic fathers showed less differentiation of self and higher levels of trait and state anxiety than those with no family history of alcoholism. This suggests that the pathway to anxiety in ACOA may relate to their ability to separate from their families. This would be supported by literature that suggests boundaries may be distorted in families with alcohol problems, by processes of parentification where “children or adolescents who assume adult roles before they are emotionally or developmentally ready” (Stein, Riedel, & Rothermam Borus, 1999) or ‘co-dependency’ where children’s lives are organised around the drinking parent (Brown, 1988). Increased levels of parentification are frequently reported by COA (Kroll, 2004) and retrospectively reported by ACOA (Kelley, French, Bountress, Keefe, Schroeder, Steer...Gumienny, 2007). This suggests that ACOA have had a lifetime of being integral to the families functioning making it more difficult to differentiate themselves from their roles in the family.

Interpersonal Functioning
Difficulties with interpersonal functioning in ACOA have been cited as a common, yet controversial finding (Domenico & Windle, 1993). It is often suggested that a dependence on alcohol may result in a parent being inconsistent (due to mood swings, intoxicated behaviour) and emotionally or physically unavailable (due to engaging in or recovering from intoxication) (Velleman & Orford, 1999). It is not surprising that attention has turned towards the attachment bond between parent and child as a pathway to explaining the reported poor outcomes for ACOA.
Brown (1988) proposed that the failure of alcoholic parents to provide a stable, consistent and nurturing environment will leave COA unable to develop secure attachments, resulting in them replicating insecure attachment styles in their adult relationships.

Researchers investigating attachment representations in ACOA have found partial support for this theory. Kearns-Bodkin and Leonard (2008) found that ACOA showed increased relationship dysfunction in the early years of marriage, and that male and female attachment representations were impacted on most strongly by the drinking behaviour of the same sex parent. This highlights the need to consider the attachment to both the drinking and non-drinking parent when exploring interpersonal outcomes.

Kelley, Cash, Grant, Miles and Santos (2004) found that ACOA were more likely to have both avoidant and anxious romantic attachment attitudes than non ACOA. In a further study Kelley, Nair, Rawlings, Cash, Steer and Fals-Stewart (2005) also reported ACOA to have more anxious and avoidant behaviour in romantic relationships, alongside a more fearful style of general adult attachment. These effects were partially mediated by ACOA reports of parenting behaviour, indicating that differences in parenting as well as parent-child attachment may impact on the outcomes experienced in ACOA.

In reporting her findings from years of work with ACOA Brown (1988) outlined the ‘syndrome’ of co-dependence as something that is increasingly prevalent in families affected by alcoholism. Brown describes co-dependence as becoming ‘submissive to or controlled by alcohol as the central organising principle in the family and/or the dominance of the alcoholic’ (Brown, 1988 p 59). While Brown acknowledges that dependence and co-dependence are not inherently negative or dysfunctional she finds this dynamic to be very destructive in alcoholic families, and suggests that ACOA may continue to display co-dependent traits in adult relationships, leading to cycles of dysfunction repeating.
What factors other than parental drinking influence the negative outcomes observed in ACOA?

The impact of abuse
After several researchers likened the negative outcomes observed in ACOA to the outcomes of those who experienced abuse in childhood (Fox & Gilbert, 1994; Yama, Tovey, Fogas & Teegarden, 1992) Harter and Taylor (1999) suggested a need for integration of the literature. When comparing outcomes of ACOA to people who experienced childhood abuse Harter and Taylor (2000) found that parental alcohol abuse had no independent effects on psychological distress or social adjustment when controlling for abuse histories. However, parental alcoholism interacted with emotional abuse, exacerbating the effects of emotional abuse on social adjustment.

Harter and Taylor (2000) found that parental alcohol use was not significantly related to abuse history, though a number of sources have found an increased prevalence of violence in the homes of families with parental alcohol misuse (Alcohol Concern, 2008; Mariathasan & Hutchinson, 2010; Velleman & Templeton, 2007). The debate over the interaction of the impact of alcohol misuse and domestic abuse continues, with some researchers indicating that the accumulation of both leads to increased risks of negative outcomes (Evans, 2006 as cited in Templeton, Velleman, Hardy & Boon, 2009) and others suggesting that it is the disharmony and conflict surrounding the alcohol misuse that causes harm rather than the drinking itself (Velleman & Orford, 1999). But how does one separate these factors? Particularly if the abuse only occurs in the context of alcohol use as may be the case in some families?

The impact of dysfunction in the family
Velleman and Orford (1990) used semi-structured interviews to compare 170 16-35 year old offspring of parents with drinking problems to 80 participants of a similar age with no history of parental problem drinking. They found that parental drinking increased the probability of recalling disharmony in the family home. Disharmony in the family was correlated with overall ‘difficulties in childhood adjustment’ in participants with and without problem drinking parents. It is of note that both ACOA
and the comparison group reported a range of disharmony and negative childhood experiences indicating that disharmony is not an integral part of the experience of parental drinking in all families and is not a factor exclusive to families with parental drinking problems. Wright and Heppner (1993) also found that ACOA report a range of functioning in the family of origin and were not overrepresented in their category of those with dysfunctional family dynamics. Sampling a non-clinical college population they found that ACOA only differed from non-ACOA in terms of substance misuse, with ACOA reporting higher incidences. Whereas participants from dysfunctional families differed from those in functional families on measures of problem solving appraisal and interpersonal cognitive schemata, with those from dysfunctional families scoring more negatively in these areas regardless of their ACOA status. This leads one to question what facets of family disharmony are linked to the negative outcomes observed in offspring of alcoholic parents.

Wolin, Bennett, Noonan and Teitelbaum (1980) proposed that alcoholic families vary to the degree in which the parental alcohol use impacts on family functioning. They observed that children from families where parental drinking impacted negatively on family routines and rituals (e.g. mealtimes, holidays) were more likely to develop alcohol problems than those whose routines and rituals were not affected, which they suggested meant that global factors such as family cohesion may be responsible for the negative outcomes observed. This research was supported by Hawkins (1997) who found family rituals and routines to mediate and moderate distress in participants with a family history of parental alcoholism.

After controlling for additional stressors that are often present in alcoholic families (parental psychopathology, low SES or maternal alcoholism) Senchak, Leonard, Greene and Carroll (1995) found no significant differences between ACOA and adult children from divorced or control parents on measures of behaviour, attitudes, psychosocial functioning and alcohol use. They did however report that ACOA experienced less paternal warmth, which had a negative impact on psychosocial
functioning. This supports an attachment perspective by suggesting that COA are negatively affected by factors related to the parent-child bond.

Hussong, Bauer, Huang, Chassin, Sher and Zucker (2008) also proposed that the negative outcomes observed in ACOA may be related to this group of people experiencing increased life stressors, rather than as a direct outcome of parental drinking status. They found that COA consistently experienced higher rates of family stressors, experienced more of the rarer events (including parental death) and greater recurrence of negative life stressors than non-COA. In adulthood ACOA rated their experience of negative life events as more severe than those not from alcoholic families indicating that there may be differences in how life events are experienced, perceived and coped with in children with alcoholic parents.

The implications of characterising adult children of alcoholics as a unique group

Wright and Heppner (1993) argued that ACOA have long been pathologised by researchers and clinicians despite evidence showing that ACOA status alone is not enough to predict negative outcomes. Logue, Sher and Frensch (1992) proposed that the widespread acceptance of the purported traits in ACOA (difficulty with intimate relationships, difficulty trusting others, low self esteem, poor coping skills- Black, 1981; Woititz, 1983) may reflect the ‘Barnam Effect’ whereby characteristics may be too vague, double-headed, or occur at high rates in the general population, leading to a high endorsement by all. While the label of ACOA and the connotations it holds may be helpful for some if it provides entry into treatment or services, for others it may be inaccurate or hurtful and it may be more useful for clinicians to screen for levels of distress or dysfunction rather than ACOA status alone (Logue, Sher & Frensch, 1992).

While there is a wealth of information pertaining to the negative outcomes experienced by ACOA, less attention has been paid to the ACOA who don’t appear to be negatively impacted by their experiences of parental alcoholism, with the former being labelled ‘vulnerable’ and the latter ‘resilient’ (Wolin & Wolin, 1993).
Resiliency in Adult Children of Alcoholics

Richardson (2002) defined resilience as ‘characteristics that mark people who will thrive in the face of adversity or risk factors’ pg 308. In contrast with the child literature, few studies have considered protective factors in ACOA.

In her study of resilience in ACOA Bain (2011) invited participants to describe the qualities, processes and factors that facilitated resilience for them. Participants identified resilience as stemming from themes of support systems, belief systems and factors related to self. She also found that the relationship with the alcoholic parent was important to people’s sense of resiliency, with participants highlighting the importance of reparation from the alcoholic parent and making meaning of the parents drinking behaviour to be supportive to their wellbeing. As only those who identified themselves as resilient took part in the study, meaning that this research may not capture the range of experiences known to occur in ACOA and tells us little about the range of resilience in a heterogeneous group.

In the development of the Differential Resiliency Model (DRM) Palmer (1997) proposed that resiliency lies on a continuum and can be represented in different ways at different stages of adversity. The DRM provides an understanding of resiliency as something that is fluid and respects that while a person may have adaptive coping skills in one area of adversity it may not mean that they are flourishing in all domains of life. This model may have huge implications on the validity of uni-dimensional and cross-sectional research that classify ACOA as being ‘vulnerable’ or ‘resilient’ globally when there may be many adversities faced that are coped with to differing degrees.

A shift to considering factors that promote resilience moves researchers from adopting a pathological stance towards ACOA and may facilitate the development of supports and initiatives that build on developing resiliency in this group.
Treatment, services and health policies

There have been debates as to whether ACOA require specific interventions, with several authors advocating that not only are ACOA a group worthy of treatment in their own right, but also a group in which treatment is necessary in order for them to ‘recover’ from their experiences (Black, 1981; Brown, 1988). Despite evidence of the impact of alcohol misuse on child and adult offspring (Harter, 2000; West & Prinz, 1983) service delivery has tended to focus on the individual drinker, rather than on the family as a whole (Velleman, 2010). The needs of offspring and family members have long been neglected in policy (Velleman, 2010) and have been served by voluntary rather than statutory services by groups such as Al-Anon, Al- Ateen and Adult Children of Alcoholics (ACA).

The greater recognition of ACOA need for support in research literature has not been matched by government strategies on alcohol which have historically had lack of focus on the needs of those affected by an others alcohol misuse (Velleman, 2010).

While the Governments Alcohol Strategy (2012) largely ignores the individual experiences of ACOA, there is now recognition of the needs of ‘families’, though it is not made clear how family members will be supported. Current NICE Clinical Guidance 115 states that families and carers supporting those who misuse alcohol should be offered a carers assessment and given written and verbal information on how best to support the alcohol misuser. If they have needs of their own they should be offered one session of guided self help including written materials and information about self help groups. If this is not beneficial then family sessions should be ‘considered’ to provide education about alcohol misuse, identify areas of stress related to alcohol misuse and promote effective coping behaviours. While the aims of the family sessions appear in keeping with the literature that advocates that information, understanding and adaptive coping can support positive outcomes (Velleman & Templeton, 2003) this guidance appears to have little focus on individual needs. If the ACOA is not actively supporting the alcohol user would they
still be considered as deserving support? And can the range of complex issues found in some ACOA be addressed in brief family therapy comprising of just 5 sessions?

A number of leading bodies in the substance misuse field have strongly advocated for support for family members of substance misusers, with interventions being developed specifically for this group (Copello, Templeton, Orford & Velleman, 2010). The Alcohol, Drugs and the Family (ADF) research group used extensive qualitative and quantitative research to develop two versions of a brief 5 step intervention based on the Stress-Strain- Coping- Support Model; one to be delivered by a primary care professional over 5 sessions and a minimal version comprising of one assessment interview followed by a self help manual. Orford et al. conducted qualitative interviews with both family members who had accessed this intervention (2007a) and the professionals who delivered the intervention (2007b). Family members felt the group benefited them by helping them focus on their own needs, become calmer and more assertive and by helping them see the links between the substance misuse and their own wellbeing. A number of professionals reported difficulty identifying potential participants, with some family members problems being deemed too complex for them to be offered the intervention. Many professionals also felt that the intervention came too late and was not powerful enough to effect change for some. It seems nonsensical that family members with the most complex problems are not offered help and that the NICE Guidance only advocates minimal interventions for affected family members. Palmer (1997) advocates that using the Differential Resiliency Model may help clinicians to move away from a pathological stance by highlighting the normalcy and fluidity of survival behaviours. Recognising the degrees of resiliency may support clinicians to provide timely support that is appropriate to an individuals growth needs (Palmer, 1997). This means that interventions can be adapted according to the degree of resilience a person is currently experiencing in a specific life domain.
What can be learnt from qualitative research?

Why is there a need for qualitative research?
The majority of the research on ACOA has used quantitative methods to measure the presence and degree of purported negative outcomes and to identify correlations and causal pathways between the factors that influence outcomes (Harter, 2000). However, little remains known about what it is actually like for a person to be raised by an alcoholic and how they make sense of their experiences. By reducing a person’s experience to the score they achieve on a scale of distress or dysfunction quantitative methods may have added to the conclusion that ACOA are either vulnerable or resilient (Wolin & Wolin, 1993), and may fail to capture the individuals subjective experience of how they view themselves and how they feel their experiences impacted on them in adulthood.

Only a small proportion of the research into outcomes of ACOA has focused on qualitative research methods, though these studies have added valuable contributions in understanding the impact of parental alcohol abuse. In attempt to understand the experience of children living with parental substance misuse, Kroll (2004) could only identify 7 qualitative studies. Two of which reflected adults experiences (Brooks & Rice, 1997 as cited in Kroll, 2004; Velleman & Orford, 1999) and only one considered solely parental alcohol misuse (Velleman & Orford, 1999). This highlights the lack of attention given to the lived experience of ACOA. More recently researchers have begun to use qualitative methods to explore facets of the experience of ACOA such as resilience (Bain, 2011) and identity (Botha, 2005).

How adult children of alcoholics describe their experiences
The concepts of depression and anxiety do not appear to be significant themes in data arising from qualitative studies, with ACOA speaking of the experiences in less clinical terms such as ‘worrying’ (Orford et al., 2010; Velleman & Orford, 1990). Analysing over 800 semi-structured interviews Orford et al. (2010) found adult family members of alcohol and drug misusers indicated that the stress they experienced was due to the deterioration of the relationship with the problem drinker or drug
taker as a result of the users unpleasant behaviour, conflict, uncertainty and worry about the user and threat to family life. Understanding the elements that influence distress may help the development of more appropriate support services that address the causes of the worry or distress rather than only offering treatments for people with clinical diagnoses of depression or anxiety.

As part of their ‘risk and resilience’ project Velleman and Orford (1999) used both quantitative (questionnaires and symptom scales) and qualitative (semi-structured interviews) research methods to explore child and adult adjustment in 164 offspring of problem drinkers. After examining interview data from 24 ACOA in more depth ‘illustrative personal path diagrams’ were created based on the themes or topics that participants discussed with high depth and importance. These diagrams indicated causal links between elements such as how relationships to drinking parents influenced attitudes, behaviours and life outcome, some of which were inferred by the researcher and a number of which were directly stated by the ACOA. Despite some common themes, each path diagram was both unique and complex, highlighting the heterogeneity of this group.

*What adult children of alcoholics say about resiliency*

Resiliency appears to be a topic of focus for a number of qualitative studies (Bain, 2011; Hall, 2008; Palmer, 1997). Hall (2008) used grounded theory to explore the impact of supportive others on COA in a Black community. Hall (2008) interviewed 32 ACOA who cited emotional distress (related to conflict and separations), a chaotic home environment, having emotionally unavailable parents and poor communication with parents as factors which lead them to need to seek and develop supportive relationships with adults other than their parents. As well as showing that a range of complex experiences may interact to create difficulties this research also gave a rich understanding of the way in which supportive adult relationships benefited the children of alcoholics and served to buffer them from some of the negative outcomes they felt they were likely to experience.
Bain (2011) conducted a thematic analysis on interviews exploring factors that facilitated resiliency in four ACOA. Bain’s participants identified commonly known resilience factors (social support, developing independence), but also identified factors unique to the experience of having an alcoholic parent. Bain found that receiving an apology from the alcoholic parent and the meaning people made of their experiences of being a child of an alcoholic influenced their sense of self and wellbeing. The participants in this study self identified as feeling that they were resilient in the face of the adversity of having an alcoholic parent. Being self identified as resilient, one may argue that these people would not score highly on the negative outcomes purported as the ‘syndrome’ of ACOA, so may be considered by many to not be affected by their experiences. This in depth analysis of the factors they felt important to their experiences revealed that being a child of an alcoholic was integral to their personality formation, showing that ACOA can be affected by their experiences in a variety of ways, not just negatively.

Qualitative research with children of alcoholics
The Silent Voices project (2012) conducted a review of the direct input that children of problem drinkers had in research and policy development. Analysis of research studies and treatment programs showed that children wanted support to be an empathic approach based on trust. They wanted someone helpful and caring who could recognise their problems and take the time to get to know them and support that was long term. Silent Voices used the information gathered and made a number of recommendations to inform policy makers about how best to support this group, advocating strongly for non time limited support. Unfortunately a project on this scale has not been carried out in ACOA, meaning less is known about the way in which ACOA may need support to cope with their experiences.

What adult children of alcoholics say about coping
Research that suggests it is the way in which children of alcoholics cope that leads to negative outcomes (Black, 1992; Scharff et al., 2003; Werner & Johnson, 1999) could be viewed as pathologising by locating the problem in the individual rather than
appreciating the difficult contexts and circumstances they have to cope with. After
listening to ACOA accounts of how they dealt with their parents drinking, Velleman
and Orford (1999) proposed that for many of the ACOA it was their ‘escape
attempts’ (impulsively leaving home, avoiding the home environment) that led to
unstable or unsettled early adult lives. ACOA explained a variety of difficulties
transitioning into adulthood that appeared to be associated with leaving home at
younger ages. This research gave insight into how coping with a specific incident
such as leaving home can impact on ones transition into adulthood, rather than
assuming negative outcomes reflect a globally maladaptive coping style.

Velleman and Orford (1999) identified 13 different coping styles that ACOA reported
using in childhood and had difficulty using factor analysis to identify higher order
themes that may underlie these styles. This suggests that the complexities of coping
with parental drinking cannot be easily reduced and therefore uni-dimensional
measures of coping may not accurately capture the experiences of ACOA. A number
of ACOA also reported having tried a number of coping strategies with no lasting
success (Velleman & Orford, 1999). Cross-sectional research that focuses on current
functioning may identify dysfunctional coping in ACOA but may fail to appreciate the
struggles that ACOA have been through to try and find a coping strategy that is
functional for them.

Botha (2005) conducted participatory research, using pastoral conversations to
identify themes of identity in six female ACOA. Botha discussed how the discourses
of denial shaped the identity and the help seeking behaviour of ACOA. Participants
also revealed the impact that looking after their parents using dynamics of role
reversal or parentification impacted on their ability to parent their own children.
They felt that the loss of their childhood made it difficult for them to relate to
children and establish appropriate parent-child relationships. Despite all participants
demonstrating that their identity was bound tightly to their past, Botha showed how
narrative pastoral therapy enabled ACOA to re-write their own narratives. Botha’s
participants found the process of listening and using pastoral support to interpret
and make meaning of one’s experiences (re-storying) improved their day to day coping, gave them hope for the future and a sense of their ‘purpose on Earth’. This study shows the power that making meaning of one’s experiences can have on wellbeing. Despite the more recent increase of qualitative work, there is still much to be understood about the way that ACOA make sense of their experiences.

What is left to learn?
A vast body of largely quantitative research has explored the negative outcomes experienced by ACOA and attempted to explain the causal pathways of such outcomes. I feel that it is important to understand how ACOA experience being raised by an alcoholic and the meaning that being an ACOA holds for them. The development of the ‘syndrome’ of ACOA (Brown, 1988) led to a number of characteristics being imposed onto ACOA, creating a pathologising stance whereby research looks to test the presence of distress (Kashubeck & Christensen, 1992), psychopathology (Sher, 1991) and relationship dysfunction (Kelly et al., 2004) in ACOA. Instead of imposing pre-assumed categories onto people I feel it is important to ask them what factors they feel are salient to their experiences and sense of identity.

More recently research has considered that parental alcohol misuse may not have as big an impact on offspring as suggested. The failure to find that all ACOA experience negative outcomes has prompted a move away from classifying ACOA as a syndrome worthy of attention in its own right to a belief that the negative outcomes experienced may be due to general dysfunction in the family (Harter, 2000). Research appears to have taken a very either/or approach seeking to classify ACOA as negatively affected or resilient (Wolin & Wolin, 1993). Qualitative research has highlighted how difficult it can be to separate family dysfunction from parental alcohol misuse (Velleman & Orford, 1999). Understanding the meaning that ACOA make of their upbringing may help us understand the processes by which a problem drinking parent can affect their offspring, which may have implications for the way ACOA are supported.
Considering the apparent heterogeneity in ACOA (Harter, 2000) and acknowledging Palmers (1997) stance on the fluidity of resilience, it seems logical that not all ACOA will need or want support. But little remains known about what types of support may have been needed or wanted at different stages in their lives as research has tended to evaluate only current perceptions of support available.

In order to provide adequate support to ACOA we first need to understand their experiences, their needs and their wants. Botha (2005) demonstrated how themes of denial and secrecy continue to dominate discourses surrounding ACOA. A perception that ACOA are unable to talk about their experiences may account for the lack of qualitative research in this area. However, the ever increasing numbers of people accessing support groups and forums such as Al-Anon, NACOA (The National Association for Children of Alcoholics) and ACA (Adult Children of Alcoholics) suggest that ACOA are more than ready to talk.

The qualitative studies reviewed here employed a variety of methodologies and all were able to identify commonalities and differences in participants’ experiences. The qualitative research to date has often focused on a particular facet of the experience of ACOA, such as dysfunction (Velleman & Orford, 1999), resilience (Bain, 2011) or identity (Botha, 2008) and none have explored the overall experience of being an ACOA.

**Research Questions**

I intend to conduct semi-structured interviews that give ACOA the freedom to discuss the lived experience of being an ACOA, as well as gathering their perspectives on what they feel services need to know about them. When considering what is still to be learnt about ACOA, the main research questions of this study are:

- What are the experiences of ACOA?
- What are ACOA experiences of support?

Being an ACOA I have to consider the impact that my experiences may have on the information I gather. Therefore I feel it important to bracket my assumptions and
generate a platform for ACOA to express the experiences they feel are salient to them rather than presupposing what experiences may be relevant to them in adulthood. The broad research question reflects the need to develop an understanding of the many facets that influence the experience of being an ACOA, many of which are as yet unexplored.

**METHODOLOGY**

**A Qualitative Approach**
When considering what we know about ACOA, there has been an overreliance on quantitative approaches. Silverstein, Auerbach and Levant (2006) state that quantitative approaches are concerned with hypothesis testing whereas qualitative approaches are concerned with hypothesis building and generating theory. This research aims to capture an in depth account of the lived experience of an ACOA, an aim best suited to qualitative research. Qualitative methods are advantageous as they allow for complex aspects of human experience to be explored; they enable the study of rich depth and detail, are useful for exploratory orientated research and can capture the lived experience of individuals (Barker, Pistrang & Elliot, 2002).

**Epistemology**
From a postmodern philosophical perspective one must assume that neutrality and objectivity are not possible, therefore it is important that I acknowledge my social location and theoretical framework. I am a 29 year old, White British, middle class female. I have a social constructivist framework and believe that there is no objective reality and that each individual constructs their own reality within their social context. This is in keeping with phenomenologist approaches that also reject realism and are more concerned with individuals’ experiences of their world (Barker et al., 2002).

I am also a self identified, second generation ACOA. My mother’s relationship with alcohol has changed over the years yet I would describe her as an alcoholic through my adolescence and some of my childhood years, and her mother too was an alcoholic. In my personal and professional experience I have encountered many
ACOA, and have been fascinated by the different ways people make sense of their experiences. I feel that the research literature to date has failed to capture the lived experience of ACOA and as such has reduced the complexities and variations in experience.

The qualitative paradigm assumes that the social location of the researcher will influence the construction of knowledge, therefore it is important that a qualitative researcher be self-reflexive (Silverstein et al., 2006). Being an ACOA it is important to consider the assumptions and biases that I hold and the impact that these will have on my research. Throughout this research I have practiced reflexivity by discussing my connection to the research in supervision and keeping a reflective diary as recommended by Ahern (1999). These processes have helped me to ‘bracket’ my own experiences, which Barker et al. (2002) described as a process of stepping aside from ones expectations in order to see the phenomenon from the outside.

Choosing IPA

I consider IPA to be a suitable method of analysis for this research for a number of reasons. IPA is inductive and participant led and thus creates the opportunity for novel ideas to arise (Smith, 2004). IPA is also interrogative, in that it hopes to use its findings to interrogate previous research and find resonance with extant literature (Smith, 2004).

While a number of qualitative approaches were considered, I believe that IPA is more suitable than other qualitative approaches for the purpose of the current research. Narrative analysis is concerned with meaning making and therefore has strong intellectual ties to IPA (Smith et al., 2009) and to the aims of this research. Narrative analysis takes its focus in the way ones story is structured or organised and how ones story connects to the broader context (Murray, 2003). It is thus concerned with questions about how ones narrative relates to their sense making, how participants convey their story and how they position themselves in their story. For the purpose of this study I am concerned with what experiences people describe and
how they understand their experiences, rather than the focus being on the way they convey their experiences. I therefore feel that IPA’s commitment to exploring lived experience best suits the aims of this research.

**Interpretative Phenomenological Analysis (IPA)**

“IPA is concerned with the detailed examination of personal lived experience, the meaning of experience to participants and how participants make sense of that experience” (Smith, 2011 p.9) and as such is in keeping with the aims of this research. Barker et al. (2002) describe IPA as a systematic approach to analysing phenomenological data and the guidelines for conducting IPA produced by Smith, Flowers and Larkin (2009) make it an appealing method of analysis to a novice qualitative researcher.

**The Theoretical Foundations of IPA**

IPA is qualitative approach developed and articulated by Jonathon Smith in 1996. It is an approach informed by the debates and concepts from three areas of the philosophy of knowledge; phenomenology, hermeneutics and idiography (Smith et al., 2009).

Phenomenology is a philosophical approach to the study of what an experience is like and as such has been a major influence in IPA’s development (Smith et al., 2009). Smith et al. (2009) discuss the influence of four phenomenological philosophers (Husserl, Heidegger, Merleau-Ponty and Sartre), highlighting the importance of the ‘life world’ of individuals, the essence of experience and the concept of inter-subjectivity.

Hermeneutics is the study and theory of interpretation. Smith et al. (2009) use contributions from Heidegger, Schleiermacher and Gadamer to highlight the theoretical insights of hermeneutics in IPA. In line with these philosophers IPA is concerned with examining how a phenomena appears and how the analyst influences and facilitates the making sense of something appears. The iterative nature of IPA reflects the hermeneutic cycle whereby one must look at the whole to
understand the parts, and look at the parts to understand the whole. Smith and Osborn (2003) described IPA as engaging in a ‘double hermeneutic’, whereby the researcher is trying to make sense of participants trying to make sense of their experiences.

Idiography is concerned with the particular and is represented in IPA’s commitment to the in depth analysis of each case and to the focus on understanding a particular phenomena, from a particular perspective in a particular context (Smith et al., 2009). In keeping with an idiographic approach IPA does not aim to make generalisations, but rather to give an in depth account of experiential phenomena from a purposive sample (Smith & Osborn, 2003).

Participants

Recruitment

Purposive sampling involves selecting a non-random sample of participants in order to ensure the sample contains the characteristics under study (Barker et al., 2002). Therefore instead of recruiting from the general population, I targeted a particular subset of people (ACOA) to enable me to answer my research question.

Initially mutual aid organisations Al-Anon and Adult Children of Alcoholics (ACA) were contacted by phone (where possible) or email. Within this contact I outlined my credentials and the reasons for conducting this research. A detailed participant information sheet was provided, which explained the study aims and procedures and invited participants to contact me for further information (appendix 1). Contacts were asked to distribute this to their group members and associates or to contact me if they required any further information. This avenue of advertising only produced one participant, who in turn invited a fellow mutual aid group member to participate. An advert was also placed on Studynet- the University of Hertfordshire’s Intranet (appendix 2) which contained a link to the participant information sheet which had all my contact information. This avenue produced two research participants; however the advert was only able to run for 7 days in keeping with the Universities policies.
Due to the difficulties recruiting I reapplied to the University of Hertfordshire’s Ethical Committee to expand my recruitment avenues to include advertising on social media sites and a wider range of non-clinical organisations including the National Association for Children of Alcoholics (NACOA) and Adfam (appendix 3). The non-clinical organisations were contacted with the same procedures described above.

I joined ‘Twitter’, a social networking site that allows you to follow and send direct messages to members of its site. I then ‘tweeted’ my interest in talking to people about their experiences of being an ACOA and uploaded an advert (appendix 4) that contained details of my study and invited interested parties to contact me. This avenue produced 3 interested participants, two of which took part in the study.

Potential participants were invited to contact me to express their interest or obtain further information via the mentioned adverts and participant information sheet. Once participants expressed interest I confirmed they had read the information sheet and asked if they met the inclusion and exclusion criteria. Participants were invited to ask any questions and if it was appropriate to do so, an interview was arranged. Immediately prior to the interviews participants were given the opportunity to ask questions and then the consent forms (appendix 6) and ethical procedures were reviewed before proceeding.

Of the three participants expressing their interest via Twitter two were based in America and one was someone I have previously met through work. One participant in America appeared particularly keen and suggested we do a ‘Skype’ interview on video link. Due to her interest and the slow uptake of local participants, I reviewed the participant information sheet, screening criteria and consent form via email communication. Once the participant emailed me a scanned, signed copy of the consent form we arranged an interview. The same procedures as per the face to face interviews were followed. The second participant did not have access to video link technology and so was not recruited. The third participant from Twitter was an acquaintance I had met through work previously and is someone I no longer have
contact with. I considered and discussed the impact that knowing this person may have on my research with my research supervisors. It was considered that as this participant had contacted me it was likely they had considered the impact of talking to someone familiar and felt it would not inhibit them. Again due to the participant’s keen interest and difficulties recruiting it was agreed to proceed.

**Inclusion Criteria**

It was required that all participants must be over the age of 18 and have been raised in a home where at least one of their parents was an alcoholic.

**Exclusion Criteria**

Participants were excluded if they;

- Have experienced parental sexual or physical abuse during their childhood.
- Are currently living with their alcoholic parent.
- Are currently dependent on alcohol or drugs.

**The Sample**

Participants comprised of 6 self identified adult children of alcoholics. While all participants were from White ethnic backgrounds I have chosen not to specify their ethnicity as some had distinct backgrounds that may have compromised their anonymity. Table 1 provides demographic and contextual information.

**Table 1; Participant Information**

<table>
<thead>
<tr>
<th>Pseudo name</th>
<th>Gender</th>
<th>Age</th>
<th>Parent identified as an alcoholic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harry</td>
<td>Male</td>
<td>53</td>
<td>Mother</td>
</tr>
<tr>
<td>Alison</td>
<td>Female</td>
<td>29</td>
<td>Mother (dry*alcoholic) &amp; Father (dominant** alcoholic)</td>
</tr>
<tr>
<td>Ben</td>
<td>Male</td>
<td>22</td>
<td>Father</td>
</tr>
<tr>
<td>Rachel</td>
<td>Female</td>
<td>30</td>
<td>Mother (functional* alcoholic) &amp; Father (dominant**alcoholic)</td>
</tr>
<tr>
<td>Lindsey</td>
<td>Female</td>
<td>21</td>
<td>Father</td>
</tr>
<tr>
<td>Karen</td>
<td>Female</td>
<td>32</td>
<td>Father</td>
</tr>
</tbody>
</table>

* Participants’ own descriptions
**The parent who appeared to dominate participants’ discussions around their experiences’.
Ethical Considerations

Ethical approval was granted by The University of Hertfordshire’s Ethical Committee (appendix 5). This research also complies with the British Psychological Association (BPS) Code of Conduct, Ethical Principles and Guidelines (2009).

Informed Consent

Providing detailed information about the study aims, the intended method and the procedures involved via the participant information sheet enabled participants to make an informed choice about taking part. Informed consent was ensured by checking the participants had read the study information, giving them the opportunity to ask any questions and reviewing the consent form (appendix 6) with them before asking them to sign it and proceed with the interview.

Confidentiality

Participants were informed via the participant information sheet about confidentiality and its limitations. This information was also discussed in more depth with participants while reviewing the consent form prior to the interview.

Participants were informed that interviews may be transcribed using a transcription service that would have to sign a confidentiality agreement. Five interviews were transcribed using a reputable transcription service.

Potential Distress

It is possible that when asking people to reflect on their experiences they may become distressed, particularly if their experiences were negative. A number of measures were taken to minimise the distress to participants. To ensure participants do not experience undue distress the semi-structured interview schedule underwent peer review and piloting to gain feedback as to the sensitivity of the questions. The participant information sheet advised participants to consider the possibility that the interview may be distressing for them before taking part. At the end of each interview participants were given the opportunity to discuss any questions or
concerns. Time was given to review the debrief information (appendix 7) which provided information of sources of support that may be relevant.

Data Collection

Semi-structured Interview Development
A semi-structured interview schedule was developed relevant to the study’s aims (appendix 8). The interview schedule contained open questions about participants’ general experiences of being an ACOA, with further questions centered on themes of identity, relationships and participants’ understanding of alcoholism. Questions were formulated based on the relevant literature, discussion with research supervisors and literary guidance on developing semi-structured interviews (Smith & Osborn, 2003).

Interviews
Participants were given a choice about the interview location. Four chosen to be interviewed in a private room at the University of Hertfordshire, one at their workplace and one from her home via Skype video link. Interviews lasted between 53-113 minutes and were audio recorded and transcribed.

Data Analysis
Within case and cross case analysis was carried out using the IPA method outlined by Smith et al. (2009). IPA is an idiographic approach that involves a two stage process of interpretation; providing a detailed exploration of how participants understand their experiences, followed by an interpretation of how the researcher understands participants’ experiences. IPA involves a step by step analysis of exploring data to identify emerging themes. IPA also requires the researcher to engage in a critical hermeneutic, which involves making interpretations on messages that may be ambiguous or hold dual meanings.

Individual case analysis
Given IPA’s idiographic commitment the following steps were repeated with each case. I first read each transcript in conjunction with the audio to get a feel for the
participants’ voice. I then read the interview transcripts a number of times to immerse myself in the data and ensure I was familiar with the content. In the next stage of analysis I examined the semantic content and language at an exploratory level and annotated my initial reactions to what was said on the right of the transcript. The next stage involves moving to a higher, interpretative level of abstraction where I began to identify emerging themes based on my initial notes and discrete chunks of the transcript. The emerging themes were annotated on the left hand side. In keeping with the phenomenological nature of IPA the participants’ own words or phrases were used where possible to label emerging themes. Once the emerging themes were listed, I took a more analytical approach to look for connections between themes. Within this process themes were listed in order of appearance and then organised into coherent clusters. I then read the transcript again to ensure the emerging clusters fit with the data. I then used a number of techniques suggested by Smith et al. (2009) including abstraction and polarization to look for patterns and connections in emerging themes and clusters. This led to the identification of superordinate themes within clusters, which each cluster was then named by. These themes were also highlighted by extracts from the transcript to capture the essence and ensure grounding in the data. The data was then organised into a table containing superordinate themes, themes and extracts from the transcript. These stages of analysis are carried out with each interview transcript independently.

**Group level analysis**
The tables of themes for each case were analysed for convergences and divergences, interrelationships and connections between cases. Clustered themes from each transcript were then combined and reduced as necessary to produce a final table of superordinate themes, themes and extracts from the transcript. A copy of a sample analysis (appendix 10) and audit trail (appendix 9) can be seen in the appendices.

**Writing up**
The final table of superordinate themes was used as the basis for writing up the results. Verbatim extracts from the transcript have been used to explain and illustrate the themes derived from the analysis.

Quality in qualitative research approaches
Specific criteria have been developed for evaluating the quality of qualitative research as traditional psychometric criteria of reliability and validity do not easily apply to qualitative approaches (Barker et al., 2002). Yardley’s (2008) criteria were chosen to evaluate this study as they were accessible and can be applied to any theoretical orientation in qualitative approaches. Yardley (2008) presented four broad principles for assessing quality in qualitative research, as detailed in table 2.

Table 2: Criteria for quality in qualitative research

<table>
<thead>
<tr>
<th>Criteria for quality</th>
<th>How I met quality criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Sensitivity to context’</td>
<td>The theoretical and empirical literature relevant to the study is considered in depth in the literature review and introduction. Consideration of the relevant literature aided identification of current gaps in understanding, and helped the formulation of a suitable research question. The analysis was also reviewed in light of the relevant literature and consideration was given to how findings may contribute to clinical practice.</td>
</tr>
<tr>
<td>\textit{Consideration of relevant theoretical and empirical literature}</td>
<td></td>
</tr>
</tbody>
</table>
| Sensitivity to perspective and socio-cultural context of participants | Conducting a pilot interview to assess the relevance and sensitivity of interview questions and use of open-ended questions ensured that the research was sensitive to participants’ perspectives. The process of analysis and the use of verbatim extracts in IPA ensure that the analytic claims are grounded in the data, which demonstrates considered sensitivity to context (Smith et
<table>
<thead>
<tr>
<th>‘Commitment and rigour’</th>
<th>The use of semi-structured interview allowed flexibility and freedom for novel areas to be raised and pursued.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thorough data collection</td>
<td>Adherence to the guidance outlined by Smith et al. (2009) ensured a rigorous process of analysis was undertaken. Peer group supervision and discussion of emerging themes in supervision ensured depth of analysis. A sample transcript section and audit trail demonstrates the breadth of analysis (appendices 9 &amp; 10)</td>
</tr>
<tr>
<td>Depth/breadth of analysis</td>
<td>As well as consulting a range of relevant literature I attended a conference, workshop and speciality lectures on IPA. The development of an IPA peer support group (containing 3 Trainee Clinical Psychologists using IPA and occasionally attended by an experienced IPA researcher) offered the opportunity to discuss and share knowledge of IPA. These measures ensured methodological competence.</td>
</tr>
<tr>
<td>Methodological competence/skill</td>
<td>My personal and professional experiences have been highlighted above and fuelled engagement with the topic. A considered review of the literature, attendance at conferences related to policy development and treatment of children of alcoholics demonstrate my engagement with the topic. Keeping a reflective diary also helped me bracket my assumptions to prevent me over identifying with the participants’ experiences.</td>
</tr>
<tr>
<td>In-depth engagement with the topic.</td>
<td></td>
</tr>
</tbody>
</table>

al., 2009).
<table>
<thead>
<tr>
<th>‘Coherence and transparency’</th>
<th>The rationale for this study is evidenced in the literature review and introduction and a detailed outline of the theoretical background of IPA and consideration of why IPA was chosen provide the solid grounding needed to demonstrate coherence. Discussed of themes in supervision and IPA peer groups also provided triangulation and illustrated the soundness of themes identified. Three transcripts were read by my research supervisors who were in general agreement with the emergent themes.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coherence</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Transparency</strong></td>
<td>The detailed procedures outlined above contribute to a transparent approach and the process of analysis in IPA enhances transparency. An audit trail of the analysis process is provided in appendix 9. Tables of themes are highlighted by verbatim extracts and quotes, which are also used frequently in the write up to illustrate and explain analytical interpretations. This allows readers to see the fit between the data and its interpretation. The use of a reflective diary and personal reflections in the analysis and discussion sections were measures used to ensure transparency.</td>
</tr>
<tr>
<td><strong>‘Impact and importance’</strong></td>
<td>The relevance of and need for this research were outlined in the literature review and introduction, and suggestions will also be made regarding how this study can facilitate our understanding of the experiences of ACOA and how the findings can contribute to clinical practice.</td>
</tr>
</tbody>
</table>
**RESULTS**

Four master themes emerged from a detailed Interpretative Phenomenological Analysis of 6 participants’ accounts of their experiences of being the adult child of an alcoholic. These four master themes and their constituent superordinate themes are outlined in table 3 below.

Table 3: Master Themes

<table>
<thead>
<tr>
<th>Master Themes</th>
<th>Superordinate Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dealing with the loss of connection to parents</td>
<td>Every time they drank they abandoned me</td>
</tr>
<tr>
<td></td>
<td>I can’t have a relationship with that person</td>
</tr>
<tr>
<td></td>
<td>Finding other ways to meet nurturing needs</td>
</tr>
<tr>
<td></td>
<td>Difficulty being close to others in adulthood</td>
</tr>
<tr>
<td>Feeling hopeless and helpless</td>
<td>Nothing I did worked</td>
</tr>
<tr>
<td></td>
<td>It felt like it was never going to change</td>
</tr>
<tr>
<td></td>
<td>Feeling angry that no-one was taking it seriously</td>
</tr>
<tr>
<td></td>
<td>What could anyone do if I kept the secret?</td>
</tr>
<tr>
<td></td>
<td>Looking back and knowing what could’ve helped</td>
</tr>
<tr>
<td>Struggling to stay sane</td>
<td>Trying to address my childhood confusion</td>
</tr>
<tr>
<td></td>
<td>Keeping sane through distance and distraction</td>
</tr>
<tr>
<td></td>
<td>Booting up the defences to protect from pain</td>
</tr>
<tr>
<td></td>
<td>Ending the struggle through acceptance</td>
</tr>
<tr>
<td></td>
<td>Using therapy to stay afloat</td>
</tr>
<tr>
<td>I know who I want to be more than I know who I am</td>
<td>Feeling it gave me something vs. it took something away from me</td>
</tr>
</tbody>
</table>
Trying to make sense why I am who I am

I don’t wanna end up like that-striving to be better

I’m still in the process of trying to figure out who I am

Needing others for validation

These themes provide one possible account of what it is like to be an adult child of an alcoholic. While it is not possible to reflect every aspect of the participants’ experiences, these themes were chosen due to their saliency with participants and their relevance to the research question. Although a consistent pattern of themes emerged, individuals’ experiences within the themes showed much variability. The following chapter explores the similarities and differences between participants’ experiences which will be illustrated using verbatim extracts.

Minor changes have been made to the extracts for the purpose of this research. Participants’ names have been changed and all identifying information has been removed. Omitted data is indicated by closed square brackets [] and additional information provided by the researcher to improve readability is indicated in curved brackets (). Dotted lines indicate pauses.

Table 4 provides a summary of participants’ contextual information to facilitate the reading of this section.

Table 4; Summary of participants’ contextual information

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Parent identified as alcoholic</th>
<th>Childhood context</th>
<th>Current context</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harry</td>
<td>53</td>
<td>Mother</td>
<td>Boarding school from age 8</td>
<td>Mother died age 23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Father died age 11</td>
<td></td>
</tr>
<tr>
<td>Alison</td>
<td>29</td>
<td>Mother (‘dry alcoholic’) and Father (dominant)</td>
<td>Parents separated age 9 Lived with mother,</td>
<td>Father died age26</td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Relationship</td>
<td>Father's Alcoholic Status</td>
<td>Details</td>
</tr>
<tr>
<td>-------</td>
<td>-----</td>
<td>--------------</td>
<td>---------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Ben</td>
<td>22</td>
<td>Father</td>
<td>(alcoholic)</td>
<td>visited dad until age 16</td>
</tr>
<tr>
<td>Rachel</td>
<td>30</td>
<td>Mother</td>
<td>Mother (‘functional’ alcoholic) and Father (dominant alcoholic)</td>
<td>Father moved out age 11 Lived with mother, regular contact with dad</td>
</tr>
<tr>
<td>Lindsey</td>
<td>21</td>
<td>Father</td>
<td></td>
<td>Lived with both parents</td>
</tr>
<tr>
<td>Karen</td>
<td>32</td>
<td>Father</td>
<td></td>
<td>Parents separated age 6 Lived with father from age 12</td>
</tr>
</tbody>
</table>

1. **Dealing with the loss of connection with parents**

1.1 **Overview**

This theme aims to capture the struggle that participants’ had in feeling connected to their parents. For some the parental relationship broke down and was never fully repaired. Participants expressed feelings of sadness, anger and regret. For many this sense of loss led them to rely on themselves and other sources to meet their need for nurturing. Participants described ways in which they felt their experiences influenced their relationships with others. The majority of participants described difficulty being close to others in adulthood, with some attributing this directly to their relationship with their alcoholic parent. Participants described contrasting experiences of how able they felt to overcome their difficulties with relationships.
1.2 Every time they drank they abandoned me

All participants spoke about their parent being either physically or emotionally absent as a result of their drinking:

You know every time she drank she abandoned me (Harry)

For Rachel, Karen and Lindsay there was a sense that their alcoholic parents were not up to the role of being a parent even when physically present:

In the beginning he still......carried out the dad role if you like and was still....there for us (Rachel)

Being the child of an alcoholic parent just the sense of not really having a parental figure there even when he was there, not being up to the job of being a parent (Karen)

Rachel described a difference in her father’s ability to carry out his parental duties over time, representing a loss of a role that once existed for her.

Both Karen and Lindsay expressed sadness and regret when describing the absence of their parent and portrayed a feeling that they were not cared for or loved by their parents, a sense that was also shared by Alison:

I broke my arm [ ] it took us well over an hour (to get to the hospital)[ ] to this day I don’t know if he had to wait until the alcohol had worn off, if he decided his business meeting was more important (Alison)

In contrast to the sadness that most participants’ expressed at their parents’ absence and inability to meet their parental duties Ben found that when he was younger his dad’s drinking actually increased the opportunity for bonding:

I just remember playing, being playful with him [ ] and, I realised that he was drunk [ ] pretty much every single time (Ben)
Although as he got older and his father’s pattern of drinking changed Ben increasingly found that his father’s drinking limited their opportunity to spend quality time together:

*We couldn’t do that when he was drunk (bond) (Ben)*

1.3 I can’t have a relationship with that person

As participants grew older it appeared the relationship with their alcoholic parent deteriorated for all:

*He would try a little bit harder to connect with us when he was drunk, but you can’t do a lot (laughs) so, um in fact it probably made things worse (Lindsey)*

*Sometimes when he would get very drunk he would get a bit aggressive but it didn’t come to anything, but there was this constant, erm, on the edge of something could, if that makes sense. Erm, so yeah I used to hide in my room a lot and push my bed up against the door (Karen)*

Lindsey’s account portrays the difficulties in connecting to a parent that is intoxicated, a struggle experienced by all participants. Despite retrospectively knowing that her father’s aggression never came to anything Karen’s behaviour suggests that as a child she did not know this and was afraid of her father when drunk. Other participants expressed a range of emotions as their parents’ drinking continued into their adulthood:

*She just became more and more withdrawn, more and more collapsed in on herself and I can’t have a relationship with that person I can’t have it, it’s simply ‘you disgust me actually’ [ ] you know, more and more disgust, more and more anger (Harry)*

*I sort of realised that…..I didn’t really know him [ ] I’d be doing is listening to his tone and thinking, is this drunk dad or is this sober dad? (Rachel)*
Rachel and Harry found that their parents were changed beyond recognition, further exacerbating their difficult emotions and a sense of loss. Harry’s mother and Rachel and Alison’s dominant alcoholic parent died meaning the damage to their relationships was not able to be reconciled. All participants with surviving parents also described ongoing difficulties in relationships with their alcoholic parents:

*I kind of just came to the conclusion that I, I was just going to, I was gonna call him my pop because wasn’t really my dad, because he didn’t spend time with my like a dad does* (Lindsey)

Lindsey’s hesitancy describing this decision seemed to mirror the difficulties she had in coming to this conclusion. All participants expressed distress at coming to terms with the struggle to connect to their parents except for Alison:

*I refused to visit him and then I completely kicked him out of my life* (Alison)

### 1.4 Finding other ways to meet nurturing needs

All participants except Ben spoke of a desire to be nurtured and supported. Alison lived with a non-drinking parent, though gave a sense that her mother was not always readily available as a source of support:

*I did some stuff that really upset her too, ‘cause it was my way of, probably trying to get attention erm, but yeah she could be terrifying, ‘cause she was just so fraught* (Alison)

It was common for participants with siblings to seek comfort from their siblings at some point during their experiences, though not all were able to access this support in childhood:

*I think my boundaries come from my sisters [ ] I don’t know what I would have done without them* (Karen)

*Basically had to take care of my brother, and take care of myself on my own* (Lindsey)
Rachel and Karen frequently described the support they accessed through their sisters, finding them invaluable in childhood. Rachel spoke of this relationship as filling a gap and providing her enough to get by, whereas Lindsey found that she was the sibling providing the support.

Lindsey’s experience of having to care for herself was a familiar experience across participants, with all except Ben attributing their parents drinking behaviour to their sense of independence:

> I did all my own washing and cooking and I didn’t have parents who went to parents evening or, or anything like that so I was very independent (Karen)

Participants spoke of independence in terms of their abilities to care for themselves and all saw this as a positive quality, although as highlighted by Karen, for many independence was described as a necessity rather than a choice.

> Although Karen gained much from her sisters she did not live with them and was able to meet many of her own needs she found in adulthood she continued to have a desire for a parental figure, as did Lindsey: I seek out parental figures wherever I go. Erm, I don’t mean to it just happens (Karen)

Although Karen described ‘seeking’ parental figures, an active process, she also expressed a sense that she was not consciously aware of doing this, suggesting this represented an innate pull.

1.5 Difficulty being close to others in adulthood

All participants except Rachel spoke of having difficulty being close to people in adulthood, with many attributing this to their experiences with their alcoholic parent:

> It’s about not having that connection when you’re younger and as an adult not being able to make these connections (Harry)
All participants engaged in a process of trying to understand and explain why they had difficulties with relationships, suggesting this was an area that troubled them and had been thought about previously:

_I don’t trust men [ ] because my dad has only ever let me down [ ] I just automatically assume that no matter what I’ll never be enough for any man_ (Lindsey)

Lindsey’s sense of feeling unworthy of her father prevailed into her adulthood, directly influencing her sense of self worth in relationships. Karen and Alison also echoed Lindsey’s sense of finding it difficult to trust men and too found their relationship with their fathers led to a bad set of patterns in adult relationships:

_I don’t know how you love someone who treats you so badly, but then you feel guilty, so you must love them and it gets very confused [ ] It makes relationships very confusing. Erm... yeah .... Yeah I think, I think it’s just a pervasive sense of numbness about love_ (Karen)

Alison was the only participant in a long term relationship and despite feeling she has worked on her issues still found her relationship with her father intruding on her relationship:

_I have a lovely boyfriend [ ] but, the amount of times I’ve projected stuff on to him [ ] or accused him of being like my dad, or you know, he asks me a question and I interpret it as, as a, “are you controlling me?”_ (Alison)

Alison described recognising that her thoughts towards her boyfriend were related to her thoughts about her father and described ways in which she tried to fight these connections and let her head rule her heart. Battling against the patterns her father gave her gave Alison hope that she could overcome her relationship difficulties whereas half of the participants were not so hopeful:

_That’s probably going to take me a very, very long time to deal with_ (Lindsey)
Harry, Lindsey and Karen did not appear hopeful about having a satisfying relationship. Even the processes of trying to understand why they had these difficulties did not seem to ease the sadness that participant expressed when reflecting on their adult relationships:

\[\text{Erm...links to the not, really feeling able to be vulnerable with people now......which probably links with the feeling, sometimes, a bit unable to feel love or be loved 'cos you need to be vulnerable to be at that place and I really struggle with that (Karen)}\]

Karen spoke sadly of what she described as an inability to be vulnerable. The use of the word ‘struggle’ suggests Karen is not comfortable with this position and has tried to overcome this. For Karen and others there was a sense that their difficulties in relationships signified something that was lacking or damaged in them, further enhancing the sense of not being in control of one’s relationships:

\[\text{It has damaged my intimacy with women (Harry)}\]

2. Feeling hopeless and helpless

2.1 Overview

Participants gave numerous examples of chaotic home environments and unwanted behaviour from their parents. This theme describes the way in which participants felt powerless and trapped in these difficult situations in childhood. Most participants engaged in a variety of determined and persistent attempts to try and control or improve their situation or stop their parents drinking. However, participants described none of these resolute attempts as successful. In childhood participants experienced these failures to change their situation as saddening and many also described feeling let down by others they tried to access support from. Some participants felt trapped not only by their parents and society but also by themselves and their own actions. They described how various thoughts and fears made it difficult to seek support leaving them feeling alone and helpless. With hindsight
participants had clear ideas of what may have helped them as children, with many advocating for support for their parent as well as for themselves.

2.3 It felt like it was never going to change

None of the participants’ alcoholic parents ever expressed a desire to stop drinking and none received any support that participants were aware of. This contributed to the shared sense that their parents’ drinking was never going to change:

I got tired of it [ ] I knew it wasn’t going to change and I know it’s never going to change [ ] so I just realised that it’s tiring and it’s a drain (Ben)

Ben described feeling tired of his dad’s drinking and he and Alison were the only participants who did not describe actively trying to get their parent to stop drinking:

I just wanted somebody to be able to control him ...but that wasn’t possible...I think it would have been mostly, you know make him stop...drinking (Alison)

Alison had the perception that no-one would be able to control her father, highlighting her sense of powerlessness against him. Ben’s father moved out when his drinking got worse meaning Ben had some distance from the more problematic implications of his drinking. This may explain why he did not feel the need to try and stop his father’s drinking, whereas the participants who lived with their alcoholic parent tried in many ways:

We learnt to try and control and shout and rage and pour away, we learnt all of that very young and that’s what we did cos we thought we should do it. It didn’t work (Harry)

I tried for the longest time to...kind of use guilt and use other means to get my dad to stop, erm, to get my dad to just be normal, and it didn’t work (Lindsey)

The perception that nothing would change seemed to increase participants’ sense of feeling powerless:
Someone once said to me you know everyone has a right to kill themselves but they don’t have the right to make you watch them [ ] and that’s actually what happened [ ] wives, husbands can leave their spouses....you can’t do that when you’re a kid (Harry)

Rachel appeared to have a more accepting approach of her position and continued to try and help her dad until he died. For Harry, Karen and Lindsey the sense of powerlessness represented a huge struggle in their lives:

I’d swear at him – “you’re hurting yourself, you’re hurting me” - kinda, but, erm, years later there was just no point [ ] there just seemed no point in having the conversation, ‘cos it would only upset him or it would only invalidate me further (Karen)

This is just, just the way that life is ...you might as well just embrace it and move on (Lindsey)

It appears that Lindsey and Karen’s response to powerless was to accept that there was nothing they could do and stop struggling to change their parent. This was a difficult decision for them both and while it protected them from feeling powerless, it seemed to increase their sadness and their sense of disconnection from their parent.

2.4 Feeling angry that no-one was taking it seriously
All participants described feeling unsupported in some aspect. There was a perception that people were not willing or able to help them:

I mean my mum she knew and we told her we’d come back from visits, she knew she, couldn’t stop us going without, having to worry about him coming after us again (Alison)

Ben did not feel he needed support from others and so never sought it, whereas Alison’s mother appeared to be as powerless as she was to stop her being subject to her father’s drinking. Alison appreciated her mother’s struggle, which may have
protected her from the angry feelings that were expressed by all other participants towards the people that failed to support them:

*I mean a doctor once said to me when she was when she was dying “you have to stop making her, you’ve got to stop her drinking” what an idiot* (Harry)

Harry and Rachel were particularly angry at medical professionals. Harry was frustrated by the lack of sensitivity and understanding from doctors, particularly as he had tried so hard to control his mother’s drinking. Rachel’s efforts to get her dad medical support were helped by others, leaving her feeling frustrated and unsupported:

*So for them it was a bit sort of....putting the blinkers on and pretending nothing was wrong* (Rachel)

Rachel felt that her dad’s family were in denial about his drinking which blocked their ability to recognise her struggles and left her feeling isolated. Other participants also felt that others were not taking the problem as seriously as they were:

*Would make me really quite mad ‘cos I wanted them to be responsible adults, telling my dad to be a responsible adult. Erm, but it never ever happened* (Karen)

Some participants expressed being let down by their parents’ friends and the wider community. Their accounts show how people failed to help their parents’ and also failed to notice their needs and distress. Their sense of anger also seemed to mask sadness at their sense of being let down again.

**2.5 What could anyone do if I kept the secret?**

Rachel is not represented in this theme as she actively sought support from people outside of the family whereas all other participants expressed some degree of keeping their problems with their parents’ drinking to themselves in childhood:
Well I was, I was quite outspoken to a certain level, there was like, there was like a wall, and everything outside that wall I was very you know outspoken (Alison)

Alison spoke to her mother about her father’s drinking, however found it much harder to express her emotions about his drinking, whereas Lindsey alongside all other participants kept both the situation and their feelings hidden:

To this day I don’t understand why I never did that, [    ] I never told anybody about it...I never said anything to anybody, [    ]...I have no idea why (Lindsey)

Ben attributed his secrecy to his personality, whereas Lindsey struggled to reflect on why she never told anyone about her father’s drinking. Lindsey was emotional when talking about this and appeared very regretful that she had not been able to ask for help.

Other participants had clear motivations for not disclosing to others:

It had already imbedded into itself, into, this is my problem not yours (Harry)

I was embarrassed and ashamed... erm, for her, I didn’t want her seen and I though it reflected on me.....um, that was very strong..... (Harry)

If anyone found out or took my dad away from me or me away from my dad it really would leave me nowhere, with nothing, and so everything was, kinda, protecting him or, or us (Karen)

Both Karen and Harry’s accounts portray the sense of responsibility they felt. Harry described not wanting others to see his mother as he felt her behaviour reflected on him. His sense of feeling ashamed may also reflect his perception that it was his problem- owning the problem in this way may have felt him feel ashamed that he was not enough to stop his mother drinking. Karen also described feeling responsible for protecting her father and herself. Keeping this secret kept Karen and Harry protected from feelings of shame and abandonment, however also kept them trapped and unable to seek the help that all participants wanted:
I guess you can’t if you’re not willing to talk about it, ‘cos you want to protect them. So you get stuck in a bit of a bind (Karen)

You do feel like you’re alone, and you do seclude yourself off you sectioned yourself off, and you feel like there’s no hope for you or there’s no, there’s nobody that can help you (Lindsey)

It appeared difficult for participants to reflect on the part they had in keeping themselves trapped in their situation, with all who experienced this speaking with regret for their child self.

2.6 Looking back and knowing what could’ve helped
Ben is not represented in this theme as he felt he did not need support, however all other participants had strong ideas of what they feel would have helped them in their childhood. Some participants advocated for support for their parents to stop drinking while some advocated for support for themselves:

I think maybe having someone ...maybe just sort of saying to them that, you know, there is help, for you know, whatever the issues are ... that are causing the drinking (Rachel)

Rachel felt that things would’ve been better for her if her dads underlying emotional issues were dealt with. This feeling was shared by Alison and Karen, though Karen was aware that this was not an easy solution:

I’ve worked in an adult CMHT before. They won’t take on any clients who’ve got an alcohol problem. I really don’t find that, kind of, boundary helpful (Karen)

Karen felt that current services were not set up in a way that was helpful and was angry about this. The sense that no-one was in a position to help may have heightened her sense of being let down. Karen had clear ideas about the way both she and her father could be best supported:
I think if things were more, informal, and more talked about and more of a, a drop in or an outreach kind of thing, even someone chatting to him in the pub, erm, it would have worked. And I don’t think services should be so stuffy about that (Karen)

I’ve got visions of, it would have been nice if someone in jeans had come in, no suits, no clipboards (Karen)

Karen spoke about services needing to be more flexible and more tailored to the client’s needs. For herself she wanted informality, which likely reflects her fears of being subject to power systems.

Four participants spoke of just wanting someone to acknowledge the situation they were in:

I think, I think looking back that feeling of I wish someone had said it is shit, you know (Harry)

I guess you could say loud, like let it be known like let it be known that or like try and make it as obvious as possible that they’re not alone (Lindsey)

Harry and Lindsey’s accounts represent their desire for acknowledgement and their desire to know they were not alone, a fact only learned in adulthood for all participants. Participants gave a sense that fear, shame and isolation kept them trapped and all felt that knowing it was safe to talk about these things would have helped them.

Alison was the only participant that had professional support as a child:

She’d build out of these cushions this big blue figure, [     ] I’d swing and I’d kick it down and I’d keep swinging until I’d got him, even the legs, have to stretch nearly fall off it but I’d get them all, and that was always my favourite game, erm, ...but (exhales) I, there was, there was no way of doing that (Alison)
Alison found that receiving support gave her power she didn’t have at home and also gave her the power to ask for help again in adulthood. Alison strongly advocated for therapy for adult children of alcoholics, though like Karen felt current service provisions were inadequate to meet needs:

Quite frankly the long term costs for all these people not getting help, not being able to get it, being turned away, being ...given 3 months of CBT not feeling any fucking difference at all and never asking for help again (Alison)

Alison appeared to talk as though therapy would be necessary for all adult children of alcoholics and that they needed intensive or long term therapy. This was not the view shared by Rachel or Ben who had never accessed support nor had the desire to.

3 Struggling to stay sane

3.1 Overview
This theme encapsulates the efforts that participants had to put in to cope with their experiences. In childhood there was no way to understand their parents’ behaviour, leaving participants confused and trapped in a state of uncertainty. This led participants to engage in defensive behaviours of distraction and avoidance, whereby they tried to distance themselves from their parents and their uncomfortable feelings in a variety of ways. As participants got older they all sought understanding of their parents’ drinking by making sense of their parents’ contexts and learning about alcoholism. Understanding their parents better appeared to offer comfort to some participants; however, processes of understanding and acceptance were not straightforward for all. In adulthood many participants sought therapy to support them and many continued to apply defensive coping strategies to protect themselves from difficult emotions.

3.2 Trying to address my childhood confusion
All participants had difficulty understanding their parents’ intoxicated behaviour:
I certainly didn’t understand that as a child, so it was very, very confusing. Not, confusion’s not the right word. It really just didn’t make any sense, which, confusion seems the same thing but it’s just this utter disbelief (Karen)

Karen repeats the word confusion and still feels unable to express what it was like as a child, highlighting the uncertainty she felt. This account represents the extreme of the sense of chaos, confusion and uncertainty that was experienced by all.

Participants had varying experiences of coming to recognise that alcohol was a factor in their difficult experiences:

I think I realise my dad was an alcoholic when I first understood the term alcoholic or when I first heard it and looked into it (Ben)

Ben was only able to apply meaning in adolescence after he heard the term alcoholic. This led him to seek understanding of the label and what it meant for his father. Other participants made the connection with alcohol when younger:

I don’t know at exactly what age I would have known that the argument was all about drinking, then I became aware of what I was looking for to see what the signs for her drinking were (Harry)

Rachel and Harry both came to recognise alcohol was the problem after hearing it from other family members. For both, the knowledge led to a change in their behaviour where they began looking at their parents differently and being attentive to signs that they were drunk. Others shared this attentiveness to parents’ drinking and sought to identify triggers for their parents’ drinking:

I guess my understanding why he became an alcoholic, if he had un-dealt with emotional issues stemming from his own family context (Karen)

While participants found it difficult to identify what led their parent to pick up each drink, all except Lindsey shared Karen’s perception that emotional issues led to their parents’ alcoholism.
Lindsey was schooled in America, where learning about alcoholism is part of their curriculum; however Lindsey was only able to apply this label to herself as an adult after seeking therapy for depression:

\[
I \text{ never ever saw myself as the child of an alcoholic because it just became normal, you know you don’t really see yourself, you don’t really see your dad as an alcoholic (Lindsey)}
\]

Lindsey’s account shows how knowledge of alcoholism may not be enough to provide meaning to confusing environments. Her perception that her father was normal may have highlighted her sense that it was she who had the problem, not him.

Other participants also struggled applying the label of alcoholism to give meaning to their parents’ behaviour:

\[
I \text{ keep saying almost a sort of functioning alcoholic so she doesn’t see that she’s got a problem because she can get up and go to work (Rachel)}
\]

For Rachel there was a conflict as to what alcoholism meant and how she could apply the same term to both her parents despite their pattern of drinking being very different. She found it easier to class her father as an alcoholic due to his ‘text book’ lack of functioning.

### 3.3 Keeping sane through distance and distraction

In childhood all participants used some method of distancing themselves from their parents’ drinking:

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My \text{ escape mechanism was I was a daydreamer, so I was reading a lot I was, I was escaping into my own little world (Alison)}
\]

\[
I \text{ was sort of doing anything and everything I could to stay out of the house really (Rachel)}
\]
Participants spoke of using physical distance to avoid their parents when intoxicated and also used cognitive strategies to mentally distance and distract themselves from their own feelings. As participants grew older it appeared easier for some to avoid contact with their parents:

*He’s got his own place now to go when he’s drunk and, it’s not that big an impact anymore (Ben)*

*From the point I left to go to university. I never came back (Karen)*

Being older appeared to enable participants to take more control over their situations, both in terms of the contact they have with their parent and the way they communicate with them. For many the best way appeared to be continuing avoidant strategies:

*It’s best that you just kind of....almost humour her in a sense (Rachel)*

Rachel’s experience of humouring her mother allowed her to avoid confrontation about her drinking.

### 3.4 Booting up the defenses to protect from pain

As well as avoiding their parents, all participants except Rachel also described using a number of strategies to protect themselves from the difficult emotions they experienced as a COA:

*I was always the smiley survivor, I was always the pleasant one, erm, I, I’m a bottler, I keep going I keep going I keep going and eventually I explode (Alison)*

Alison, Karen, and Lindsey all expressed a fear of expressing their negative emotions in childhood. Alison’s change from the past to the present tense suggests that this is a strategy she has maintained in adulthood.
Lindsey and Karen’s accounts show how hiding one’s emotions served to protect them from potentially damaging internal and external consequences of dealing with their emotions:

*I didn’t deal with it because dealing with it would mean I would have to deal with my issues of anger, it would mean that I would have to deal with...my kind of bitterness, my cynical view of men (Lindsey)*

*I’m more willing to talk these days ‘cos there’s not, there’s not so much at stake (Karen)*

As an adult Karen no longer had the fear that she would be taken away from her father, though still described finding sharing her feelings leaving her feeling vulnerable. Lindsey appreciated that avoiding dealing with her feelings about her father protected her from facing her own issues, a task which was still daunting in adulthood.

In adulthood many participants became more open about talking about their experiences. However their communication patterns of humour (Ben, Lindsey and Alison) and detachment (Karen) continued to protect them from the pain of thinking about their experiences in too much depth:

*I do use humour to cope with a lot of things (Ben)*

*I do notice that I talk about it quite matter-of-factly, quite, quite numbly, devoid of emotion. Just kind of - “Oh this is the thing” - or you know, erm...erm, and I think because I present it that way, people don’t really feel entitled to have feelings or opinions about it, which I think is my comfort zone (Karen)*

**3.5 Ending the struggle through acceptance**

For four participants (Ben, Harry, Lindsey and Rachel) making sense of their parents’ drinking appeared to change their relationship to either their parent or the problem:
I did sometimes go see him when he was drunk especially when he was talking about suicide and stuff, I would spend some time with him and he’d just drunkenly ramble on about anything [   ] Erm, it wasn’t a good experience but, I felt I had to do it anyway just for him (Ben)

I think because I accepted that.....it almost wasn’t him.....and I knew sort of the person that he’d been when I was growing up (Rachel)

Making the link between his father’s depression and his drinking allowed Ben to be more compassionate towards his father. Being able to separate her father from his alcoholism seemed to offer Rachel comfort and also allowed her to be compassionate towards her father. Lindsey’s acceptance gave her comfort as it allowed her to stop struggling with her feelings, though it did not seem to impact on her relationship with her father:

This is just, just the way that life is ...you might as well just embrace it and move on, and just ...let it go it’s in, in the past you can’t do anything about it (Lindsey)

Whereas Lindsey, Ben and Rachel all reached a level of acceptance by late adolescence, Harry did not make sense of his mother’s drinking until after she died. While Harry spoke of making a choice to forgive his mother after he learnt more about how difficult her life was, for Lindsey it felt like accepting her father was the only way for her to cope with the complex feelings that appeared to be involved in the processes of acceptance:

But you know it doesn’t excuse, all that’s been said it doesn’t excuse but she should have seen it...I’m so angry she didn’t see it. I have forgiven her for being an alcoholic, she couldn’t help that, but I understand better what she was burying (Harry)

Harry’s understanding of his mother brought him some peace in adulthood, and though he was able to forgive his mother, he remained angry and full of regret.
Karen also gained more understanding of her father’s emotional difficulties as she grew older which helped her understand his drinking, though for Karen this knowledge appeared to make things more difficult:

_It doesn’t matter that I have an understanding now, it, it just seems, unshiftable. Erm, yeah, so when I was younger it meant that I wasn’t enough to make him not drink and now I’m older it’s, I am actually a cold hearted bitch for judging him, so...for not being able to change my response to him or give him some affection or compassion knowing what he’s been through (Karen)_

As an adult Karen discovered that her dad had experienced anxiety and depression and she was more able to understand the impact his life context had on his drinking. Karen expressed that as a child she was not enough to stop her dad from drinking, but knowledge that she was not to blame did not give her any comfort. It is possible that her self esteem remained so low from her original belief, leaving her unable to lift her guilt.

3.6 Using therapy to stay afloat

Ben and Rachel are not represented in this category as neither felt the need for therapy in adult or childhood. All other participants accessed therapy at some point to help them deal with the difficult feelings that arose as a result of their childhood experiences.

Alison spoke of the value of individual and group therapy and her willingness to use therapy at difficult times in her life:

_That kinda kept me, afloat (Alison)_

The use of the word ‘afloat’ strongly corresponded to Alison’s perception that therapy was something that was instrumental in her sense as a survivor and
something that could be relied upon. This perception of therapy was shared by Harry and Lindsey:

*I rely heavily on counseling and AL-Anon, that’s usually what I use (Lindsey)*

*Now I’ve got a choice to change it, don’t have to cope cos I can’t. Now I have to take, I’ve fallen apart, there was no-one else I could go with this (Harry)*

Harry’s account mirrored Lindsey’s and Alison’s in that they all appeared to have the sense that therapy was the only outlet to deal with their difficulties. All 3 had accessed alcohol related support groups (Al-Anon and/or Adult Children of Alcoholics) and individual therapy, whereas Karen only accessed individual therapy and had a different experience to the other participants:

*I did go to therapy for a couple of years [ ] but it didn’t really scratch the surface (Karen)*

Karen’s expression that ‘it didn’t scratch the surface’ suggests she felt therapy was not enough to access her inner world, which she had become well practiced at hiding as a child. Her perception that therapy was unhelpful appeared to leave her with a sense of uncertainty, a feeling which was familiar to her as a child.

### 4 I know who I want to be more than I know who I am

#### 4.1 Overview

This theme aims to capture participants’ perception of their identity and how they feel their identity was influenced by being the child of an alcoholic. Participants described ways in which they felt their parents drinking impacted on their sense of identity. Participants’ described both positive and negative characteristics being imparted onto them by their parents and for some there ensued a struggle to establish a firm sense of self in adulthood. Participants described contrasting experiences of feeling either damaged or enhanced by their experiences in childhood. This led those who felt damaged to actively seek out a wanted identity and all participants spoke of being driven to be better people than their parents. Participants described their struggles to develop themselves a wanted identity and rid themselves of the legacy of being a child of an alcoholic. For some it was important to use external means to validate their sense of self.
4.2 Feeling it gave me something vs. It took something away

Participants described contrasting experiences of feeling that their parents’ drinking either gave them a particular quality or took something from them. Four participants described their parents’ drinking as having a negative impact on their sense of identity:

- My mother destroyed herself [    ] we were angry ‘cos we felt we were being destroyed by it (Harry)
- To finally admit that you’re a child of an alcoholic it makes you feel like damaged goods (Lindsey)
- I seem to remember shouting at my dad a lot – “stop drinking” [    ] “you’re damaging me” (Karen)

Harry and Karen both described feeling damaged or destroyed by their parents’ behaviour, which invoked an angry response for both as children and in adulthood. Their anger may represent the lack of power they felt to stop this damage ensuing. Lindsey had previously mentioned that she felt she was not enough for her father, and the above statement suggests maybe she felt that her father was an alcoholic because she was not good enough. This sense was contrasted however by her perception that it was her father who caused the damage:

- How scarred he has left me (Lindsey)

The word ‘scarred’ suggests that Lindsey felt she was permanently marked by her experiences. Alison also identified herself as being marked by her experiences, however held a contrasting identity as a fighter:

- The erm, painful side of it, has left what’s a profound mark, and has caused certain ...how I respond to things and shape me erm, just I, being a, (laughs) being a fighter I guess, I just refuse to ... accept...that it could ruin my life so to say (Alison)
- I think because I’m still able to be loving and trusting, and empathic and kind and generous, ...and stubborn and everything I think there still has been a lot of the...the basic, has been there, like I it hasn’t all been taken away, there still was a lot there (Alison)

Alison frequently referred to herself as a survivor. Although she spoke of being ‘marked’ by her experiences, she actively fought to overcome the parts of her she felt imparted by her father and worked hard to maintain the wanted parts of herself.
Alison’s use of the words ‘taken away’ suggest she felt her father had the power to take parts of her, but her identity as a survivor allowed her to rebuild and reclaim herself.

All participants were able to identify positive qualities as a result of being a child of an alcoholic, though this was not an easy process for all:

"I think that... I’m sensitive, I’m aware that life can be difficult emotionally as a result of it. I think I’m quite independent. I think sometimes there are some strengths in that... um, I think I’m emotionally aware, now (Harry)"

Harry previously spoke strongly of a sense of damage and was quite hesitant when asked if there were any positives to being the child of an alcoholic. He seemed unsure if the qualities he named were positive as he had also experienced difficulties as a result of these traits.

Karen and Lindsey also described struggling with their sense of identity, with both describing a sense that something was missing or lacking in them:

I’m not sure I have a sense of self or identity (Karen)

You don’t know what it is but you’re missing something you feel like a part of yourself is missing, and... you, you just feel sad, you feel empty because of it (Lindsey)

Whereas Ben and Rachel also described a stage in their adolescence where they felt they did not know who they were, this sense prevailed into adulthood for Lindsey and Karen and was a source of distress for both. Both Karen and Lindsey also had a harder time recognising positive parts of their identity:

Led me into a career working with people, figuring them out a bit and wanting to help, so I think it’s definitely driven my career choice (Karen)
It makes me a very caring person, um I will often, um care about someone to the point of neglecting myself (Lindsey)

Karen and Lindsey both felt that their positive qualities lay in their ability to support others. Both felt something was lacking in them and it may be that they are able to gain a sense of self worth, and therefore a part of themselves through helping others as they wished to be helped.

Four participants (Alison, Ben, Rachel and Karen) spoke of being given drive and determination. Alison and Rachel described feeling globally driven, whereas Ben and Karen’s drive applied to more specific areas of their lives:

Not really I’d say apart from the whole err, controlling of my own tendencies to drink a bit (Ben)

4.3 Trying to make sense why I am who I am
All participants tried to understand how they came to be the person they are now. All except Alison felt they were similar to their parents in some way and attributed parts of their identity to these similarities:

I think on a personal level me and my dad are quite similar, we have quite a few of the similar problems like depression and, and quite enjoyment of drinking I suppose (Ben)

Ben interpreted his similarities to his father to mean that he too was at risk of becoming an alcoholic and actively used this knowledge to control his own drinking. Rachel was more hesitant in attributing her determination to an inherited quality and actively owned this as a strong part of her identity:

That’s how I learned some of my lessons, so, whereas most people have their parents there going “oh you don’t wanna do that, that’s a mistake” then I was sort of left to my own devices really (Rachel)
Alison did not identify similarities with her father, however did recognise his influence on her sense of identity. Alison, like Rachel also felt that she was the dominant influence on her sense of self as an adult:

I think some of my fighting mentality doesn’t come from, just the alcoholism but certainly I would be willing to say that it was enhanced by it [ ] I think I’d still be a very strong persona (Alison)

It also made me understand why I have some of the, patterns, I call it my self destructive inner critic (Alison)

It may have been detrimental to Alison’s identity as a survivor to see herself as like her father and it was important for her to own her preferred identity. Harry, Karen and Lindsey also directly attributed their parents’ drinking as a factor in their sense of being damaged or lacking in identity in adulthood:

You wish it would stop and you’re 5-8 and you’re too young to do anything about it and you’re and it’s scary and no wonder you’re going off panics and anxiety when you’re older (Harry)

I wasn’t enough to give someone a reason not to drink. Erm... which, yeah, left me feeling very lacking, lacking lots of things including identity (laughs). I guess it’s just this feeling of, erm, frustration and a lack, around the whole of childhood (Karen)

I feel like I wouldn’t have had as much of a hard time as I am now because...I would have had all that time in high school to figure it out (who I am) (Lindsey)

Harry linked his feelings of powerlessness and fear in childhood to his adult experiences of anxiety, whereas Karen appeared to link her low self worth to her sense of not being a whole, good enough person. Karen also attributed her difficulties with her sense of self to a feeling that she missed out on childhood.
Lindsey also shared this feeling, suggesting their parents’ drinking preoccupied their childhoods, leaving them lacking the time and safety to develop their identity.

4.4 ‘I don’t wanna be like that’- striving to be better

All participants except Karen had a heightened awareness of their own drinking and had made conscious efforts to control it at some point in their adulthood, although none were currently tee-total:

I don’t like alcohol... but I like it, like I find myself, I find myself wanting it, [ ] I definitely do think that it’s a disease (Lindsey)

‘Cause I also suffer from depression so, I was very aware that I didn’t want to drink when I was depressed I only drank when I was around friends or I didn’t drink alone and stuff so I tried to control it a lot (Ben)

Ben and Lindsey both explicitly stated feeling vulnerable to alcoholism. For Lindsey this was because she saw alcoholism as a disease that could be inherited, while for Ben his concerns came from observing similar patterns between himself and his father. Ben used his knowledge of his father’s alcoholic markers (drinking alone and to deal with negative emotions) to monitor his own drinking and attributed this awareness to stopping him becoming an alcoholic himself.

Other participants also expressed fears of developing a drinking problem and used this fear to monitor and control their drinking:

I always had this, fear, such fear of ever becoming an alcoholic myself [ ] even there I’m still in the back of my head always, always counting, and watching the pattern (Alison)

Alison describes an ongoing awareness of her drinking and may use her father’s drinking as the model of the pattern she watches for. Her repetition of the word ‘always’ highlights her fear and need to stay in control.
As well as not wanting to follow in their parents’ drinking habits many participants also expressed not wanting to be like their parents’ personally:

*Just sort of picking up on the parts of their personality that you thought well I don’t wanna be like that (Rachel)*

Rachel’s account mirrors participants’ expressions of not wanting to be like their parents generally, whereas for Alison and Karen the desire was particularly strong to be better parents and not repeat the parenting patterns they experienced:

*I’m sure every generation says this about, I’m not going to make the same mistakes my parents did, but I’m damn sure (laughing) (Karen)*

All participants spoke generally about wanting to better people themselves. Participants had a number of varying aspects of themselves they wanted to be different and many engaged in active attempts to better themselves:

*I think having both my parents being the way they were, has almost sort of spurred me on to, to kind of, buck the trend if you like and, and, make something more of myself (Rachel)*

Rachel refers to the fact that both her parents were alcoholics as a way of explaining her drive and determination, which appeared to be the core of her sense of identity. Perhaps it was particularly important for her to rely on herself as she had no adult role models to learn from.

For Alison bettering herself meant developing the survivor side of her identity:

*I just refuse to…accept…that it could ruin my life so to say, I just, I refuse to accept things as they are and…you know keep the stuff that’s useful and, work on the rest, (Alison)*

Alison’s use of the word ‘refuse’ shows the power she is able to assert over herself in adulthood, as she affirms her determination to be a better person no matter what it
takes. Although she reflects on this as being a painful process, for her it seems less painful than accepting the unwanted parts of herself.

For Harry and Lindsey bettering themselves also meant trying to repair some of the less desirable or ‘damaged’ parts of themselves:

> By doing the work I’ve been able to get the externals in my life repaired, and I’ve been able to get some of the internals of my life repaired (Harry)

Lindsey, Harry and Alison used therapy and support groups as part of the process of bettering themselves. Although Karen used therapy she found it unhelpful. This left her having to better herself by herself, which meant fighting against her low self-worth:

> Although it’s a self-imposed character of being the black sheep, that I very much feel it and that’s, just won’t go away, which I think drives me to succeed a bit (Karen)

It sounded like this struggle of establishing a wanted identity was ongoing for Karen, as even though she is able to cognitively know that she was not the ‘black sheep’, she finds it harder to challenge her feelings. Her sense that she is somehow bad suggests the low self-worth from her childhood has prevailed. Despite not being able to easily help herself, Karen found her experiences drove her to make things better for others:

> I’d need to make everything better, which I think is, yeah, that’s my job now. It’s the job I’ve chosen. I need, I need to make everything better. I need to smooth it over (Karen)

Karen spoke explicitly about how her experiences had driven her career choice, while Alison and Lindsey spoke of harnessing some of the traits they attributed to being a child of an alcoholic to spur them on in their careers:
I’m trying journalism because sometimes journalism requires that like to that kind of hyper-focusedness (Lindsey)

4.5 I’m still in the process of trying to figure out who I am

Ben and Rachel are not represented in this theme as they did not experience the struggle with their identity that other participants expressed.

The process of trying to figure out who there were was particularly poignant for Lindsey who previously described feeling like she was missing a part of herself:

I have no idea who I am, I just, I have no idea who I am I’m actually in the process of tryin’a figure out who I am (Lindsey)

Despite developing her sense of self in recent years Lindsey still described the process of establishing her identity to be an ongoing struggle. Lindsey was still quite young and her search to know herself may in part represent her life stage as she develops a career path, though may also reflect her sense of being damaged by her experiences as a child of an alcoholic:

Even though I don’t live with the alcoholic you live the scars of it, and it doesn’t go away at all it’s with you forever (Lindsey)

Harry and Alison also described still being in the process of finding and asserting the selves they want to be:

There’s obviously the anger and the rage, there’s the controlling, all of those things are still in me, um, and I’m realising that more and more now....they’re not so hidden (Harry)
That instant, kind of stopping and panicking, or, being afraid to ask for help, because then you’re a failure, “you should be able to do it on your own” (Alison)

Alison appeared disappointed that she still experienced instincts familiar with her ‘marked’ self, which were at odds with her chosen identity as a survivor. Harry also expressed frustration with himself for not having overcome the parts of him that were related to his experiences in childhood and explained that he continues to work on these aspects of himself by himself and through his support group for adult children of alcoholics:

Now I’m trying to still work with the behaviours that happen and everything else, I’m still working on it (Harry)

Karen, who previously described not feeling like she had a sense of identity, also described ongoing processes of wanting to know and understand herself better:

I don’t think there’s many contexts, erm, where people hold up a mirror to you that frequently but I think my line of work, [ ] I have access to that maybe that’s why I went down that route (Karen)

Karen expressed the desire to hold a mirror up to herself, which captures her sense that she does not view herself properly. While Karen felt unable to identify herself, her want for a mirror suggests she feels she does have an identity, but does just not understand it herself yet.

4.6 Needing others for validation

Rachel again is not represented in this theme as she had a strong sense of her identity, whereas other participants often referred to other people or sources when talking about their identity:
I’m a bit hard to understand emotionally, talking from my friend’s perspective, err, ‘cause I don’t share my emotions all that often and when I do it’s, awkward (Ben)

Although Ben did not attribute his identity to his experiences as a child of an alcoholic he appeared to find it hard to describe himself and seemed to prefer to do so from other’s perspectives of him.

Karen actively struggled with her sense of identity and spoke frequently of using people around her to validate not only her worth, but her existence:

*I think my identity then becomes more of a group identity or relation to other people who can then validate that I do exist or that my experiences did happen* (Karen)

Karen fought hard to fight her negative perception of herself but only seemed to do this through hearing other’s perceptions of her which may encourage her to actively seek out similarities to, or validation from others:

*I seek out, that group or between people, identity, so, erm, I just wanted to acknowledge that I know that I do that* (Karen)

Lindsey described a similar sense of feeling lacking in identity to Karen, but she sought to validate herself through other sources including therapy, the use of personality scales and through other children of alcoholics:

*According to the Myers-Brigg personality test I am ENFP: Extrovert Feeler, Intuitive, Perceptive, err which explains a lot about me* (Lindsey)

*I’m kinda happy to find out that not, I’m not the only person who’s ever had that, a lot of kids who grow up with alcoholics, have the same problem they don’t know who they are* (Lindsey)

Lindsey referred to a number of standardised measures and scales to describe her personality, suggesting it was hard for her to identify this herself. Lindsey’s search to
figure out who she is became less painful for her when she realised other people shared the same problem. Harry and Alison also found that contact with other ACOA helpful:

I went to Al-Anon I went to Adult Children meetings where, ah, I was so proud when I got into that cos I wasn’t on my own, other people were living with it, and you could see what changed people and how they behaved, you know that was very helpful (Harry)

For Harry and Lindsey knowing that other people experienced the same difficulties appeared to reduce their sense of isolation and give them hope that they could overcome their difficulties. Harry’s sense of being proud of himself is in stark contrast to his childhood experience of feeling ashamed by his status as a child of an alcoholic. Lindsey’s happiness to find people with similar problems to her is in contrast to her previous experience of feeling her status of being a child of an alcoholic means she is damaged goods. Again, being able to compare herself to others seemed to validate to her that her problems are as a result of her experiences and not as a result of any kind of defect in her.

**DISCUSSION**

The findings of the current study are discussed in relation to the research questions, the existing literature and theory. Clinical implications, methodological issues and suggestions for future research are also discussed, and the process of research is reflected upon. As IPA often leads to new and unexpected themes emerging during interviews and analysis (Smith et al., 2009) some of the literature introduced is new.

**What are the experiences of adult children of alcoholics?**

**Dealing with the loss of connection with parents**

A core part of participants’ childhood experience of having an alcoholic parent was witnessing their parent becoming increasingly unavailable; emotionally, mentally and physically. This finding is consistent with other studies of adult offspring (Kroll, 2004). Velleman and Orford (1999) used the Parental Behaviour Scale (PBS) to assess
the level of problem behaviours related to parental drinking. Although adverse parental behaviour is not unique to alcoholic parents, they found that 2/3 of ACOA reported witnessing their parents undergo major physical changes, a finding which differentiated ACOA from controls. This study sheds light of how some of the behaviours recorded on the PBS were actually experienced. Participants in the present research did not talk of seeing their parents change physically but described feelings of anger, disgust and sadness as they found their parents became metaphorically unrecognisable to them as their drinking progressed. The complex emotions experienced at witnessing their parents’ decline led many to detach either from their feelings or their parent, resulting in the breakdown of the parental relationship which was permanent for most. Rachel’s description of feeling like she no longer knew her parents poignantly captured a difficult experience which differentiates COA from children in other dysfunctional homes.

There were differences in the levels of distress caused by the sense of not being connected to their alcoholic parent. Rachel and Ben appeared more accepting of their parents’ drinking and made a choice to disengage from their parents when drunk, but were still able to be supportive to their parents at times. Alison did not want a relationship with her father and so actively rejected him as soon as she was old enough to do so. For Harry, Lindsey and Karen it appeared that the breakdown of the relationship was not a choice, but was forced upon them by their parents’ inability to connect to them; these were the participants who reported more emotional distress. Kroll (2004) discussed the significance of ‘invisible’ losses experienced by COA such as the loss of feeling loved, the loss of a consistent parent and the loss of self esteem. Participants who had a forced detachment appeared to feel a greater sense of perceived loss. All experienced the loss of a consistent and nurturing parent, though only four gave a sense of the loss of feeling loved, three of who had a forced detachment from the parental bond. This suggests that it is not the parental inconsistency and unavailability per se that cause problems, but the meaning that people make from it.
The majority of participants talked about having to find other ways to meet the practical and emotional needs that were unmet by their drinking parent/s. Ben had a consistently supportive non-drinking parent and did not speak of a desire to be nurtured and supported, whereas all others spoke of a desire to be nurtured. Other participants with non-drinking parents described the impact that one parent’s alcoholism had on the other parent’s ability to be consistently nurturing, as did Velleman and Templeton (2007).

Holmes (1996) posits that the need for attachment continues throughout the lifespan leading people to continue to seek sources of nurturing. While participants frequently referred to their desire to be close to others both in child and adulthood, two spoke specifically about their ongoing search for a parental figure, offering some support to Holmes’s (1996) observations. In childhood personal feelings and social factors operated to block participants from accessing support which led participants to grow up fast and learn to rely on themselves.

Although participants did not speak much about having to look after their parents practically (role reversal) as found by Kroll (2004) they did appear to become parentified, whereby they took on adult roles and responsibilities to care for themselves. While Kelley et al. (2007) found increased parentification in female ACOA, the inclusion of men in this study showed they too had to adopt adult responsibilities at a young age. Brown (1988) described processes of role reversal and parentification as being part of a pattern of co-dependence, whereby adopting adult roles maintains the equilibrium of the home due to the parents failures being made up for by the child’s actions. Co-dependence also implies putting others needs before themselves and where this was evident in some examples given by participants, developing adult roles appeared to primarily serve the function of meeting one’s own needs. Participants described their independence as a necessity and for most it was experienced as a positive trait, providing a source of self esteem and strength. For participants, independence represented an understandable and
adaptive response to a difficult situation creating distance from the pathological connotations of co-dependency.

All participants except Rachel described difficulty being close to others in adulthood. Kearns-Bodkin and Leonard (2008) found greater relationship dysfunction in ACOA whose alcoholic parent was the opposite sex. This led them to conclude that children are unable to form an adequate model of how to relate to the opposite sex when their opposite sex parent is unable to provide a stable base of healthy interaction. The alcoholic parent was indeed the opposite sex for participants who explicitly named difficulties with romantic relationships in this study, however Rachel had two alcoholic parents did not feel any detrimental impact on her relationships.

Attachment theory posits that the quality of one’s childhood attachment to their primary caregiver shapes the patterns for one’s attachment relationships in adulthood (Bowlby, 1969). Research studies using an attachment framework have found ACOA more likely to experience anxious and avoidant attachment patterns in romantic relationships and an overall fearful attachment style (others seen as unreliable and rejecting) (Kelley et al., 2004; Kelley et al., 2005). While their findings add to Brown’s (1988) argument that the inconsistent parenting provided by alcoholics leads to damaged attachment patterns in adulthood, the qualitative nature of the current research helps develop these findings by giving a voice to how ACOA themselves make sense of their difficulties.

Participants named difficulty trusting the opposite sex, difficulty understanding how relationships work, fear of being let down, fear of abandonment, fear of being intimate, low self worth, an inability to be vulnerable and difficulty expressing their feelings as barriers to having close and intimate relationships.

While many of these factors are related to anxious and avoidant attachment styles, attachment theory alone cannot consistently account for the relationship distress experienced by ACOA. Firstly, participants experienced complex interactions of the above difficulties, which would lead to difficulty classifying a stable attachment
pattern. Secondly, despite all participants experiencing inconsistent and unavailable parents, not all experienced global attachment difficulties, with Ben only citing difficulty in friendships. It is however of note that the one participant (Rachel) who reported no difficulty in any relationships was also the one whose parents only began drinking in her adolescence. This means she may have had the opportunity to form stable attachments prior to her parents’ drinking. Of the four who experienced distress regarding their struggles with intimate relationships, three were also the same participants that had a forced detachment from their drinking parent due to their parents’ increasing intoxication. The same three described more significant experiences of low self worth and fear of abandonment and gave a sense of the invisible loss of feeling loved, suggesting it is these factors may be of significance to adult relationships rather than just parental consistency.

Kelley at al. (2005) considered the contribution of parenting style on ACOA relationship patterns. They found that a rejecting parenting style was a stronger predictor of anxious romantic attachments and fearful general attachments than ACOA status alone. Whereas being an ACOA predicted avoidant romantic attachment styles above the contribution of perceived parenting style, ACOA who also perceived their parents as rejecting were even more likely to show an avoidant attachment style. This suggests that the sense of rejection is the most significant predictor of insecure attachment styles. Perceived rejection from parenting practices may lead to a fear of rejection and abandonment and a perception of others as unreliable, whereas the actual rejections experienced from intoxicated parents may lead to the observed difficulties with closeness, dependence and self disclosure seen in avoidant patterns. Rather than parenting behaviour alone accounting for ACOA developing insecure attachment styles, it appears that the meaning they make of their parents lack of availability is more significant. Those who experienced forced breakdown of the parental relationship all tried numerous attempts to connect to their parents. Their inability to connect may have increased their sense of rejection, which may have been further exacerbated by the breakdown of the relationship. These were also the participants who appeared to experience the most distress from
the invisible losses, such as the loss of the sense of being loved and being worthy of parents love. This is likely to have accounted for the low self esteem reported by these individuals. This study offers explanation to Domenico and Windle’s (1993) finding that low self esteem undermined ACOA functioning in relationships.

Feeling hopeless and helpless
As is commonly described by children of alcoholics all participants described confusing and upsetting parental behaviour and chaotic home environments (Velleman & Orford, 1999). As is also common, all participants felt powerless in childhood to change their situations or their parents (Kroll, 2004; Templeton et al., 2009). No participants were aware of their parents ever receiving help or expressing a desire for help; in fact many parents actively denied their problem, further keeping participants trapped. Parents not coming to attention of services and difficulties help seeking meant that participants remained a hidden group, as found by other research studies (Silent Voices, 2012; Velleman & Orford, 1990).

Despite having the sense that their parent was never going to change nearly all participants actively tried to change their situation and many tried to stop their parents’ drinking. Unfortunately, despite using a variety of coping strategies participants found that nothing was effective, further reinforcing their sense of powerlessness. Templeton et al. (2009) also found that COA used a variety of coping strategies with little effect, and also reported that British children found strategies to be less effective than other European children.

From their study of 164 16-35 year old adult children of alcoholics Velleman and Orford (1999) identified 13 different coping strategies used in childhood, the most commonly used being ‘avoidance’ (avoiding contact with parent) and ‘discord’ (shouting at parent). Although each of the strategies used by participants in this study (help seeking, shouting, controlling drinking, avoiding parent and problem) appeared on Velleman and Orford’s list, half of the participants in this study also reported using guilt as an attempt to stop their parents’ drinking, a finding not reported elsewhere. Harry, Lindsey and Karen recalled either shouting at their
parent and telling them they found their behaviour damaging, or pleading with their parent and trying to invoke guilt to get them to stop. As with other strategies, using guilt also failed to change the behaviour of the parent and appeared to add to participants’ distress and sense of rejection from their parent. The three that expressed using guilt were the same three that experienced a forced breakdown of the parental relationship and more significant low self worth. It is likely the use of guilt as a coping strategy may have enhanced their sense of rejection by reinforcing that they are not worth enough to make their parent stop drinking.

As found by Templeton et al. (2009) participants reported feeling like they were struggling to cope. However while Templeton et al. (2009) gave a snapshot of children still living in their chaotic environment, this study gave insight into how childrens’ experiences of coping over time contributed to their sense of hopelessness. While all participants who described trying to stop their parents’ drinking reported feeling sad or frustrated when their attempts didn’t work, as their failed attempts accumulated, this sadness often appeared to turn into hurt, despair and hopelessness. Participants described the hurt they experienced when their parent failed to stop drinking - this hurt was felt in particular for those who tried directly to influence the parent. For those that sought help to no effect, there was a sense of being let down by others, but for those who tried to help themselves, the sense of feeling let down by the drinking parent appeared to be a bigger hurt.

Bush et al. (1995) proposed that the higher incidences of depression and low self esteem observed in ACOA was as a result of their repeated failures to control their environment. Of the 4 participants who actively tried to stop their parents’ drinking only two went on to report depression in adulthood, and the 2 that did not repeatedly try and fail to control their parent also developed depression in adulthood, disproving Bush et al’s. (1995) theory. It may not be the repeated failures alone that contribute to low self esteem and depression, but the level of rejection one internalises from their repeated failures.
Brown (1988) described how adopting excessive responsibility and taking control as children serves to maintain the equilibrium of an alcoholic home. By controlling their situation the child tries to gain self worth and shake off the sense that they are the cause of the problem. While Browns (1988) theory helps explain the pathways of why participants’ failure to stop their parents’ drinking exacerbated low self esteem for some, it does not explain why not all described experiencing low self worth. It appears likely that taking responsibility of one’s self is a rational and practical response to feeling powerless rather than being a by-product of co-dependence.

While the sense of being afraid and uncertain may have driven participants’ experience of trying to change their situation, for many it was the sense of powerlessness from failed attempts that led them to stop. The process of accepting their powerlessness was different, yet difficult for all. Two of the participants that tried to use guilt to control their parent found that the feeling of invalidation and rejection they experienced when this didn’t work was too painful to face. This led them to give up on trying stopping their parent from drinking in order to protect themselves from further hurt. While detaching from their parent protected participants from one kind of hurt, the sense of being detached from others left some feeling trapped and alone.

All participants reported feeling unsupported in coping with their parents’ drinking, a finding also reported in other qualitative studies (Kroll, 2004; Templeton et al., 2009), though this study highlights the significant contribution of isolation to the sense of powerlessness. Two participants were able to seek support from others, one participant felt he did not need any support, and although strongly desiring support, processes of denial and secrecy served to prevent three from seeking help.

Brown (1988) stated that ‘drinking behaviour and its denial becomes the central organising principle for the alcoholic’ pg. 33. She described how the drinker must maintain the denial of the problem and the perception of control in order to cope with their addiction. Where the problem of alcohol is denied by a parent Brown suggests that the child seeks other explanations of why things don’t feel right,
leading them to internalise that they are bad and the difficulties experienced are their fault. This appeared to be true for Harry who spoke of feeling that the problem was his and therefore he felt he had to deal with it alone. He spoke of feeling ashamed of his mother’s drinking, which many have suggested is a core feature for children of alcoholics (Black, 1981; Woititz, 1983). Harry felt his mother’s behaviour would reflect on him, leading him to fear that others would reject him if they knew his secret. Again, the significance of feeling rejected is prominent in his distress. This participant could reflect on his feelings of responsibility as an adult, yet as a child it appeared that the reasons for secrecy were more imbedded and unconscious. This may explain why the feeling of shame has become more a profile of ACOA rather than COA, as children may be unable to articulate the reasons for their secrecy and the emotions their secrecy generates.

While Brown (1988) would argue that shame arises from the sense of being bad and not good enough to change the parent, Harry’s sense of shame was exacerbated by the perception of being alone. Gorin (2004) highlighted how isolation is perpetuated by stigma and secrecy, which appears to create a vicious cycle for the children who feel alone. Lindsey reported feeling that her father’s drinking was normal as nobody said or did anything to suggest otherwise. This left her feeling she was the one who was wrong and also prevented her from speaking out. As a child she did not know what to speak out about, but as an adult with an understanding of alcoholism she could see and articulate how both her perceptions and the actions of society served to keep her trapped in her situation. Velleman and Orford (1999) observed a contrast between young adults describing alcohol as either an alien and disruptive or an integral part of family life. For Lindsey, alcohol was viewed not only as integral to her family life but to the entire community. Her sense that things were not ok was repeatedly disconfirmed and invalidated by community members who she saw not only as being unhelpful, but encouraging her father’s drinking. This invalidation increased her sense of being alone, which further discouraged her from seeking help. COA often report feeling alone and more shockingly, many would not know where to
go to seek help (Templeton et al., 2009), as was the case for many participants in this study.

While knowing where to access help may be one barrier, the perception of help appears to be another. Karen feared she would be taken away from her father if she revealed the problem. Kroll (2004) also found that children of substance misusing parents experienced fear of disclosure. Karen described keeping the secret in order to protect both herself and her father, whom she didn’t want others to see in a negative light. She described feeling guilty disclosing negative things about him during the interview, showing how ingrained her guilt was. Even with the hindsight and adult knowledge that her father’s drinking was not her fault, she felt saying the bad things about him made her bad. Woititz (1983) explained that excessive loyalty to the parent operates to protect the child from the fear and insecurity they have of being revealed as being bad if they disclose the secret. Karen’s feelings of powerlessness were exacerbated by her feelings of loyalty and guilt and her experience of being powerless to systems during her parents’ divorce and subsequent custody arrangements. She perceived professional services to be powerful, judgmental and acting outside of her wishes and control, leading her to develop an assumption that services have the power to take you away. Considering that COA are more likely to experience parental separation and divorce (Hussong et al., 2008) it is likely that many will have encountered professional systems such as social services and the courts. It is therefore significant to consider the impact that children’s experience of these systems have on their perception of help seeking.

Participants’ experience of keeping their parents’ drinking a secret protected them from one fear, but kept them trapped in a problematic situation. Adult family members of addicts also often report struggling to cope with another’s addiction, reporting feeling torn between coping strategies that only meet either their own or the addicts needs (Orford et al., 2010). Dilemmas over disclosure appeared even harder for participants in childhood as they may have lacked the ability to weigh up their decision. Participants were often unable to articulate their underlying fears as
children and instead felt trapped as they lacked the ability to know and weigh up their options for seeking and gaining support. The lack of help from others was reflected on with sadness for participants’ child selves, who felt scared, alone and powerless, but was reflected on with anger as adults as participants felt angry with themselves for keeping the secret, but also angry with others who they felt should have helped.

Although many participants were unable to actively seek help, they were angry that no-one had noticed the problem or their pain. Three participants felt aspects of their behaviour as children were clear indicators that something was not right. Karen and Lindsey were angry that teachers didn’t pick up on their pain. This sense of anger seemed to mask a sense of sadness at being let down and invalidated by the wider society.

Two participants sought help from family members, though again their attempts were unsuccessful. Alison experienced her mother to be powerless to stop her seeing her father, again feeling that legal services were unable to support them. Rachel found a few family members willing to acknowledge her father’s drinking problem, but was angry when many not only denied the problem, but acted in a way to enable her father’s drinking. Brown (1988) went on to describe how the principle of denial extends to the whole family, who also consciously and sub-consciously maintain denial and keep the problem hidden. Although Rachel felt her family were in denial, she also acknowledged that her father’s denial and cautious behaviour around them may have meant they were unable to clearly identify the problem. She and Harry were also angry at medical professionals who were described as unhelpful and insensitive, again mirroring adult family members’ experiences of professionals (Orford et al., 2010).

**Struggling to stay sane**

All participants reported confusion at some stage and struggled to make sense of their parents’ behaviour in childhood. All participants in this study were able to identify their parents as alcoholics in retrospect, however many found this much
more difficult in childhood. Although all had observed their parents’ drinking, few were able to identify alcohol as the problem and were unsure of what caused their parents’ erratic behaviour, arguments between parents or their own feelings of fear and uncertainty. This study identified that by adulthood all participants had begun to reflect on their parents’ difficulties and attempted to apply meaning and understanding to their parents, and ultimately their own difficulties. The process of sense making was important for all and helped shape participants’ perspectives of their parents and themselves.

Harry and Rachel were alerted to the problem by other family members either directly or by overhearing them talking about drink and bottles. They then underwent a process of seeking knowledge about their parents’ drinking by observing their parents for triggers or indicators of intoxication. Both spoke with a sense of guilt for treating their parent with suspicion, feeling that as children they should not look upon or treat their parents in this way. In keeping with Brown’s (1988) idea that the whole family operates around the denial of the problem, both parents’ denied drinking meaning participants had to seek understanding for themselves to make sense of their chaotic environment. Being able to attribute the drinking to factors other than themselves may have eased the sense that their parent drank because they were bad.

Two participants felt that their fathers had drunk for their entire lives, making it harder for them to identify when it became a definite problem. One participant appeared distressed during the interview as she struggled to think of a time in her youth when her father was sober. The distress she experienced seemed to reflect her sense of being neglected and uncared for and challenged the perception she tried to portray as her father being a good man when sober. Brown (1988) would argue that her attempts to position her father as good would have left her to assume that she was the one who was bad and had caused her father to drink, a feeling that was reflected on later in the interview.
Ben and Rachel were unable to identify their parents as alcoholics until late adolescence, for Ben this was when he first learnt the term alcoholic. Again, he underwent a process of seeking knowledge about alcoholism and trying to make sense of his father’s behaviour, showing how strong the desire to make meaning is.

Lindsey had learnt about alcoholism in school in America, however was only able to apply this label to her father after she was identified as a COA by a counsellor she sought out for depression. Her experience suggests that it is not only the lack of knowledge about alcoholism that leads to difficulty identifying the problem, but the perception of normality. Lindsey described a culture of drinking in her community and felt that as no-one else treated her father’s drinking as a problem, that it must mean it was not a problem. Brown (1988) would explain that alcoholics tend to isolate themselves or only associate with other drinkers, further distorting a child’s perception of reality and disallowing opportunities to make comparisons with others. By assuming that her father’s drinking was normal she had to seek other explanations of her feelings of sadness. This led her to assume she was the one that was abnormal, particularly when she compared herself to peers who had happy childhood memories.

Despite large bodies of work contributing to the literature on COA, very little is known about participants’ experiences of coming to identify the problem of alcoholism. Velleman and Orford (1999) engaged in detailed questioning to ascertain young adults’ awareness of their parents’ drinking problem in childhood, finding large discrepancies between the ages young adults thought there was a problem and the age children knew for sure. While the development of understanding was not specifically asked about in this study all spoke about their experiences of trying to understand their parents’ drinking and for many this was triggered by identifying alcohol as the problem. In a review of prevention and intervention programs for children of alcoholics, Emshoff and Price (1999) identified the importance of the inclusion of education about alcohol misuse. They found that understanding the concepts around alcohol misuse can help reduce self blame and guilt. In research
studies asking what help COA may want, children are often reported to want information and knowledge on drinking (Silent Voices, 2012). Considering its saliency to individuals and the lack of information known by children about their parents’ drinking, this is an area that deserves more attention.

Being able to apply meaning to their parents’ drinking had positive consequences for most participants in that it allowed them to either change their relationship with the problem or their parent. Making sense of their parents’ drinking by attributing it to parents’ emotional problems enabled these participants to view their parents with sympathy and compassion, which ultimately led to an accepting approach whereby they no longer tried to change their parents’ behaviour. One participant who came to understand his mother only after she died found making meaning of her experiences allowed him to forgive her, which he cited as a valuable part of his ‘recovery’. In Bains (2011) narrative study of resilience in ACOA participants cited forgiveness as an important factor in their sense of being resilient. Receiving reparation was an important part of the process of forgiveness (Bain, 2011), yet reparation was not cited for any participants in this study, suggesting it may not be a common experience.

While understanding their parents’ emotional difficulties was helpful for most, it further dented Karen’s self esteem as she was angry with herself for not being able to show compassion to her father. While Brown (1988) would argue that gaining knowledge that a parents’ drinking was not because the child was bad should begin to free the individual from guilt and shame, my study shows that this is not always the case.

The label of alcoholism alone does not appear to provide meaning. Lindsey felt that the normality of her father’s drinking blocked her from identifying him as an alcoholic. Rachel was conflicted about applying the label of alcoholism to her mother, despite being able to identify abnormal and worrying drinking behaviours. She struggled with the term alcoholic as her mother appeared to function reasonably well and held down a job, yet could easily class her father as an alcoholic due to his
declining functioning. This suggests that COA should be facilitated to understand the processes and emotional components of their parents’ drinking rather than just learning about the label of alcoholism. Developing this understanding for all may also serve to reduce some of the stigma associated with addictions.

Prior to being able to apply meaning to their parents’ behaviour, all participants had to find a way to cope with the chaos and uncertainty attached to their parents’ drinking. As discussed in the previous section strategies designed to stop the parents’ drinking were perceived as ineffective. Participants described how the invalidation and hurt they felt led them to detach from their parent and instead focus on strategies that enabled them to cope with their feelings. All participants described using physical distance to avoid interaction with their intoxicated parent. This ranged from dismissing the parent when drunk, to hiding in another room or avoiding being home all together. Many participants also described ways of detaching themselves mentally by finding distraction in education, day dreaming or escaping into their own world. Velleman and Orford (1999) found that a detached style of coping was correlated with difficult transitions into adulthood and poorer adult mental health. This was not the case with my participants, all of which used detached coping yet had very different experiences of the transition into adulthood, which was also affected by numerous variables including parental death.

While in childhood detachment seemed to protect participants from fear and uncertainty, as participants got older distance was often used to effectively maintain relationships- for example participants were more aware of their boundaries and their ability to be around their parents when intoxicated. Participants also became less reliant on escapism, though this strategy remained for two. It has been proposed that strategies of detachment may be very useful for powerless children, but when carried into adulthood can result in relationship difficulties (Werner & Johnson, 1999). Although participants gave no indication that they used physical distance to cope with people other than their parents, many did continue to use other childhood emotional defenses in adulthood, which for some did impact on
their ability to be close to others. Participants did not appear to passively use ineffective strategies due to a lack of other strategies, but appeared to consciously suppress certain feelings in order to protect themselves or others and so arguably, these strategies continued to be effective for the purposes desired.

The majority of participants used some form of suppressing their feelings. In childhood many spoke of being the ‘smiley survivor’ or putting on a facade to prevent others seeing their painful emotions and protect themselves from feeling their own pain. For one this facade appeared to protect him from the stigma and shame of others knowing his secret and for others it appeared to represent a fear of expressing emotion. Woititz (1983) explained that ACOA are often only able to express a limited range of emotions as in childhood they were only allowed to display feeling acceptable to their parents- namely feelings that conform with the parents’ denial of the problem. My study adds a richer understanding of how repeated invalidation of ACOA anger and pleas caused them further hurt and led them to switch from confrontational to detachment strategies. In contrast Brown (1988) suggests that anger is a prominent feature in ACOA as it is a safer emotion to let out than the loss, sadness and awareness of unmet needs that anger can hide. While participants’ expressions of anger at the sense of being powerless did seem to mask the hurt they felt regarding feeling let down by others, only half felt that anger was a significant part of their experience in adult life. Although anger was often felt in relation to their parent, themselves or others, those that described feeling angry also expressed a fear of letting the anger out. Participants appeared to have learnt that expressing anger was futile, that it may reinforce their sense of being bad or that it is a dangerous emotion that may overwhelm them.

While avoiding anger was protective in the sense that it helped maintain relationships, for some its suppression did fit with a tendency to suppress negative thoughts, feelings and experiences, though again they were many different reasons for suppression. Some specifically avoided talking about their experiences as a COA to others to protect others from seeing them as damaged, feeling pity for them or
feeling guilty that they were not able to support them in childhood. Some found they had to continue to suppress their experiences to themselves as it was painful to think about the part they played in keeping themselves trapped, again showing how misplaced childhood guilt and shame may prevail into adulthood.

Some found that in adulthood they felt safer to express themselves as they no longer felt as responsible for their parent and many described consciously letting people know bits about their experience in order to facilitate understanding and closeness. For many participants, experiences of therapy supported this change and provided them with more freedom to cope differently. Many found that revealing themselves was not a natural approach but something they consciously worked on in adulthood. A number of participants described their default position to be using humour to block and avoid difficult emotions and interactions. Abel (2002) found humour to be an effective coping strategy associated with reducing stress and anxiety. Despite a preference for avoidant coping, participants showed awareness of the strengths and weakness of their coping skills and were able to adapt them when necessary. It has also been proposed that children of alcoholics adopt ‘survival’ roles- patterns of coping that persist into adulthood (Black, 1981; Scharff et al., 2003). Participants did not clearly fit the roles of ‘placater’, ‘responsible one’, ‘adjuster’ or ‘acting out child’ as proposed by Black (1981) and instead used at variety of coping strategies at different stages in their experiences.

**Knowing who I want to be more than I know who I am**

Participants described contrasting experiences of feeling either damaged or enhanced by their experiences as a COA. The difference between feeling damaged or enhanced was much more complex than the affected vs. resilient debate that rages on in the literature regarding ACOA (Harter, 2000) with participants feeling both damaged and enhanced to differing degrees and regarding differing aspects of themselves. When reflecting on the negative contribution being a COA had on their identity, many participants used words such as ‘scarred’, ‘damaged’, ‘destroyed’ and ‘marked’. Words like this are familiar in accounts of ACOA (Brown, 1988; Orosz Vail,
1995) and speak of permanency; however despite no participant holding a stable singular identity of being damaged, this sense did prevail for some, though was not accepted as anyone’s dominant sense of identity.

For those that felt damaged there was a sense of anger and frustration directed towards their parents, particularly when reflecting from their child perspective. They also gave insight into how their childhood experiences influenced their sense of self in adulthood, describing the similarities of their adult anxiety to their childhood feelings of fear, confusion and uncertainty. When reflecting from their present self, participants gave more a sense of sadness. Their childhood anger appeared to reflect their perception of being powerless to stop the damage, a sense that changed in adulthood when many participants actively took control over their own lives and sense of self.

In contrast to the sense of being scarred by their experiences, all were able to identify positive qualities in themselves that they felt were born of their experiences of being a COA. Participants attributed qualities including drive, independence and empathy to being a COA; these are factors that have been suggested to be conducive to resilience (Botha, 2005; Velleman & Templeton, 2007). Brown (1988) acknowledges that ACOA are often empathetic and independent, however describes these qualities arising as part of co-dependency, whereby the child must sacrifice their own needs to care for others (empathy) and must care for themselves to protect family from admitting failure of the parent (independence). Although Brown (1988) states a good case for how these factors arise, this study gave insight into how these qualities were perceived and internalised by ACOA.

Participants appeared to have put in a lot of thought about the development of their identity, considering the impact of their parents’ personalities and drinking problems. While participants all easily ascribed the damage they felt to their parents’ drinking, the positive qualities they identified were only loosely connected to their experience of being a COA, with many taking ownership of these qualities themselves. In her study of 5 self identified resilient ACOA Bain (2011) found that
ACOA readily labelled their sense of independence as being a basis for them thriving, though all actively attributed this sense as arising from their experience of being a COA. Participants in this study appeared blaming of their parents for their negative traits, but by owning the positives they appeared to use their experiences to empower their sense of self. The concept of autonomy is inherent to one’s sense of self (Bernard, 1993), so by staking their claim to their independence participants appear to be actively asserting their autonomy, which was likely to have been stifled in their childhood by the domination of the alcoholic parent (Brown, 1988).

The process of making sense of their identity seemed important for participants, who had mixed views about what being the child of an alcoholic meant to them. For some the label appeared to provide meaning and understanding as to where they got their difficulties from, while for others it held less significance. It appeared that the label held more meaning for those that felt more negatively affected by their experiences overall. Brown (1988) argues that labeling oneself as an ACOA provides meaning and validity to one’s experiences whereas others suggest it may be an unhelpful label characterizing a stigmatizing syndrome (Logue et al., 1992). Even within individuals there appeared to be mixed views about the label of being an ACOA; Lindsey felt the label itself implied damage, yet also provided hope that she was not alone or abnormal.

Regardless of their views over the label of ACOA all participants expressed a strong desire to overcome the ‘scars’ that being an ACOA carries and actively tried to forge an identity independent from their childhood experiences. All participants described their desire to be different to, and better than their parents. While the formation of identity is often linked to parents, from whom children imitate and identify with (Guidano & Liotti, 1983) in the absence of positive parental role models, participants instead described using their parents as a model for what not to be. Various researchers have attempted to explain the pathways by which COA are more likely to become alcoholics themselves. There are strong indications that modeling of parental drinking behaviour contributes to this risk (Ellis, Zucker & Fitzgerald, 1997;
Jacob & Johnson, 1997). This study gives insight into the experiences that determine why not all ACOA become alcoholics, suggesting that a reverse process of modeling takes place. Though participants asserted their identities and tried to be better than their parents in many ways, the action they all shared was ensuring they would not turn out to alcoholics themselves. Orosz Vail (1995) also found that female ACOA felt that their experience of their alcoholic parent had strengthen their resolve not to be like their parents, though she did not explain how or if participants were able to achieve this. Brown (1988) felt that ACOA who don’t become alcoholic often fear that they will leading them to either abstain or display hyper-vigilance to their drinking. Although only two participants described distinctly that they felt vulnerable to alcoholism, all acted in ways that suggested they were afraid to repeat this pattern. Some participants had tried periods of abstinence, which they described having done to prove to themselves they could. All described a heightened awareness of their alcohol consumption and used this awareness and a series of internal rules (e.g. I won’t drink alone, I won’t drink more than 2 days in a row) to monitor and regulate their consumption. The internal rules varied from person to person, however generally seemed to relate to the patterns of their parents’ drinking. This suggests that either that participants hold their parents’ drinking up as the benchmark to alcoholism, or may reveal a deeper desire just not to be like their parents.

For some the desire to be better than their parents referred specifically to their parenting qualities. Rather than just expressing a fear they would repeat the patterns of dysfunction (Brown, 1988) participants had a clear sense of the ways they would be different. Participants seemed to wish to produce corrective family scripts, based on the intention of correcting the factors that were wrong or undesirable in their own childhoods’ (Byng-Hall, 2008). Identifying one’s own parenting as negative has been shown to be a crucial step in ensuring one parents differently (Putallaz et al., 1998). By asserting that they wanted their children to feel loved, participants reinforced their perception that they were not loved by their drinking parent.
It is possible that this process of feeling unlovable and feeling bad led participants to forge a wanted identity of the self as loveable. Brown (1988) drew on her clinical observations that ACOA often appear to be arrested at an adolescent stage of development. She felt that as ACOA both physically and mentally separate from their parent they resume the tasks of detachment and individuation that mark adolescent identity development. Brown felt that these tasks were not possible prior to addressing the incongruity of their childhood experiences. While Brown (1988) advocated the ACOA would need support, particularly in the form of group therapy to resolve the incongruity between their parents’ denial and their inner worlds, it appears that the process of understanding one’s parent facilitated this task for most. While in childhood many participants began to detach emotionally from their parents, in adulthood they appeared to have more space to understand their parents’ reasons for drinking. Understanding their parents’ drinking appeared to enable many to detach from their parents in a more conscious and controlled way. It is possible that by identifying the emotional connection to alcohol participants may drive themselves to be better, to ensure that they become happy and do not end up like their parents. Bain (2011) found that externalising the problem of alcohol facilitated the development of empathy and acceptance towards alcoholic parents. Her participants felt externalising the alcohol problem was a valuable part of their coping process as it freed them from being caught up in feeling angry and blaming towards their parents.

Several participants in the present study referred to the loss of their childhood, with one actively describing how she was too consumed by her father’s drinking to engage in the typical childhood processes of having fun. Epstein (1973) described self concept as a dynamic organisation that is born out of experience with interactions with others and therefore changes over time. This suggests that our identities are shaped according to our social experience of the world. When transitioning from child to adulthood participants all appeared to leave home at the earliest opportunity. Velleman and Orford (1999) say it is difficult, unplanned transitions that lead to problems in functioning in later life. Participants in the present study all seem
to have planned their transitions carefully and perhaps by establishing a new peer group or strengthening their independence participants achieved the safety and space to get to know and develop themselves.

Despite an ongoing wish to be better people, Lindsey and Karen struggled to articulate and express their sense of self. They held an identity of themselves as lacking in something and reflected feeling like a part of them was missing. Brown (1988) would argue that the denial present in alcoholic homes forces COA to abandon their own senses and conform to their parents’ view. She felt this would lead to ACOA feeling unable to recognise or trust their intuitive, sensory and intellectual abilities. Follette (1994) concurred with this view suggesting that when facing repeated emotional invalidation individuals grow up being unable to make sense of their internal experiences. Brown (1988) and Follette (1994) seem to refer predominantly to a sense of self as reflecting awareness of one’s feelings; however Lindsey and Karen were able to describe a range of emotions and internal experiences. The distress that they expressed arose from their sense of not knowing who they were, not from not knowing what they feel. Vygotsky (1982, as cited in Holland and Lachicotte, 2007) felt that our sense of self exists only in relation to others, suggesting that their childhood inability to know their parents may have impacted on participants’ ability to know themselves. While this may explain their sense of feeling lacking in childhood it does not shed light on why Lindsey and Karen still reflect a sense of lacking despite having gone on to separate from their unknown parent. Cook et al. (2005) described how the childhood trauma of neglectful or abusive parenting can lead to dissociative phenomena such as compartmentalising painful feelings and memories and detaching from awareness of one’s emotions and self. They suggest that repeated experiences of rejection by significant figures leads to the development of a self concept of being defective and unlovable. Perhaps when talking about the sense of something missing in them Lindsey and Karen are reflecting on the invisible loss of feeling loved and therefore secure in themselves, factors which they both frequently referred to.
Despite some struggling with defining their sense of identity, all had made efforts to be a better person and establish their preferred identity. For some this meant pushing themselves academically or creating a strong career path, for others it simply meant coping differently with their emotions than they or their parents had been able to in their childhood. While some spoke of this as an innate drive owned by themselves, others reflected on how they used active comparisons to their parents to make decisions on what not to do and how not to cope. Whereas they had little choice on how to cope as a child as all strategies felt ineffective, as adults participants appeared to have a wider range and more choice over which coping strategies they employed. Similarly to Bain’s (2011) findings participants described using ‘the skill set of being a COA’ (e.g. drive and compassion) to their advantage by using it to shape their personal and professional identities. This study suggests that participants’ sense of identity comes not only from their experiences of being a COA but from their experience of being adults striving to be better.

This process was straightforward for some, yet more difficult for others who were not only striving to be better, but striving to rid themselves of unwanted qualities and ‘scars’ of being a COA (Alison and Harry). Four participants sought therapy to support them and appeared to use this process to shape their preferred identity. Those that attended group and individual therapy in particular spoke about the benefits of learning about themselves through other ACOA, a finding shared by Orosz Vail (1995) and Brown (1988). Orosz Vail (1995) used quantitative and qualitative methods to explore the identity of female ACOA over an 8 year period. She found that attending therapy significantly increased ACOA sense of having a cohesive identity, with many citing therapy as the cause.

Brown (1988) suggests that group therapy is beneficial to ACOA by serving to reduce shame, blame and guilt, suggesting that reducing stigma may support people to assert one’s sense of self in the social world. When considering that our sense of self is bound to our experience of others (Epstein, 1973) it seems intuitive that we need to interact with others to establish our perception of self. Many participants
described using therapy, groups, or their relationship with siblings to assert and know themselves. As found by Botha (2005) there was variation into how strongly participants owned their identity, with some feeling it still very intertwined with their experiences as a COA and some only loosely connecting their current identity to their childhood experiences. This suggests that the development of identity is a very individualistic process determined by factors such as personal temperament, relationship with parent and relationship with feelings of rejection. Yet while each person had their own different story, the drive to be better was the tie that bound their sense of self rather than the tie to their past.

**What are adult children of alcoholics experiences of support?**

*What they found helpful in childhood*

Alison, the only participant to receive professional help in childhood was relieved when she was taken to counselling for an unrelated reason. She reflected being grateful for the opportunity to talk freely and found she was given power in sessions that she didn’t experience elsewhere. Templeton, Novak and Wall (2011) interviewed 23 children aged 10-17 engaged in one of three family focused alcohol interventions. Children reported that creative activities provided a less threatening way of expressing their feelings, a finding supported by this participants’ experience. Alison also felt that accessing therapy as a child enabled her to ask for help as an adult, reinforcing how positive experiences of services can reduce stigma (Rickwood, Deane, Wilson & Ciarrochi, 2005).

No other participant received support in childhood, though Karen described a complex mix of relief and fear when she was asked questions about her father’s drinking after police visited their home. When the police informed her teacher who later questioned her, she was afraid to disclose the problem and left disappointed that her teacher did not see through her lies to protect her father. Kroll (2004) also highlighted the way loyalty to parents can make disclosure difficult.
Some participants reported finding the emotional support of siblings, peers and family members helpful; yet felt this often wasn’t enough. Many researchers have acknowledged social support as being a protective factor both in adult and childhood (Bain, 2011; Kashubeck & Christensen; Velleman & Orford, 1999).

*What they wanted in childhood*

When reflecting from their childhood perspective, participants most frequently cited wanting their parents to stop drinking. In adulthood many appeared to appreciate the complexity involved in getting an alcoholic to stop drinking and instead spoke of wanting their parents to get help for their emotional issues. This change in wish reflects participants developed understanding both of addiction and their parents. Templeton et al. (2011) also found that having knowledge of addictions enabled COA to develop more realistic expectations of their parents. This finding also suggests that participants recognised that the difficulties they experienced with their parents may be related to their parents’ emotional capacities. Cummings and Davies (1994) found that parental depression also resulted in parental inconsistency and unavailability and invoked complex emotions and psychopathologies in children. This suggests that some of the difficulties participants had connecting with their drinking parents may have been due to the depressive elements of their parents’ behaviour.

Participants shared similar ideas of what they felt they needed in childhood. The majority wanted someone to acknowledge what they were going through and to know they weren’t alone. Those that felt conflicted about disclosure were able to give insight on what may have helped; primarily it was about people making it known that their situation was difficult and that help was available. They felt that even if they had never felt able to access support, simply knowing it was available would’ve helped. Their words gave cries for validation and recognition and the fact this wasn’t received left them feeling angry and let down. Karen felt that she wanted professionals to be flexible and informal- giving the idea of wanting someone in jeans. This signifies her want for someone safe and containing, not an object of
authority to be viewed with fear. Perceptions of health professionals have previously been cited as a barrier to help seeking (Orford et al., 2010).

What they found helpful in adulthood
Harry, Lindsey and Alison felt they benefited from individual therapy and group therapy. The most prominently helpful features of therapy appeared to be the space to explore their feelings freely and the opportunity to learn about themselves and find ways to overcome their difficulties. Therapy also played an important part in helping participants develop their preferred identity, suggesting that simply having a safe, non-judgmental space enabled participants the freedom to express feelings and parts of themselves that they had to suppress in childhood. Simply being heard and having time dedicated to oneself has previously been cited as beneficial for ACOA in developing confidence and an identity away from the parent (Hall, 2008).

Participants used other members of alcohol support groups (Al-Anon and Adult Children of Alcoholics) to give them perspective and validate their own experiences. They reported benefitting from knowing they weren’t alone and used others as examples of how to change their feelings and break unwanted or maladaptive patterns. Again it appeared that reducing isolation helped them overcome painful feelings and inspired a sense of hope that they could be different. They spoke of relying on support groups, showing how vital they were in what some termed their ‘recovery’.

What they wanted as adults
As well as advocating for space to talk about their issues, all expressed a desire for their experiences to be known to professionals and wider society. Many spoke of participating in this research to help others know what it is like to be an ACOA and to try and reduce the stigma and misconceptions they felt this label held. The focus on wanting to reduce stigma highlights the sense they that all had by being stigmatised and judged by their parents’ difficulties.
As adults participants also continued to advocate for support for their drinking parent to deal with their emotional issues rather than their alcohol problem, though one participant was acutely aware of how difficult this could be. She strongly felt that services were not able to meet the needs of alcoholics with emotional problems, accurately reflecting how NHS adult mental health services are unable to take on clients with alcohol problems yet alcohol services are often unable to work with peoples’ emotional issues.

Those that continued with therapy expressed a desire to continue to work on themselves and change unwanted feelings and patterns of behaviour, showing how the ‘marks’ of being the COA can prevail into adulthood (Callingham, 1999). Although not all participants felt they needed help as adults, those that did advocated that help should be available long term, a view shared by other adult family members (Orford et al., 2007a). The help that participants described wanting would not be met by current NICE guidelines. One participant sadly reflected that despite feeling she could use support, she did not meet clinical thresholds for diagnoses to access services in her own right, suggesting there is a gap for those who continue to feel distress from their childhood experiences, leaving them feeling neglected and let down again.

**Clinical Implications**

A number of potential important implications for clinical practice emerged from the findings. In childhood, participants described many complex dilemmas that compromised their ability to speak out and seek help. The first hurdle to cross comes from children’s lack of understanding about what the problem actually is. If children are unaware that the alcohol their parents consume is related to the difficulties they experience, then it becomes very difficult to articulate the problem and seek support. It is important that children are educated about alcohol and alcohol related problems from an early age. Early and widespread education could be beneficial to all in overcoming secrecy, reducing stigma and making avenues of support known.
It is also important that key figures in the child’s network (e.g. teachers, health providers) have knowledge and understanding of how a child affected by alcoholism may present, as this may aid identification of those at risk. Contrary to many findings the participants in this study did not fit a profile of disruptive, low achievers (West & Prinz, 1987) and referred to themselves as the good children who sat in the back of the class trying not to be noticed. It is important that educators and key figures in the child’s network create a safe and supportive space and make it known to children that they are available. Tier 1 services including mental health professionals, GPs, health visitors, school nurses, teachers, social workers, youth justice workers, and voluntary agencies must be made aware of the difficulties that are faced by young people living with alcoholic parents and the complex array of factors that keep them trapped. Understanding the dilemmas children face in disclosure means it is important that others take some responsibility in lifting the veil of secrecy that continues to shroud substance misuse. It is of key importance that adults make it known that support is available and treat children with a sensitive and compassionate approach. Adults must also be mindful of the fears a child may have about disclosure and be able to offer reassurance and be mindful not to be judgmental of the child or the parent to whom the child is likely to feel fiercely protective of.

Professionals working with children may find it helpful to employ creative ways of helping the child explore their emotions, as it may be unfamiliar and difficult for COA to express themselves freely. Professionals should also provide children the opportunity to reclaim power and express their thoughts free of judgment and shame, adopting a compassionate approach and acknowledging that they are living in difficult situations. Facilitating understanding of alcoholism and the factors that influence parental drinking may be helpful for both ACOA and COA by facilitating supportive relationships and reducing self blame and guilt.

When considering the significant impact that the sense of rejection appeared to have on both child and adult experiences of distress, it is vital that family approaches are
developed to repair the bonds that frequently become damaged as a result of parents’ substance misuse. Family approaches need to incorporate education for the alcohol using parent and the non-drinking parents to enable them to best support their children. While it is known that the non-drinking parents capacity to attend to the child’s needs can be reduced by the alcoholic (Hall, 2007) it is important that this parent and other adults in the child’s network are drawn in as sources of support. When considering the high level of divorce among participants’ parents, the sense that their parents’ separation increased parental drinking and the negative perception participants had of child and legal services, it is important that services become more integrated. Particular attention must be paid to children in the midst of parental separations, monitoring not only how a child is coping but educating them on how their parents may cope. These circumstances may provide a window of opportunity to alert to children that parental drinking can be a problem and be a platform for offering information, signposting and support.

It is also vital that mental health and substance abuse services become more integrated and able to deal with the complexities of problem drinkers with emotional issues. Reports finding that professionals do not feel skilled to deal with dual diagnoses of substance misuse and emotional problems (Velleman & Templeton, 2007) are worrying particularly considering that all participants felt their parents drinking was influenced by their emotional wellbeing. In order to best support children, it is vital that parents are given the best help available. While many parents may not want or be able to stop drinking, their capacity to parent may still be improved if their mental health concerns are addressed. Services need to become more flexible to meet the needs of complex groups, both in the type of service offered and the way a service is provided. Participants advocated for flexibility in service provisions and felt that less formal services may help them and their parents overcome the stigma of attending therapy.

Participants valued just knowing that there was a place to go where they could be heard, suggesting more informal drop in services may be beneficial. Participants also
advocated for long term support in adulthood and while this may be difficult in the current climate, more attention needs to be given to peer support groups that can provide the informality and flexibility ACOA feel they need. Despite not all participants feeling they required professional support in this area, all had the desire to be better people and found ways to work on themselves and strengthen their preferred identity. This sense of striving could provide an avenue for services to highlight and build on factors that facilitate resilience. The sense that some had of struggling with their identity offers valuable insight into how the difficulties from childhood influence one in adulthood. Professionals working with ACOA may find it helpful to support ACOA to develop a coherent sense of self; part of this work may also involve supporting them to understand their feelings of rejection.

**Suggestions for further research**

Although qualitative methods exploring ACOA experiences have increased in recent years, very few reflect the complex ways in which having an alcoholic parent shapes one’s sense of self. The findings of this study suggest that the experience of understanding parents drinking problem and the label of alcoholism has a significant impact on offspring perception of the problem, their parent and ultimately themselves. Therefore further qualitative research could build on these findings, helping to develop our understanding of how this knowledge is developed and the processes by which it changes perspectives. It would also be beneficial to further explore the impact that meaning making has on the distress of both children and adult children of alcoholics. Although more is now understood about the external factors of resiliency in children (Velleman & Templeton, 2007) and adults (Bain, 2011) little remains known about the processes by which people are able to develop and draw on internal factors of resilience, such as temperament and attitude. Furthermore, little is known about the influence of culture on the experiences of ACOA. The findings of this study suggest that despite utilising many coping strategies in childhood, the consensus was that these were not helpful. Previous research (Templeton et al., 2009) has suggested that children in the UK feel they cope less
effectively than other European groups, suggesting further research is needed to explore the cultural influence on coping with alcohol misusing parents. There is also a lack of longitudinal research, meaning we are reliant on adults recall to give insight into their childhood experiences.

**Methodological considerations**
The choice of IPA as the qualitative approach for this study was a strength as it allowed a rich and detailed exploration of the experiences of ACOA and was therefore well suited to answering the research question. As IPA takes an idiographic approach it does not seek to find definitive answers, it is therefore not possible to make claims about the generalisability of these findings to the wider population. The themes generated are similar to themes in the extant literature, though provide an in depth insight into how common findings are experienced by ACOA. While every attempt was made to be rigorous and transparent through the analytical process it is important to acknowledge that what is presented is the researcher’s interpretation and may have been interpreted by others differently.

There were some difficulties with recruitment due to a slow uptake of participants. It is important to consider the implications that the terms used in this study may have had on potential selection bias. The term ‘alcoholic’ is associated with the disease model of alcoholism which is only one way to view the problem of alcohol misuse. By choosing this term I may have limited the recruitment population to people who subscribe to this model of alcoholism. During interviews I highlighted my choice of terms and gave participants the opportunity to use their own term of reference, and despite not all feeling this word captured the context of their parent, they were unable to provide a label that could. This suggests that any term adopted may well have isolated others who subscribe to a different model of alcohol misuse. It is however important to acknowledge that only participants who viewed alcoholism an acceptable term would have self selected for this study, meaning those who chose not to take part may have had quite different experiences.
Participants were all from a White background, though this included people from British, American, Australian and European heritage. It is possible that a sample from other ethnic backgrounds may have described different experiences.

Also of consideration is the issue of member validation; this can a useful method to check that the researcher has accurately interpreted the participants views (Elliott, Fischer & Rennie, 1999), however it can also be problematic in that participants may have a different interpretation, yet not feel able to share this with the researcher who is in an inherent position of power (Yardley, 2008). Furthermore, member validation assumes that there is a fixed reality against which accounts can be measured, which is not in fitting with the epistemology of the research. It was therefore decided that member validation was not appropriate for this study, however the adherence to Yardley’s (2008) guidance on quality in qualitative research was a strength of this study and the commitment to the guidelines on IPA set out be Smith et al. (2009) ensured analysis was carried out rigorously.

**Reflexivity**

Reflexivity in qualitative research is a vital process concerning how the researcher’s own assumptions, values and interests influence the interaction with the analysis (Elliott et al., 1999). Throughout this research I have been committed to spending time reflecting on the process, using a reflective journal and using discussion with supervisors and peer supervision to facilitate the reflexive process. Reviewing the reflective journal confirms my experience of feeling both exhilarated and exhausted by the research project- not always in equal measure.

From the outset my personal views were called into question as I debated about the inclusion/exclusion criteria of the study. Initially I had thought to include standardised measures to establish ones status as an ACOA. On reflection I think I was in part motivated by my quantitative research background, feeling I needed standardised measures to offer proof that my participants fit my remit. From the beginning I was uncomfortable with this idea as I felt my measure of proof may feel invalidating to people who have self identified as an ACOA. Following discussion with
my research tutor, I was given the confidence to be guided by my instincts as an ACOA and decided not to include a quantitative measure as I felt it could not add to the rich descriptions I hoped my participants would give of their experiences.

I found the development of the semi-structured interview the first challenge of bracketing as I initially found myself wanting to ask participants about topics pertinent to my own experiences. Conducting a thorough review of the literature and using the reflective diary to record my assumptions enabled me the distance to be objective. I did however struggle with the wording of the questions, aware that I felt protective of my participants. I did not want them to feel judged by my questions or to feel that I had made assumptions that they would be negatively affected by their experiences. Piloting the interview with an ACOA enabled me to test the sensitivity of my questions.

I made an entry in the reflective journal prior to and following each interview. These entries involved writing out my assumptions in order to support me to bracket my own assumptions. I also wrote my initial responses to interviews and participants, which helped me to consider why I felt more or less connected to different parts of their story. These reflective entries also helped guide and develop the semi-structured interview schedule.

At times during the interviews I felt conflicted between my role as an therapist and a researcher; a dynamic that is known to create uncomfortable difficulties (Lillrank, 2002). As participants discussed emotive experiences I found myself tempted to slip into my role as a therapist. By making a note of questions areas that invoked this response in me I was able to reflect after the interview and discuss these areas during the debrief. I was aware of feeling charged and highly connected to participants following each interview, despite all having quite different experiences to my own. This sense of connection was driven in part by participants’ strong desire to have their stories heard and the power they gave me by trusting me to do their stories justice. This sense of responsibility made the process of analysis difficult at times as I wanted to voice every person’s story. The rigorous process of IPA and
discussion with peers and supervisors enabled me to stay close to the data and a trust in this process meant I have reached a comfortable place with this struggle. These processes also supported me to engage in critical hermeneutics where I had to interpret messages that held dual meanings. At times I was conflicted about how to interpret participants mixed messages, finding I was influenced by experience as a COA. By discussing dual messages with research supervisors I was able to explore my instincts for which message I felt inclined to present and was able to reach a more objective decision.

I also had some conflict about revealing my identity as an ACOA as I could see the potential benefits and drawbacks to disclosure. While I chose not to reveal my status during recruitment I gave participants’ the opportunity to ask any questions they may have and the majority asked about my status, to which I was honest. Those that didn’t ask prior to the interview did ask after and the general consensus from participants was that it was helpful for them to know as it made them feel more comfortable to talk about the ‘gritty’ bits. There was a sense that knowing my status freed them of shame and meant they did not have to monitor my reactions. I was however concerned that revealing my status may have influenced my sense of connection to participants, making the struggle to do justice to their words even more pertinent.

As a novice qualitative researcher I have learned much about the process of IPA and my approach. Through listening to interview recordings I was able to review my own performance. In initial interviews I feel I may have been too quick to jump in with questions, however by reviewing interview tapes I was able to become more confident and allowed more silence and space for participants to develop their ideas and express themselves openly.

**Conclusion**

The aim of this study was to explore the lived experience of being an adult child of an alcoholic. Participants were able to reflect on their child and adulthood experiences giving a rich description of what it is like to be child of an alcoholic across their
While many of the emergent themes fit closely with the existing theory and literature, this study offered an insight into how ACOA make sense of their experiences. Of particular significance was the way in which participants strove to make sense of their upbringings, their parents’ and themselves. Despite all experiencing a loss of connection to their parents, it was the way in which individuals made sense of this that influenced their distress. Participants who experienced their parents’ behaviour as rejecting struggled more with the loss of connection to their parents, described more difficulty with low self esteem and struggled more to assert a preferred identity in adulthood. Developing an understanding of their parents’ problem enabled most to change their relationship to either their parent or the problem, which facilitated more adaptive coping strategies and preserved the parental relationship. Participants all expressed a strong desire to be better people than their parents and for many this desire prompted an active process of finding and asserting a preferred identity. Some experienced a sense of conflicted identity and battled to rid themselves of the ‘scars’ of being a COA, a process that was often facilitated by seeking validation from external sources. Despite feeling trapped, powerless and largely unsupported in childhood all participants drew on internal and/or external resources to develop themselves and overcome the more difficult aspects of being a COA. This study demonstrated the complexity of being an ACOA, highlighting that there is no clear divide between being resilient or negatively affected.
REFERENCES


management of harmful drinking and alcohol dependence.


193-208.


Templeton, L., Velleman, R., Hardy, E., & Boon, S. (2009). Young people living with parental alcohol misuse and parental violence: 'No-one has ever asked me how I feel in any of this'. [Article]. *Journal of Substance Use, 14*(3-4), 139-150.


Appendix 1: PARTICIPANT INFORMATION SHEET

PROJECT TITLE: The Experiences of Adult Children of Alcoholics

I am a third year student on the Doctorate of Clinical Psychology from the University of Hertfordshire looking for participants to help me explore the experiences of adult children of alcoholics.

Aim of the study

The purpose of this research is to explore what it is like to grow up in a home where at least one parent was an alcoholic and how these experiences may have influenced the person you are now.

What is involved?

If you agree to participate in this study you will be asked to take part in an interview lasting up to 1 ½ hours. In this interview you will be asked questions about your experiences of growing up with a parent who was an alcoholic, questions about your relationship with the alcoholic parent and questions about how you feel your experiences have shaped your own identity.

Interviews will be recorded and transcribed by myself. In the event that I use a transcription service I will ensure to use a reputable service that will have to sign a confidentiality agreement.

I am using a method of analysis that involves documenting direct quotes from participant interviews. All names will be changed and all identifiable information will be removed.

Who can take part?

To take part in this study participants must be over 18 years old and have grown up in a household where at least one parent was an alcoholic. Participants should no longer be living with the alcoholic parent or be experiencing dependency on alcohol or drugs themselves. Participants also should not have experienced physical or sexual abuse from the alcoholic parent.

What are the risks in taking part?

Many people find it beneficial to talk about their experiences; however some people may find it distressing to talk about early experiences if they were not positive. It is advisable you consider how it may feel to share your experiences before taking part.

If you disclose anything that gives me concern for your welfare or the welfare of others I have a duty to seek support from appropriate services, however I would discuss this with you before proceeding.

Voluntary participation

Participation in this research is entirely voluntary and you may withdraw at any time without the need to justify your decision.

Confidentiality
Any data you do provide today will remain both confidential and anonymous and will be used only for the purposes outlined here. All data will be anonymised and kept in secure storage in accordance with the University of Hertfordshire’s data storage policy.

What will happen to the results of this study?

The data collected during this study will be used as part of a third year Doctoral Psychology project at the University of Hertfordshire. In the event that the results of the study are published, your name will not be used and identifiable information will be removed.

Who has reviewed this study?

The project has been approved by the Psychology Ethics Committee at the University of Hertfordshire (protocol number PSY/10/12/LD).

Further Information

For further information about this research please contact Lydia Dove, Trainee Clinical Psychologist on 07843430919 or at l.dove@herts.ac.uk or my supervisors Lizette Nolte, Clinical Psychologist, University of Hertfordshire on 01707 284486 or at l.nolte@herts.ac.uk and Dr Jenny Maslin, Clinical Psychologist, Lambeth Drug and Alcohol Service, Jenny.Maslin@slam.nhs.uk.
Appendix 2: Advert displayed on Studynet

Did either of your parents have a problem with alcohol?
I am a third year student on the Doctorate of Clinical Psychology looking for participants to help me explore the experiences of adult children of 'alcoholics'. I am hoping to interview people who grew up with at least one parent with a drinking problem to explore the impact these experiences have on the person you are now. Current research has often neglected the needs and individuality of people raised by alcoholics and I hope this research will raise awareness and understanding of the issues that may be faced.

Please click the link to my participant information sheet or feel free to contact me if you require any further information.

Lydia Dove, l.dove@herts.ac.uk

(Participants were able to click a link directing them to the participant information sheet as seen in appendix 1).
Appendix 3: Ethical Application to extend recruitment

SCHOOL OF PSYCHOLOGY ETHICS APPLICATION FORM - 3

For minor modifications to an existing protocol approval

Status: Doctorate in Clinical Psychology

Course code (if student): 8PSY0048

Title of project: The experiences of adult children of ‘alcoholics’.

Name of researcher(s): Lydia Dove

Contact Tel. no: 07843430919

Contact Email: l.dove@herts.ac.uk, lydiadove@hotmail.com

Name of supervisor Academic Supervisor; Lizette Nolte, Clinical Psychologist, University of Hertfordshire, l.nolte@herts.ac.uk

Field Supervisor; Dr Jenny Maslin, Clinical Psychologist, Lambeth Drug and Alcohol Service, Jenny.Maslin@slam.nhs.uk

Start Date of Study (if the end date of the existing approval has expired): Sept 2012

End Date of Study: July 2013
Details of modification:

Due to difficulty in recruiting to my study, I wish to expand the areas I recruit participants from to include the following;

I wish to advertise my research on social media forums such as Facebook and Twitter. I intend to join online special interest groups and discussion forums relevant to my research topic (e.g. groups for family members affected by parental substance misuse). I will then inform group members of my research by posting the following blurb explaining the purpose of my research (Did either of your parents have a problem with alcohol? I am a third year student on the Doctorate of Clinical Psychology at the University of Hertfordshire looking for participants to help me explore the experiences of adult children of 'alcoholics'. I am hoping to interview people who grew up with at least one parent with a drinking problem to explore the impact these experiences have on the person you are now. Current research has often neglected the needs and individuality of people raised by alcoholics and I hope this research will raise awareness and understanding of the issues that may be faced.).

Participants will be invited to email me if they are interested and I will then send them the full participant information sheet. If the social media sites allow I would also like to post a link to my participation information sheet on the site. If I am limited in my search of special interest groups I wish to set up my own ‘page’ that advertises my research in the manner stated above and invites viewers of the page to share the page with people they know who may be interested.

I would also like to expand the variety of non-clinical organisations that I contact to invite participants; for example mutual aid organisations like Adfam that provide support to family members affected by substance misuse. I intend to contact these organisations by phone and email and discuss my research and to provide the participant information sheet to interested parties.

All participants recruited from these additional sources would be subject to the same consent, client information and debriefing arrangements as for the recruitment sources already approved.
This form should be submitted (via your Supervisor for MSc/BSc students) to the Psychology Ethics Committee, psyethics@herts.ac.uk where it will be reviewed before being approved by chair’s action.

### PLEASE ATTACH COPY OF ORIGINAL PROTOCOL APPLICATION

<table>
<thead>
<tr>
<th>Name; Lydia Dove</th>
<th>Date; 07/02/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Researcher(s))</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name; Lizette Nolte</th>
<th>Date; 07/02/13</th>
</tr>
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<tbody>
<tr>
<td>(Supervisor)</td>
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</table>

**UNIVERSITY OF HERTFORDSHIRE**
MEMORANDUM

TO Lydia Dove

CC Dr Jenny Maslin

FROM Dr Richard Southern, Health and Human Sciences ECDA Chairman

DATE 04/03/13

Protocol number: aPSY/10/12/LD

Title of study: The experiences of adult children of ‘alcoholics’

Your application to modify an existing protocol approval has been accepted and approved by the ECDA for your school.

This approval is valid:

From: 04/03/13
To: 31/07/13

Please note:

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1. Should you amend any aspect of your research, or wish to apply for an extension to your study, you will need your supervisor’s approval and must complete and submit form EC2. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1 may need to be completed prior to the study being undertaken.
Appendix 4: Advert displayed on ‘Twitter’ social networking site

Lydia Dove @lydiadove2

How did having alcoholic parent affect you? I'm researching experiences of adult children of alcoholics. Want to talk? pic.twitter.com/RIQOXQl4aq (This link contained the following information):

**Participants needed for research study**

*The Experiences of Adult Children of ‘Alcoholics’*

How did having alcoholic parent affect you? I’m researching experiences of adult children of alcoholics. Want to talk? This research will contribute towards my Doctorate in Clinical Psychology.

**Aim of the study**

I am hoping to interview people who grew up with at least one parent with a drinking problem to explore the impact these experiences have on the person you are now.

Current research has often neglected the needs and individuality of people raised by alcoholics and I hope this research will raise awareness and understanding of the different ways people are influenced by their upbringing.

**What is involved?**

A face to face interview lasting up to 1½ hours.

Questions will be related to your experiences of growing up with an alcoholic parent, your relationship with your parent, your sense of self and how you feel your experiences have influenced your identity.

Interviews will be audio recorded.

**Who can take part?**

You must be over 18 years old and have grown up in a household where at least one parent was an alcoholic.
Why take part?

Many people find the opportunity to reflect and talk about their experiences to be beneficial.

This research will develop understanding of the different ways living with an alcoholic can impact on peoples identity.

This research may help the development of appropriate support for adults and children affected by parental alcoholism.

Want to know more?

Please contact me for further information, lydiadove@hotmail.com
Appendix 5: University of Hertfordshire Ethical Approval Letter

UNIVERSITY OF HERTFORDSHIRE
PSYCHOLOGY DEPARTMENT

This form accompanies a submission by a member of staff, a PhD student or a particularly problematic undergraduate research proposal for ethical approval. It will be seen by yourself and all other members of the Ethics Committee. Please respond promptly and please give enough detail to enable the Chair of the Ethics Committee to take the appropriate action.

Please email the form to psyethics@herts.ac.uk. Thank you.

Investigator Lydia Dove
Title The Experiences of Adult Children of Alcoholics
Date submitted 10.10.2012
Considered by

Date ER2 returned

1(a)....X......Can proceed under the named protocol without amendment.

Perhaps the applicant should have ticked box B. It would have made no difference to the application as the possible distress to participants is well dealt with. I would have liked to see a literature review as I am surprised this subject has not previously been investigated. Neither of these comments preclude the application from proceeding.

1(b) .........Can proceed, but please take into account the following suggestions/comments:

2. ......... More information needed for making a judgment about ethical soundness of the study.

Please be as specific as possible about what your concerns are and what information you require

3. ............ This proposal raises ethical issues which I think should be further considered before approval is given

Please be as specific as possible about what your concerns are.
Appendix 6: CONSENT FORM

Project Title: The Experiences of Adult Children of Alcoholics

Statement by Participant

I confirm that I have read and understood the information sheet for this study.

I understand what my involvement will entail and any questions have been answered to my satisfaction.

I understand that my participation is entirely voluntary, and that I can withdraw at any time without prejudice without having to give a reason.

I understand that I have the right to refuse to answer any questions I do not wish to without prejudice.

I understand that all information obtained will be anonymised and stored securely in order to protect confidentiality.

I agree that the interview can be recorded and transcribed.

I agree that research data gathered for the study may be published provided that I cannot be identified as a subject.

Contact information has been provided should I wish to seek further information from the investigator at any time for purposes of clarification.

Participant’s Name ......................................

Participant’s Signature ................................. Date ........................

Statement by Investigator
I have explained this project and the implications of participation in it to this participant without bias and I believe that the consent is informed and that he/she understands the implications of participation.

Investigator’s Name  .............................................

Investigator’s Signature  ..........................  Date  ........................
Appendix 7: PARTICIPANT DEBRIEF FORM

PROJECT TITLE: The Experiences of Adult Children of Alcoholics

Thank you for participating in my study.

The purpose of this project was to explore the lived experience of being a child of an alcoholic. Current research has focused on the impact that living with an alcoholic parent has on one’s mental health outcomes rather than how one makes sense of their experiences and how they feel it impacts on their sense of self. It is hoped that this project will give researchers and clinicians insight into the lived experience of being raised by an alcoholic parent and the impact that this upbringing has on one’s personal, emotional and social life. I believe that this research will show how different each person’s experience is and how people draw on different elements of their experiences to shape the person they are in adulthood.

I hope that an exploration of the experiences of adult children of alcoholics will provide understanding and help clinicians to consider what the best support may be for children living with an alcoholic and for adult children with a history of parental alcoholism. Understanding what issues are faced and how these can be worked on may help prevent the negative outcomes that are often experienced by both children and adult children of alcoholics.

What was it like for you to take part in this study?

Do you wish to be informed as to the outcome of the study?

Do you have any further questions?

If you experienced any distress as a result of talking about your experiences and feel you may require further support speak to your GP about options for local counselling. You may also find the following contacts helpful;

The Samaritans; Confidential Hotline 08457 909090
Al-anon; Confidential Hotline 0207 4030888
www.adfam.org.uk

Alternatively please contact me to discuss your needs and I will endeavor to refer you to an appropriate service. If any other questions or concerns arise you may contact us on:

Researcher: Lydia Dove, Trainee Clinical Psychologist. 01707 284486, l.dove@herts.ac.uk

Supervisors: Lizette Nolte, Clinical Psychologist, University of Hertfordshire. 01707 284486, l.nolte@herts.ac.uk
Dr Jenny Maslin, Clinical Psychologist, Lambeth Drug and Alcohol Service, Jenny.Maslin@slam.nhs.uk

Thank you for participating in this study.
Appendix 8: SEMI-STRUCTURED INTERVIEW SCHEDULE

Prompts are given in brackets.

Practicalities

Can you tell me a little bit about the practicalities of who you grew up with? (Who lived in the family home? Birth order? Which parent was the alcoholic? How long has parent been alcoholic for? How long did you live with alcoholic parent?)

I have chosen the word alcoholic for my study but what term do you use to refer to your parents drinking?

Can you tell me a little about your parents’ drinking? (What made it problematic? Was there a pattern? Did it change over time?)

General

What made you decide to take part in this study?

Is there anything you are hoping we will talk about?

What was your experience of being a child of an alcoholic? (what would you like people to know about your experiences?)

What does it mean to you to be the child of an alcoholic? (if I had asked you this when you were living with alcoholic parent?)

Do you feel being the child of an alcoholic has influenced you in any way?

Has any good come of being a child of an alcoholic?

Has being a child of an alcoholic placed any limitations on your life?

What resources were you able to draw on growing up? (has this changed over time?)

Was there any kind of support available for you or your family at the time? (can you tell me how this support came about? How helpful was it?)

If you could advise services what do you think they could have done at the time? (is there anything they could do now?)

Identity

How would you describe yourself as a person? (how do you feel about yourself?)
Would this be different if I had asked you when you were living with alcoholic parent?

How do others see you? (why do you feel this is different to how you see yourself?)

Do you feel your experience of growing up with an alcoholic parent has influenced your identity?

How do you see yourself in the future?

How do you think you would be if your parent was not an alcoholic?

**Relationships**

Can you tell me about relationships in your family? (who is similar/different? Who gets on best/worst?)

Can you tell me about your relationship with alcoholic parent? (has this relationship changed over time? What words/images come to mind when you think of parent?)

How did you come to have this relationship?

How is this the same or different to your relationship with other parent?

How did others experience your alcoholic parent? (how was this different from you? Why was this different from you?)

How did you communicate with others about your parents’ alcoholism? (who? When? How? Why?)

How do you feel about your relationships with other people? (friends, partners? Do you feel being the COA has influenced your relationships with others?)

**Alcoholism**

What is your understanding of alcoholism? (how did you come to have this understanding?)

What is your relationship with alcohol? (how did you come to have that relationship?)

**Ending**

Is there anything you were hoping we would talk about but didn’t?

What has it been like to talk about your alcoholic parent today?
Appendix 9: AUDIT TRAIL

Appendix 9.a: List of emerging themes- Transcript 6 (Karen)

Need to justify fathers’ actions
Feeling unable to express true feelings-fear?
Feeling compassionate vs. feeling critical
Alcohol was more important than me
There’s lots I’ve never said
Everything was protecting him or us
I feel I’m lacking the full rainbow of emotions
Desire to be heard
Feeling needs were neglected
Conflicting experiences of dad- good vs. bad
I struggle with relationships
Relying on sisters to buffer the impact
The anger or the nothingness
Nobody took it seriously?
Feeling invalidated
There’s huge invalidation
Needing others to validate self
Struggling with relationship to independence
I wanted somebody to notice
Desire for parental attachment
I’m not sure I have an identity
I feel I don’t really exist
The guilt always creeps in

I don’t/ can’t feel the full rainbow of emotions
Suppressing the bad stuff
I don’t think services should be so stuffy
Desire to feel contained
Feeling powerless
Questioning own identity
Operating from a position of anxiety
Observing and reflecting on self?
Fear of vulnerability
Drawing strength from relationship with sisters
Damaged relationship with dad?
Expressing feelings was futile
I try to make everything better
Understanding alcoholism as an emotional crutch?
Feeling damaged
I couldn’t make sense of it
Struggling to understand?
I wasn’t enough to make him not drink
Feeling compassionate vs. feeling cold?
Viewing alcohol as having acceptable functions
Appendix 9.b: Emerging themes clustered together

The guilt always creeps in
Conflicting experiences of dad- good vs. Bad
Need to justify fathers’ actions
The guilt always creeps in

Feeling out of control
Feeling overwhelmed by uncertainty
Feeling damaged
Feeling powerless to change situation
Operating from a position of anxiety
Desire to feel contained

Everything was protecting him or us
Everything was protecting him or us
Avoiding expressing true feelings
Suppressing the bad stuff

Difficulty feeling love and being loved
I struggle with relationships
Fear of vulnerability
Damaged relationship with dad

I wanted someone to be responsible for me
Nobody took it seriously
I feel I’m lacking the full rainbow of emotions
There’s lots I’ve never said
Desire to be heard
Feeling compassionate vs. feeling cold?
The anger or the nothingness
I wasn’t enough to make him not drink
Drawing strength from relationship with sisters
I don’t/can’t feel the full rainbow of emotions
Merged into Questioning own identity

I wanted somebody to notice
Feeling needs were neglected
I don’t think services should be so stuffy
Relying on sisters to buffer the impact
Desire for parental attachment

Struggling to identify self
Questioning own identity
There’s huge invalidation
Needing others to validate self
Struggling with relationship to independence
Desire to observe and reflect on self
I try to make everything better

Everything centred around alcohol
Everything centred around alcohol
Viewing alcohol as having acceptable functions

Discarded Themes
Understanding alcoholism as an emotional crutch?
Feeling compassionate vs. feeling critical
Feeling invalidated

Amended Themes
I couldn’t make sense of it + Struggling to understand;
merged and renamed; feeling overwhelmed by uncertainty
Alcohol was more important than me
renamed everything centred around alcohol
I feel I don’t really exist + I’m not sure I have an identity;
### Appendix 9.c: Table of clustered themes with transcript extracts

<table>
<thead>
<tr>
<th>Theme</th>
<th>Line numbers</th>
<th>Extract</th>
</tr>
</thead>
<tbody>
<tr>
<td>The guilt always creeps in</td>
<td></td>
<td>I guess this is where part of the guilt kicks in because, you know, out of the 2 parents he is the good one and I feel like I desire to say lots of good things about him to counterbalance it, and there are good things there, but they were on the days when he wasn’t drunk,</td>
</tr>
<tr>
<td>Conflicting experiences of dad- good vs. Bad</td>
<td>115-118</td>
<td>I think it’s just because he might have done bad things or not made good choices, I don’t want people to think he’s a bad person</td>
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<td></td>
<td>289-290</td>
<td>I don’t know how you love someone who treats you so badly, but then you feel guilty, so you must love them and it gets very confused.</td>
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<td></td>
<td>322-323</td>
<td>either me saying that really helped in that regard, ‘cos it seemed to work or, he just really is that gregarious, lovely character, that people do warm to.</td>
</tr>
<tr>
<td>Need to justify fathers’ actions</td>
<td>33-35</td>
<td>Erm... yeah, yeah, I do think alcoholic doesn’t really explain the context around everything or what it was like (R. Um) but I don’t have another word for it.</td>
</tr>
<tr>
<td>178-181</td>
<td>But I don’t think he has many sort of um long term, deep, friendships. And there’s certainly no one he would ever call on if he needed help but I think that’s the kind of guy he was, and that’s why, perhaps, he’d self-medicate.</td>
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<tr>
<td>290-293</td>
<td>like, words like alcoholic are almost a diagnosis and it really does away with the whole context, and my dad’s got a whole context that would make sense in terms of why... he would go that route</td>
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<tr>
<td>416-418</td>
<td>I don’t know if it’s tricky because he’s a man or if I’m just imagining this, but I don’t think he would have ever admitted to have, ever having emotional problems, erm, especially he’s older</td>
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<tr>
<td>928-931</td>
<td>My dad’s quite old like I mentioned so, um, yeah, having to be the strong one, the coping one and not really tell people how you’re feeling so I think if you can’t do that or, or if you’ve had a bit of a difficult life of your own, it, it’s an option for some people</td>
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<tr>
<td>952-953</td>
<td>which was also very manly, drinky, kind of environment, so again it was the environment that supported it.</td>
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<td>958-961</td>
<td>I was surprised, if not relieved, when my sister saw in his medical notes, when she was applying for the health insurance for him, for travelling, erm, that he’d had depression anxiety, erm, ’cos things were just sort of like “Ha OK, so it wasn’t just alcohol, he didn’t just want to do that and chose”</td>
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<tr>
<td>972-974</td>
<td>I guess my understanding why he became an alcoholic, if he had un-dealt with emotional issues stemming from his own family context (R. Yeah), which were then reinforced later by his family context of cancer.</td>
<td></td>
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<tr>
<td>The guilt always creeps in</td>
<td>256-257</td>
<td>I felt guilty that I was looking for someone to fill something that was still empty at my age.</td>
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<tr>
<td>285-287</td>
<td>But at the same time I’m very keen to say that I don’t regret it, but it’s that guilt again creeping in, but I don’t regret it and I’d do it all again and I’d rather live with my dad and..</td>
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<tr>
<td>293-295</td>
<td>which makes me feel guilty as if only my feelings count I don’t know, (R. Laughs) don’t know. There’s just this huge feeling of guilt and, quick I need to say all these good things about him</td>
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<tr>
<td>704-705</td>
<td>but I feel a bit guilty about that ‘cos I now wonder if she ever felt responsible for me, to make sure I was OK.</td>
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<tr>
<td>855-857</td>
<td>, I’d always be very keen to say to them, you know, “Everything I’ve told you about them is stuff for you to know. Don’t think anything wrong about my dad,(....) I’d feel like a very, I....that was desperation, I had to get those words out and they had to understand it.</td>
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<tr>
<td>858-860</td>
<td>(....)858-860</td>
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</tbody>
</table>
| 998-1001 | it reinforces that I feel like a cold, heartless bitch. Erm, that, that’s a really powerful thing that stays with me,
<table>
<thead>
<tr>
<th>Feeling out of control</th>
<th>1005-1006</th>
<th>Erm, I guess that probably links a bit of anger about how things were when I was a kid. And then again, immediately, up comes the guilt, about feeling angry about that.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling overwhelmed by uncertainty</td>
<td>119-124</td>
<td>.. I guess fear. Sometimes when he would get very drunk he would get a bit aggressive but it didn’t come to anything, but there was this constant, erm, on the edge of something could, if that makes sense. Erm, so yeah I used to hide in my room a lot and push my bed up against the door whenever he was, but it never came to anything, it was just this constant feeling</td>
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<td></td>
<td>146-160</td>
<td>he’d be a bit unpredictable sometimes. I’d come home from school and all my stuff would be packed up and left on the balcony of our flat. Um, there was no chance I would go back to my mum’s but I would never know what I had done or, or I was always looking for what I had done. (R. Yeah) Erm, but, yeah, or he’d lock me in or lock me out or... It was very hard to understand.</td>
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<td></td>
<td>362-364</td>
<td>cos it just felt too horrible to be at home without... I don’t know, in that nothingness, until dad got home and then there’d be more nothingness, if that makes sense.</td>
</tr>
<tr>
<td></td>
<td>974-978</td>
<td>I certainly didn’t understand that as a child, so it was very, very confusing. (R. Yeah) Not, confusion’s not even the right word. It really just didn’t make any sense, which, confusion seems the same thing but it’s just this utter disbelief, I don’t understand when, when I was a child</td>
</tr>
<tr>
<td>Feeling damaged</td>
<td>206-207</td>
<td>I seem to remember shouting at my dad a lot – “stop drinking”, “stop smoking”, “you’re really damaging yourself”, “you’re damaging me”.</td>
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<td></td>
<td>506-507</td>
<td>Only in terms of being the bad one, the black sheep, and my sisters always tell me that, that’s my own perception and not theirs, not anyone else’s.</td>
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<td></td>
<td>932</td>
<td>very damaging, not just for the individual but for the family around them</td>
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<td></td>
<td>939-940</td>
<td>but there’s a lot of long term secret consequences. Erm.....really damaging I think,</td>
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<tr>
<td>Feeling powerless to change situation</td>
<td>207-208</td>
<td>And, like, feeling I had no impact, but still having the desire to shout it.</td>
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<td></td>
<td>209-211</td>
<td>I think a lot of the phone calls to my sisters were me crying in desperation – “Oh, I can’t take it you’ve got to tell him to stop ‘cos he doesn’t listen to me.”</td>
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<tr>
<td>484-486</td>
<td>so I felt like I was very subject to the power of the systems around me (R. Yeah) and I couldn’t do anything about it</td>
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<tr>
<td>985-986</td>
<td>I never really questioned why they were doing it. I just didn’t get why they wouldn’t stop for me or for us, the family or, I didn’t get that.</td>
<td></td>
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<tr>
<td>Operating from a position of anxiety</td>
<td>453-454</td>
<td>Like I say, it was scary going home a lot of the time, or the, sort of, anticipatory anxiety and so to have somewhere else that didn’t feel like that.. would have been quite nice</td>
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<tr>
<td>670-671</td>
<td>I think I’d be a calmer individual. I don’t think I would have developed anxiety, erm, or.. perhaps then depression</td>
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<tr>
<td>548-549</td>
<td>I think I kind of operate from a position of anxiety, but not the same as my dad</td>
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<tr>
<td>865</td>
<td>Er, a huge feeling of anxiety just you saying that</td>
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<tr>
<td>909-910</td>
<td>I’m very prone to distraction. Erm..quite attentive to, erm, listening out for the temperature of the room, if that makes sense, that things are OK or not</td>
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<tr>
<td>Desire to feel contained</td>
<td>302-304</td>
<td>No I feel that I’m talking a bit all over the place but then I have a tendency to do that anyway, but more so when things are a little bit emotional. Erm, so I’m very happy to be led by you</td>
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<tr>
<td>448-451</td>
<td>Erm, someone who could reassure me that, or that I would not front, if they got involved with me or I talked to them, that nothing bad would happen, and then I’d feel more free to talk.</td>
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<td>458-462</td>
<td>could be available when I needed them, not in an uncontained way, don’t want to call them all the time, but if I was having a particularly bad time, to be able to speak to them so that they would have continuity over my story over months or years rather than being passed around.</td>
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<td>1046-1049</td>
<td>Erm, I thought that I would be that, or there’d be snivelling, crying — “Don’t look at me when I’m crying. I can’t be vulnerable in front of other people” (R. Laughs) kind of me. And I was kind of curious about which one you’d get but it feels, it’s probably been, not the surface one, but the more contained version of me.</td>
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<tr>
<td>Everything was protecting him or us</td>
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<tr>
<td>Everything was protecting him or us</td>
<td>72-76</td>
<td>if anyone found out or took my dad away from me or me away from my dad it really would leave me nowhere, with nothing, and so everything was, kinda, protecting him or, or us. Erm, and so I feel like there’s lots I’ve</td>
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<td>Page Numbers</td>
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<tr>
<td>223-224</td>
<td>I guess you can’t if you’re not willing to talk about it, ‘cos you want to protect them. So you get stuck in a bit of a bind.</td>
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<tr>
<td>372-373</td>
<td>sometimes I wouldn’t tell my sisters everything that was going on ‘cos he was their dad too, and so I didn’t want to make, I didn’t want to colour their view of their dad</td>
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<td>407-408</td>
<td>Um, wanting to tell her something, but for nothing to happen, so wanting to share but no action to be taken, ‘cos it would’ve been too scary.</td>
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<tr>
<td>320-321</td>
<td>There was too much at stake to reveal feelings</td>
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<tr>
<td>648-650</td>
<td>when I was younger, it’s about me not giving much of myself away ‘cos I felt that would be a bad thing to do ‘cos bad things would come from it</td>
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<td>662-663</td>
<td>I’m more willing to talk these days ‘cos there’s not, there’s not so much at stake.</td>
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<td>833-837</td>
<td>I’d swear at him – “you’re hurting yourself, you’re hurting me” – kinda, but, erm, years later there was just no point, it was quite – “what?” – kind of, jarring that he didn’t remember any of it. Erm, so there just seemed no point in having the conversation, ‘cos it would only upset him or it would only invalidate me further.</td>
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<tr>
<td>67-69</td>
<td>Suppressing the bad stuff</td>
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<td>95-97</td>
<td>emotional numbing was a big part of it, I think because I suppress a lot or didn’t say a lot, I think that sometimes I’m often a bit cut off from my feelings and so don’t be afraid to dig I’d say ‘cos, just because you might not be getting them on the surface</td>
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<td>368-370</td>
<td>trying to suppress the anticipation of bad stuff to come, in the hours to come, and with dad, it was having the feelings and trying to suppress them because they didn’t get you anywhere to be upset or to be angry.</td>
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<td>397-398</td>
<td>Erm, but yes she was really surprised but I just said – “oh no he just drinks sometimes” – and, hoping she’d know I was lying or do something and then I wouldn’t feel so guilty about having told the truth but, erm, nothing came of it really.</td>
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<tr>
<td>816-819</td>
<td>I can’t, have him know I feel anything and I can’t...I can’t have him know I feel anything about anything and, and that works either way, either positive feelings or to know I have difficult feelings about him ‘cos it hurts me so much for him, that he can’t remember any of our life together</td>
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<td>879-881</td>
<td>I do notice that I talk about it quite matter-of-factly, quite, quite numbly, devoid of emotion. (both laugh) Just kind of – “Oh this is the thing” – or you know, erm, (pause)</td>
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<tr>
<td>1028-1029</td>
<td>really glad to have had the space to think about some of these things ‘cos I, I think I actively avoid that</td>
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**Difficulty feeling love and being loved**

| 135-139 | I guess, confusion about how relationships work. So if he had been a bit, sort of, aggressive or on the edge of it, um, the next day there’d be money left for me for sweets, or there’d be chocolate milk left for me, or there’d be something nice and so you kind of learned that, I dunno, that’s what’s supposed to make it all right, |
| 313-315 | I struggle to be hugged or, erm, not in a long term relationship, and they seem to last a year and then I, it gets to the serious bit and I can’t do it ‘cos I’m, I struggle to be vulnerable |
| 324-327 | he’s done something or said something or acted in a particular way and then you get, sort of, rewarded with chocolate or chocolate milk. It makes relationships very confusing. Erm... yeah .... Yeah I think, I think it’s just a pervasive sense of numbness about love. |
| 580-581 | Erm, yeah, I struggle to do the long term relationship thing. |
| 899-901 | Erm, it’s not that I don’t love , it’s that I struggle to...cope with the feelings when they come up or to be, I very much want to be loved, |
| 914-915 | I think, love, expression of love or accepting love can be a big struggle. I think, erm.....it’s very difficult to trust people |

**Feeling unable to be vulnerable**

| 316-317 | and it’s something, I’d dearly love not to be there but I can’t seem to bypass it. Yeah that’s a huge limitation for me. |
| 873-876 | erm...links to the not, really feeling able to be vulnerable with people now......which probably links with the feeling, sometimes, a bit unable to feel love or be loved ‘cos you need to be vulnerable to be at that place and I really struggle with that. |
| 891-892 | feeling unable to be vulnerable with people, and I think that can be really necessary for closeness |

**Damaged relationship with dad**

<p>| 757-759 | I couldn’t have dad to stay. That’s one thing I know about my relationship with dad, I can’t be alone with him. I don’t know why but I just can’t. |
| 784-786 | it’s not that I didn’t feel safe, like, nothing was going to |</p>
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<tbody>
<tr>
<td>797</td>
<td>I can’t tell him I love him. I can’t. I can’t even write it</td>
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<td>995-998</td>
<td>even though I know now about his previous anxiety and depression, and even though I have an understanding now as an adult, I can’t change my response to him. It just seems to be stuck. Erm, like I say, I can’t be alone with him. I can’t have him touch me or hug me</td>
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<tr>
<td><strong>I wanted someone to be responsible for me</strong></td>
<td></td>
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<tr>
<td>Nobody took it seriously</td>
<td>124-127 and I guess anger. His workmates and people at the pub, why did they never send him home to me? I would call the pub and ask – “Can you send my dad home please” – but they, they wouldn’t. I’d go over in my pyjamas to go and fetch him, which is ridiculous.</td>
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<td>166-169 they were joking with her – “God we don’t know how your dad’s still alive the amount he drank you know, he’s probably pickled all of his organs that’s why he’s probably staying alive” – and it’s almost become a joke amongst people now. It was very severe and everyone knew but everyone appreciated him for all the fact he was good time</td>
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<td>184-187 I think they, they would see the good, sort of fun time. (Name)’s in the pub, let’s go and get a game of pool or that kind of thing. Erm, which would make me really quite mad ’cos I wanted them to be responsible adults, telling my dad to be a responsible adult. (R. Yeah) Erm, but it never ever happened.</td>
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<td></td>
<td>825-828 a lot of people saw him as, sort of, the good time guy, fun time guy. Erm... I think people would notice it but they’d never express concern. Oh doesn’t, you know, so and so drink a lot or, or we’ll just get him some beer or some whisky or something for Christmas</td>
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<tr>
<td><strong>I wanted somebody to notice</strong></td>
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<tr>
<td>222-223</td>
<td>I want someone to come and sort it out.... But I just didn’t seem to find the right person.</td>
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<td>235-237</td>
<td>and I just refused. I had no reason other than I wanted someone to notice that things weren’t OK and that was my way of showing it, but I would just get let off the hook because I was a good girl,</td>
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<td>240-242</td>
<td>I wasn’t enjoying myself on time off, I was genuinely anxious and upset, erm, but no one, no one seemed to take any notice.</td>
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<td>385-387</td>
<td>And so they began to ask the questions that I wanted people to ask but at the same time wanting them not to find out anything because I’d be taken away from him.</td>
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<td>643-644</td>
<td>but I was always just kind of, really curious about why did happen. I felt hugely uncomfortable and I didn’t want to be nice to him. I felt resentful about being nice to him.</td>
</tr>
</tbody>
</table>
they, why are they not constantly evaluating what they think.

Feeling needs were neglected

| 113-115 | Erm, since, I guess being the child of an alcoholic parent just the sense of not really having a parental figure there even when he was there, not being up to the job of being a parent |
| 130-132 | He’s, he’s a very anxious person so he’s not there for that kind of reassurance, giving parent thing. He’s not, I don’t know, there’s, I can’t think of anything about him that was particularly a parent |
| 401-402 | I think that’s the closest there was to there ever being anything. But, apart from that, nothing at all, and certainly nothing for my dad. |
| 472-475 | my elder sister had even spoken to social services on the side and said – “please place us with our dad”. Erm, but they said no, erm, we’ll place you with your mum, girls need to be with their mothers, erm, which wasn’t true. |
| 574-576 | My children will very much know that they’re loved, I hope.. erm, and will have places to talk about their feelings or, erm… will have good memories, will have sober memories |
| 664-666 | But still there’s that sense of, there’s not an impending problem, so no one’s going to help me with it really, which feels like there aren’t services set up for that, like I wouldn’t need clinical thresholds for anything |
| 690-691 | relationship with mum provided me with nothing. It just isn’t there, not phone calls, not trips, not custody, not anything, just nothing |
| 932-934 | and I’m certainly sure there’s not enough support for anyone involved, (R. Mm) the person themselves who’s drinking or anyone around them. |

Desire for parental attachment

| 251-252 | I seek out parental figures wherever I go. Erm, I don’t mean to it just happens |
| 446-447 | I think I would have liked a consistent kind of parental figure. So someone who I didn’t have to meet that regularly but would just check in on me |

I don’t think services should be so stuffy

<p>| 420-423 | I think if things were more, informal, and more talked about and more of a, a drop in or an outreach kind of thing, even someone chatting to him in the pub, erm, it would have worked. And I don’t think services should be so stuffy about that. |
| 424-426 | I’ve worked in an adult CMHT before. They won’t take on any clients who’ve got an alcohol problem. I really don’t find that, kind of, boundary helpful |
| 439-441 | that’s just the way it is and needs to be accepted, and services need to be set up around that rather than what suits clinicians. |
| 456-457 | In my head, I’ve got visions of, it would have been nice if |</p>
<table>
<thead>
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<th>Time</th>
<th>Transcript</th>
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<tbody>
<tr>
<td>1035-1038</td>
<td>I don’t know how to think about it but, how valuable could that be to people who don’t feel understood (R. Yeah) or to have shared experiences that, erm, to have someone to have these conversations, (R. Yeah) seems really important.</td>
</tr>
<tr>
<td>1063-1066</td>
<td>I said I wanted someone in denim, sort of, jeans to show up (R. Yeah laughing) and that was relevant to it. It was something about the er, in..informality? (R. Yeah) Informality that I think would have been very necessary for me back then</td>
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<tr>
<td>Relying on sisters to buffer the impact</td>
<td>142-143</td>
</tr>
<tr>
<td>218-221</td>
<td>I think my boundaries come from my sisters, (.....) again, I don’t know what I would have done without them.</td>
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<tr>
<td>359-360</td>
<td>my other sisters I would see at school so I had constant, sort of, I dunno, protection affection, in my day life,</td>
</tr>
<tr>
<td>557</td>
<td>We had each other to rely on rather than parental figures</td>
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<tr>
<td>710-712</td>
<td>I don’t think she was one that I relied on most, it was more my elder sister to try and sort out my dad or my younger sister to do the emotional repair work,</td>
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<tr>
<td>719-721</td>
<td>Erm, elder sister, erm, would kind of sort things out, dad, or, you know, she tried to speak to the social worker to get us, to get dad to have custody, or things like that. Erm, God knows, but she was a, she was a brilliant mother figure</td>
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<td>822-823</td>
<td>they offer distraction for both of us. Or for me, if they distract him, I don’t have to deal with anything directly. Yeah, they’re my buffer.</td>
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<tr>
<td>Struggling to identify self</td>
<td>Questioning own identity</td>
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<tr>
<td>275-276</td>
<td>I think my identity then becomes more of a group identity or relation to other people who can then validate that I do exist or that my experiences did happen.</td>
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<tr>
<td>308-312</td>
<td>a sense of emotional numbness in me that, that’s sometimes, erm, apart from not really feeling like I really exist sometimes or, that I have a proper identity or am a full person, erm, I think, I dunno, erm.......sometimes I’m</td>
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worried that I’m worried that I’m not capable of strong feelings or, erm..erm , I’m using euphemisms, strong feelings- love

Again, linking to no sense of identity and people really not seeing what’s actually there, and I’m not actually sure what’s there but what they did see was wrong

I know I have emotions, but I don’t feel.... I dunno, I feel like I don’t feel the full rainbow of emotions that everyone else feels.

“Ha, who am I?” – like, you know, but feeling nothing about it, kind of way, but very much knowing it’s a huge question mark over who I am

but then everyone says this about themselves, so I don’t know how true it is or if it’s just a stock answer, I’d say quirky or erm.. different,

I think because my feelings feel numbed, I feel that almost my, I don’t know if it’s gender identity, my femaleness, feels a bit, not, feels a bit suppressed. That’s how I feel and that’s a really strong feeling about a lack of me

I wasn’t enough to give someone a reason not to drink. Erm.. which, yeah, left me feeling very lacking, lacking lots of things including identity(laughs). I guess it’s just this feeling of, erm, frustration and a lack, around the whole of childhood

when I grew up with him and he literally doesn’t remember a speck of it. (R. OK) And so there’s huge invalidation about, I dunno, you know, a number of years in my life where he doesn’t remember a jot, of what I experienced of him, which is hugely invalidating

I think because my feelings weren’t valid a lot or weren’t validated and I couldn’t get any access to my dad’s feelings or my mum’s, but that’s a different story, so, I don’t know, it seems there’s this numbing of feelings or identity with that

she used to make a link between my feelings of nothingness and suppressing very strong feelings when I lived with dad. Erm.. because there was nowhere for them to go really, or they weren’t, they didn’t really have a function or a purpose, it never got me anywhere, so feelings seemed futile

they put those on my head to see if there was something wrong with me, and what no one actually asked is – “How’s family life?”

growing up with a dad where you…. Suppress feelings, or you grow up with a dad and suppress, I dunno, I dunno. (pause) I think it’s definitely linked to not feeling like I was allowed feelings, not feeling like my feelings were
<table>
<thead>
<tr>
<th>Table Area</th>
<th>Text</th>
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</thead>
<tbody>
<tr>
<td>Needing others to validate self</td>
<td>I felt I must be crazy and it reinforced me, that I don’t exist or that my feelings or my thoughts or my memories don’t exist.</td>
</tr>
<tr>
<td></td>
<td>And I think I’d feel a bit crazy if I didn’t have my sisters. It’d be like – “Yeah, actually, that did happen and that did happen to you”-</td>
</tr>
<tr>
<td></td>
<td>I think older people can see through me and see that I don’t, I’m not really anything but if younger people see, younger people can’t be fooled really, and so they must see something in me that’s loveable if they keep hugging me</td>
</tr>
<tr>
<td></td>
<td>thank God I had my sisters to validate what did happen or what I do think or what I do feel. Erm, or have felt or have thought.</td>
</tr>
<tr>
<td></td>
<td>Erm, erm, yeah, but I’m pretty sure that’s the same as most of my peers of my age group really.</td>
</tr>
<tr>
<td></td>
<td>I thought I saw you glance at me in a knowing kind of way? (R. OK) Um, and that felt good ‘cos I don’t get that anywhere else</td>
</tr>
<tr>
<td></td>
<td>Erm, and I think it’s kind of reflected back to me more of a sense of self to me to be able to have that shared understanding,</td>
</tr>
<tr>
<td></td>
<td>it very well could have been me that thought there were shared glances and that it, it could have come from me, that I seek out, that group or between people, identity, so, erm, I just wanted to acknowledge that I know that I do that.</td>
</tr>
<tr>
<td>Struggling with relationship to independence</td>
<td>Oh, um…i, I guess, er.. er.. a lot of feeling very individual, independent, alone</td>
</tr>
<tr>
<td></td>
<td>from a very young age, I did all my own washing and cooking and I didn’t have parents who went to parents evening or, or anything like that so I was very independent.</td>
</tr>
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<td></td>
<td>although I’m very independent now, I struggle to give it up and I think it’s because I was so independent back then.</td>
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<tr>
<td></td>
<td>Maybe that independent streak has been quite useful in that ‘cos my field’s quite competitive.</td>
</tr>
<tr>
<td></td>
<td>I struggle to be vulnerable ‘cos I’m so used to being strong and independent,</td>
</tr>
<tr>
<td></td>
<td>Erm…..a strong sense of independence I just can’t drop which means I don’t often, if I have a difficulty I tend to go into kind of the reclusive, kind of, mode until I’ve dealt with it. I, I really struggle to let other people help me.</td>
</tr>
<tr>
<td>Desire to observe and reflect on self</td>
<td>trying to figure out my own experiences, just, um, people fascinate me, and that led me into a career</td>
</tr>
</tbody>
</table>
working with people, figuring them out a bit and wanting to help, so I think it’s definitely driven my career choice

there’s the anger or there’s the nothingness, as I’ve described myself and that’s precisely how I see my dad.

it’s actually a negative thing to notice, that actually makes me feel really happy. I’ve been able to pinpoint something about myself for myself,

I see all the bits that don’t, erm, support that view that people have of me but it’s there, definitely there (R. Laughs) and everyone sees it in every context, but it’s quite nice.

I don’t think there’s many contexts, erm, where people hold up a mirror to you that frequently but I think my line of work, like I said I went into the kind of helping profession kind of thing. I think I have access to that maybe that’s why I went down that route

And I think part of it was, these were people who were independent from my family that I found that I could or had to tell my story if I wanted them to know anything about me.

I did go to therapy for a couple of years on, erm, so finished about a year ago. Erm, and I paid for that, that was independent, private, erm, but it didn’t really scratch the surface

I’m not going to make the same mistakes my parents did (R. Laughs) but I’m damn sure (laughing)

I’d need to make everything better, which I think is, yeah, that’s my job now. It’s the job I’ve chosen. I need, I need to make everything better. I need to smooth it over.

although it’s a self-imposed character of being the black sheep, that I very much feel it and that’s, just won’t go away, which I think drives me to succeed a bit

how.. we all knew he was an alcoholic really was, he never didn’t drink ever,

it just kinda there was always, always the people he would hang around with, workmates, with everything centred around alcohol

it was always, there was just always, always alcohol and there was always just this smell kinda (R. Mm) like we’d just know. It was just constant. There were never any periods where he didn’t

Erm, and when he was sober, which wasn’t many times, I’m really scratching my head to think ... erm ......
<table>
<thead>
<tr>
<th>Line</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>739</td>
<td>my dad’s life revolves around pubs</td>
</tr>
<tr>
<td>181</td>
<td>he’d self-medicate.</td>
</tr>
<tr>
<td>925-926</td>
<td>Erm, I think it’s often a crutch that masks something else that’s going on.</td>
</tr>
<tr>
<td>1008-1010</td>
<td>I..don’t have an issue with alcohol. I don’t like to have just one, it seems a bit pointless to me, it’s a social lubricant and I don’t really hit the dance floor without a few drinks.</td>
</tr>
<tr>
<td>1016-1018</td>
<td>I were to date, like when I date a guy, right, I kind of like it if they have a high alcohol tolerance. (R, OK) And I don’t why and I, for me, I kind of know why, to me it equates to being more manly,</td>
</tr>
</tbody>
</table>
Appendix 9.d: Clustered themes for each participant

**Harry**

*Trying to make sense of the problem*
- Becoming aware of the problem
- It wasn’t all bad
- Trying to make sense of drinking
- Knowledge changes things

*Conflicting feelings of responsibility and powerlessness*
- Battling to control drinking
- I felt very responsible
- There was nothing anyone could do
- Feeling afraid and uncertain
- Distance was my only protection

*Feeling overwhelmed by the nightmare*
- Feeling damaged by alcohol
- Feeling overwhelmed by the nightmare
- I was torn apart by my feelings
- A lot of rage
- No wonder you’re going off with panics and anxiety
- There’s still a lot of stuff stored
- Longing for things to be different

*I have problems with relationships*
- I can’t have a relationship with that person
- I was having problems relating
- I don’t think I’m good enough
- Fear of intimacy

*I’ve been able to repair some of the damage*
- Striving to get better
- No pain no gain/facing fears
- Making sense of self through therapy
- Validating self through others
- Learning to let go
- Recovering wanted parts of self
- I’m still working on me

*No-one knew it was so bad*
- I felt trapped and alone
- It would all be very secret
- I don’t want anyone to know about this
- I thought it reflected on me
- I wanted someone to acknowledge what I was going through

**Alison**

*Struggle to articulate and understand self*
- Struggle to figure out father
- Torn between instinctual feeling and knowledge
- Inheriting a legacy of fear
- Owning the good in self
- Understanding where the pain, hurt and anger comes from
- I am a survivor
- Assuming similarities with other ACOA

*Loss of feeling safe*
- A lot of dysfunctionality
- Instability thrown in there
- Regrets for lack of nurturing
- I had to be vigilant
- Feeling that needs have been neglected
- Don’t trust them
- There was just this terror

*Feeling powerless v feeling powerful*
- I wouldn’t take that feeling powerless
- Fear of becoming an alcoholic v staying in control

*Parents give you a bad set of patterns*
- Taking out anger towards father on others
- Reinforcing that men are evil
- It gives you a bad set of patterns
- Ambivalent experiences of mothers ability to support

*Working to keep self afloat*
- Levels of dealing with it
- Escaping into a better world
- Booting up the defences
- Working on self/desire to be better
- Finding safety to let go of defences

*Trying to stitch up a gaping wound*
- It’s not gonna work
- Feeling empowered by overcoming stigma
- Advocating for therapy

*Difficulty getting to the really inside stuff*
- Assumption that expressing emotions is unsafe
- I never pretended things were fine
- Censoring self to protect from vulnerability
- Censoring self to protect others
Ben

It's easy not to deal with it
Using distance to maintain relationships
DISMISSING drunken dad
I don’t think about it till it’s gone
LIMITED communication about the problem

An intimate understanding of alcoholism
The definition that I know of
CHALLENGING negative assumptions of alcoholics
An intimate understanding of alcoholism

Conflicting experiences of father
Contrasting drunk and sober
The happy phase
The depression thing
Awareness v lack of awareness of problem
Being there for others-choice and duty
Practical v emotional support
Compassion v irritation

Desire to separate self from father drinking
No massive effect on self
My own issues
Identifying with father
Hard to know self
I don’t wanna be like that

Impact on the family
Drinking related to unreliability and unavailability
We coped well enough
Mother worn down by the life

It didn't feel like we needed help
He was never going to get help
Being there for others-choice and duty
Practical v emotional support

Rachel

Realising it’s not normal
Realising normal people don’t do that
Struggling with preconceived ideas of alcoholics
Seeking understanding of parents drinking
Struggling to separate parent and problem
Fear of alcohol taking over

A position of powerlessness
Witnessing alcohol taking over
Feeling left in the dark
Perceiving resistance to change
No-one was listening
Putting the blinkers on

Grieving loss of parents
Adopting adaptive roles
Parenting expectations-met v unmet
Realising I didn’t know them
Missing out on the family thing

Making something more of myself
I don’t wanna be like that

Left to my own devices

Adapting self to cope
Logical v emotional reasoning
Avoiding confrontation
Having to meet own needs
Recalculating relationships
Lindsey

Struggling to stay sane
Struggling to stay sane
I just wanted to be normal
Using distraction/avoidance to cope
Detaching to protect self from hurt
Assumption that anger is not safe to express
Afraid to deal with the scars
Embracing it and moving on

I feel like a part of myself is missing
Regret for loss of childhood
I feel like a part of myself is missing
Trying to figure out who I am
Needing labels to validate self
I’m trying to get better

You assume that it’s normal
You assume that it’s normal
Realising childhood not normal
Feeling powerless to change father
Feeling angry that nobody did anything about it

Lonely’s the biggest word
Nobody truly knows what it’s like
Lonely’s the biggest word
Desire for connection
Finding connection through understanding
Needing others to validate experience

Bearing the scars
Feeling scarred by experience

Feeling unworthy of others/I’ll never be enough
I have a hard time trusting people
Sadness a big part of who I am
Being hard on self v’s Accepting self

Alcoholism doesn’t just affect the alcoholic
Feeling unconnected to family
Blaming alcohol for damage
Feeling vulnerable to alcoholism
Conflicted feelings about alcohol

Karen

The guilt always creeps in
Conflicting experiences of dad- good vs. Bad
Need to justify fathers’ actions
The guilt always creeps in

Feeling out of control
Feeling overwhelmed by uncertainty
Feeling damaged
Feeling powerless to change situation
Operating from a position of anxiety
Desire to feel contained

Everyday was protecting him or us
Everything was protecting him or us
Avoiding expressing true feelings
Suppressing the bad stuff

Difficulty feeling love and being loved
I struggle with relationships
Fear of vulnerability
Damaged relationship with dad

I wanted someone to be responsible for me Nobody took it seriously
I wanted somebody to notice
Feeling needs were neglected
I don’t think services should be so stuffy
Relying on sisters to buffer the impact
Desire for parental attachment

Struggling to identify self
Questioning own identity
There’s huge invalidation
Needing others to validate self
Struggling with relationship to independence
Desire to observe and reflect on self
I try to make everything better

Everything centred around alcohol
Everything centred around alcohol
Viewing alcohol as having acceptable functions
Appendix 9.e: Master themes - first clustering

Feeling overwhelmed by the nightmare
No massive effect on self
Feeling damaged by alcohol
Feeling overwhelmed by the nightmare
No wonder you’re going off with panics and anxiety
I was torn apart by my feelings
Understanding where the pain, hurt and anger comes from
There was just this terror
Escaping into a better world
Feeling scarred by experience
Struggling to stay sane
I just wanted to be normal
Feeling overwhelmed by uncertainty
Feeling damaged
Operating from a position of anxiety
Desire to feel contained
Feeling out of control
Sadness a big part of who I am
Blaming alcohol for damage

Trying to make sense of the problem
You assume that it’s normal
Awareness v lack of awareness of problem
Trying to make sense of drinking
Struggle to figure out father
Seeking understanding of parents drinking
Need to justify fathers’ actions
Realising it’s not normal
Realising normal people don’t do that

Struggling with preconceived ideas of alcoholics
Becoming aware of the problem
The definition that I know of
Challenging negative assumptions of alcoholics
Contrasting drunk and sober
Struggling to separate parent and problem
It wasn’t all bad

Making something more of myself
I don’t wanna be like that
I don’t wanna be like that
Striving to get better
I’m trying to get better
I try to make everything better
I’m still working on me
Working on self/desire to be better

I needed someone to be responsible for me

Grieving loss of parents
I felt very responsible
Feeling afraid and uncertain
Parenting expectations-met v unmet

I can’t have a relationship with that person
Everything centred around alcohol
Realising I didn’t know them
Missing out on the family thing
Having to meet own needs
Realising childhood not normal
Feeling needs were neglected
Feeling unconnected to family
Desire for connection
Feeling that needs have been neglected
Desire for parental attachment
Regrets for lack of nurturing
Drinking related to unreliability and unavailability
Practical v emotional support
Ambivalent experiences of mothers ability to support
Adopting adaptive roles
Left to my own devices
Recalculating relationships
Mother worn down by the life

Feeling powerless v feeling powerful
A position of powerlessness
Witnessing alcohol taking over
Feeling powerless to change situation
Feeling powerless to change father
Feeling powerless
Feeling left in the dark
Perceiving resistance to change
No-one was listening
It's not gonna work
He was never going to get help
There was nothing anyone could do
Nobody took it seriously
Putting the blinkers on
I never pretended things were fine
Embracing it and moving on
I wanted somebody to notice
Fear of becoming an alcoholic v staying in control
Battling to control drinking
I wouldn’t take that
I wanted someone to acknowledge what I was going through
Feeling angry that nobody did anything about it
Trying to stitch up a gaping wound

No-one knew it was so bad
The guilt always creeps in
I felt trapped and alone
It would all be very secret
I don’t want anyone to know about this
I thought it reflected on me

Conflicting experiences of dad- good vs. Bad
The guilt always creeps in
Everything was protecting him or us
Limited communication about the problem
No-one was listening
Putting the blinkers on
Nobody truly knows what it’s like
Lonely’s the biggest word
Difficulty getting to the really inside stuff
Assumption that expressing emotions is unsafe
Censoring self to protect from vulnerability
Censoring self to protect others
I don’t think services should be so stuffy
Finding connection through understanding

Struggling to stay sane
Dismissing drunken dad
Using distraction/avoidance to cope
Detaching to protect self from hurt
Assumption that anger is not safe to express
Afraid to deal with the scars
Suppressing the bad stuff
It’s easy not to deal with it
I don’t think about it till it’s gone
We coped well enough
Avoiding confrontation
Adopting adaptive roles
Logical v emotional reasoning
Distance was my only protection
Using distance to maintain relationships
I had to be vigilant
Levels of dealing with it
Booting up the defences
Relying on sisters to buffer the impact

Avoiding expressing true feelings
No pain no gain/facing fears
Feeling empowered by overcoming stigma
Advocating for therapy
Being hard on self v’s
Accepting self
I’ve been able to repair some of the damage

Difficulty feeling love and being loved
I have problems with relationships
I struggle with relationships
Fear of vulnerability
Damaged relationship with dad
Feeling unworthy of others/I’ll never be enough
I have a hard time trusting people
I was having problems relating
I don’t think I’m good enough
Fear of intimacy
Reinforcing that men are evil
It gives you a bad set of patterns

Remaining themes
A lot of dysfunctionality
Instability thrown in there
Don’t trust them
Parents give you a bad set of patterns
Taking out anger towards father on others
Working to keep self afloat
Finding safety to let go of defences
An intimate understanding of alcoholism
An intimate understanding of alcoholism
Being there for others-choice and duty
Compassion v irritation
Desire to separate self from fathers drinking
Impact on the family
It didn’t feel like we needed help
Being there for others - choice and duty
Practical v emotional support
Fear of alcohol taking over
I feel like a part of myself is missing
Regret for loss of childhood
You assume that it’s normal
Lonely’s the biggest word
Bearing the scars
Alcoholism doesn’t just affect the alcoholic

Feeling vulnerable to alcoholism
Conflicted feelings about alcohol
Conflicting feelings of responsibility and powerlessness
Longing for things to be different
Knowledge changes thing
Conflicting experiences of father
The happy phase
The depression thing
Adapting self to cope
Loss of feeling safe

Everything was protecting him or us
Struggling to identify self
Struggling with relationship to independence
Desire to observe and reflect on self
Everything centred around alcohol
Viewing alcohol as having acceptable functions
Appendix 9.f: Master Themes: second clustering

**Struggling to stay sane**
- Feeling overwhelmed by the nightmare
- No massive effect on self
- Feeling damaged by alcohol
- Feeling overwhelmed by the nightmare
- No wonder you’re going off with panics and anxiety
- I was torn apart by my feelings
- Understanding where the pain, hurt and anger comes from
- There was just this terror
- Escaping into a better world
- Feeling scarred by experience
- Struggling to stay sane
- I just wanted to be normal
- Feeling overwhelmed by uncertainty
- Feeling damaged
- Operating from a position of anxiety
- Desire to feel contained
- Feeling out of control
- Sadness a big part of who I am
- Blaming alcohol for damage
- Everything was protecting him or us

**Trying to make sense of the problem**
- You assume that it’s normal
- Awareness v lack of awareness of problem
- Trying to make sense of drinking
- Struggle to figure out father
- Seeking understanding of parents drinking
- Need to justify fathers’ actions

**Realising it’s not normal**
- Realising normal people don’t do that
- Struggling with preconceived ideas of alcoholics
- Becoming aware of the problem
- The definition that I know of
- Challenging negative assumptions of alcoholics
- Contrasting drunk and sober
- Struggling to separate parent and problem
- It wasn’t all bad
- Knowledge changes things
- Conflicting experiences of father
- The happy phase
- The depression thing
- Struggling to separate parent and problem
- It wasn’t all bad
- Knowledge changes things
- Conflicting experiences of father
- The happy phase
- The depression thing

**Struggle to find preferred identity**
- Torn between instinctual feeling and knowledge
- Inheriting a legacy of fear
- Owning the good in self
- I am a survivor
- A lot of rage
- There’s still a lot of stuff stored
- My own issues
- Identifying with father
- Hard to know self
- I feel like a part of myself is missing
- Trying to figure out who I am
- Needing labels to validate self
- Questioning own identity
- There’s huge invalidation
- Needing others to validate self
- Needing others to validate experience
- Bearing the scars
- Assuming similarities with other ACOA
- Making sense of self through therapy
- Validating self through others
- Learning to let go
- Recovering wanted parts of self

**Advocating for therapy**
- Being hard on self v’s
- Accepting self
- I’ve been able to repair some of the damage

**Struggle to articulate and understand self**
- Making sense of self through therapy
- Validating self through others
- Learning to let go
- Recovering wanted parts of self
- Struggling to identify self
- Struggling with relationship to independence
- Desire to observe and reflect on self
- Desire to separate self from fathers drinking
- I feel like a part of myself is missing
Regret for loss of childhood
Making something more of myself
I don't wanna be like that
I don't wanna be like that
Striving to get better
I'm trying to get better I try to make everything better
I'm still working on me
Working on self/desire to be better
Working to keep self afloat
Finding safety to let go of defences
Adapting self to cope

Feeling hopeless and helpless
Feeling powerless v feeling powerful
A position of powerlessness
Witnessing alcohol taking over
Feeling powerless to change situation
Feeling powerless to change father
Feeling powerless
Feeling left in the dark
Perceiving resistance to change
No-one was listening
It's not gonna work
He was never going to get help
There was nothing anyone could do
Nobody took it seriously
Putting the blinkers on
I never pretended things were fine
Embracing it and moving on
I wanted somebody to notice
Fear of becoming an alcoholic v staying in control
Battling to control drinking
I wouldn't take that

I wanted someone to acknowledge what I was going through
Feeling angry that nobody did anything about it
Trying to stitch up a gaping wound

No-one knew it was so bad
The guilt always creeps in
I felt trapped and alone
It would all be very secret
I don't want anyone to know about this
I thought it reflected on me
Conflicting experiences of dad- good vs. Bad
The guilt always creeps in Everything was protecting him or us
Limited communication about the problem
No-one was listening
Putting the blinkers on
Nobody truly knows what it's like
Lonely's the biggest word
Difficulty getting to the really inside stuff
Assumption that expressing emotions is unsafe
Censoring self to protect from vulnerability
Censoring self to protect others
I don't think services should be so stuffy
Finding connection through understanding

Dealing with loss of relationship to parents
I wanted somebody to be responsible for me
Grieving loss of parents
I felt very responsible
Feeling afraid and uncertain
Parenting expectations—met v unmet
I can't have a relationship with that person

Everything centred around alcohol
Realising I didn't know them
Missing out on the family thing
Having to meet own needs
Realising childhood not normal
Feeling needs were neglected
Feeling unconnected to family
Desire for connection
Feeling that needs have been neglected
Desire for parental attachment
Regrets for lack of nurturing
Drinking related to unreliability and unavailability
Practical v emotional support
Ambivalent experiences of mothers ability to support
Adopting adaptive roles
Left to my own devices
Recalculating relationships
Mother worn down by the life
Difficulty feeling love and being loved
I have problems with relationships
I struggle with relationships
Fear of vulnerability
Damaged relationship with dad
Feeling unworthy of others/i'll never be enough
I have a hard time trusting people
I was having problems relating
I don't think I'm good enough
Fear of intimacy
Reinforcing that men are evil
It gives you a bad set of patterns
Parents give you a bad set of patterns
Taking out anger towards father on others

Remaining themes
Loss of feeling safe
A lot of dysfunctionality
Instability thrown in there
Don’t trust them
An intimate understanding of alcoholism
An intimate understanding of alcoholism

Being there for others—choice and duty

Compassion v irritation

Impact on the family

It didn’t feel like we needed help
Being there for others—choice and duty
Practical v emotional support

Fear of alcohol taking over

You assume that it’s normal
Lonely’s the biggest word

Alcoholism doesn’t just affect the alcoholic
Feeling vulnerable to alcoholism
Conflicted feelings about alcohol

Everything centred around alcohol

Viewing alcohol as having acceptable functions

Longing for things to be different

Conflicting feelings of responsibility and powerlessness
Dealing with the loss of connection to parents

Every time they drank they abandoned me
I can’t have a relationship with that person
Finding other ways to meet nurturing needs
Difficulty being close to others in adulthood

Feeling hopeless and helpless

It felt like it was never going to change
Feeling angry that no-one was taking it seriously
What could anyone do if I kept the secret?
Looking back and knowing what could’ve helped

Struggling to stay sane

Trying to address my childhood confusion
Keeping sane through distance and distraction
Booting up the defences to protect from pain
Ending the struggle through acceptance
Using therapy to stay afloat

I know who I want to be more than I know who I am

Feeling it gave me something v’s it took something away from me
Trying to make sense why I am who I am
I don’t wanna end up like that-striving to be better
I’m still in the process of trying to figure out who I am
Needing others validation
Appendix 9.h : Master theme tables with transcript extracts

Master theme 1: Dealing with the loss of connection to parents

<table>
<thead>
<tr>
<th>Subordinate theme</th>
<th>Line numbers</th>
<th>Extract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every time they drank they abandoned me</td>
<td>194-195</td>
<td>you know every time she drank she abandoned me............and I have huge abandonment issues (R. yep) as an adult</td>
</tr>
<tr>
<td></td>
<td>218, 219</td>
<td>In the beginning he still.....carried out the dad role if you like and was still....there for us</td>
</tr>
<tr>
<td></td>
<td>217</td>
<td>Erm, I think because when he was drunk, he was ...just not as attentive</td>
</tr>
<tr>
<td></td>
<td>320,321</td>
<td>With my mum I think without the drinking I probably would have got more support</td>
</tr>
<tr>
<td></td>
<td>146, 147, 148</td>
<td>I feel like I missed out a bit on ....the whole sort of.....family thing erm, ....I guess I, I probably would have liked to have been sort of closer to my mum and, had a bit more of a connection</td>
</tr>
<tr>
<td></td>
<td>326,327</td>
<td>I guess I feel like I’d, I really sort of.....missed out on...sort of the quality parts of growing up and, and having your parents around</td>
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<td></td>
<td>16-17</td>
<td>my dad was never very good at spending times with people, err he wasn’t very good at spending time with us as kids</td>
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<td></td>
<td>910-914</td>
<td>there was kind of this indifference (R. Mm) between both of us, I didn’t care what he did and he seemingly didn’t care about what I did so, we just kind of didn’t really care, and it hurt because I did want him in my life, but he didn’t really want to be there, he was physically there, but he wasn’t emotionally or anything else ....</td>
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<tr>
<td></td>
<td>739</td>
<td>my dad’s life revolves around pubs</td>
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<td></td>
<td>113-116</td>
<td>Erm, since, I guess  being the child of an alcoholic parent just the sense of not really having a parental figure there even when he was there, not being up to the job of being a parent Erm... and I guess this is where part of the guilt kicks in because, you know, out of the 2 parents he is the good one</td>
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<td>574-576</td>
<td>My children will very much know that they’re loved, I hope..  erm, and will have places to talk about their feelings or, erm... will have good memories, will have sober memories</td>
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<td></td>
<td>776,776,778,</td>
<td>and I broke my arm, greenstick fracture, and I took us</td>
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well over an hour, I mean the factory with the car was a 3 minute drive up the road, (R. Mm) of the company, 5 minute drive, and um to this day I don’t know if he had to wait until the alcohol had worn off, if he decided his business meeting was more important, or if he finished shagging one of the secretaries, (R. Mm) or a combination thereof, erm, but yeah well over an hour

quite often when we were, would visit him he’d still go to work, (R. Mm) so he’d have lots of alcohol in the evening but he’d still go to work, (R. Yeah) so we didn’t get the daytime stuff, we were actually left on our own as kids, a lot

when he drank we were sort of like left in the lurch a lot.

err pretty much the only way we bonded in the first few years was err, he would take me on like long drives to the countryside (R. Mm) once a week, and then we’d talk and we’d listen to my music and he’d get into it and stuff like that, (R. Mm) and that was a nice experience, but obviously we couldn’t do that when he was drunk so

I just remember playing, being playful with him (R. Mm) and, I realised that he was drunk (R. Mm) pretty much every single time

it’s not that your thinking ‘she’s drunk, I’m not being picked up’, it’s just ‘what am I supposed to do now?’ there’s no context to it, it’s just I’m sitting by a roadside and I’m supposed to be picked up and I don’t know if she’s coming or if she’s not coming, that’s all, there’s nothing about alcohol in that, it’s just(R. mmm)’where is my mum?’.

you know, my inner child is still sitting there and he’s still, you know, he’s sad and he’s angry and he’s confused because he doesn’t know all of this, he just knows “where the heck is my mum?” and “where the heck’s my dad” as well(R. Mmm) and um,, feels those things and that’s the energy

I couldn’t have dad to stay. That’s one thing I know about my relationship with dad, I can’t be alone with him. I don’t know why but I just can’t.

Sometimes when he would get very drunk he would get a bit aggressive but it didn’t come to anything, but there was this constant, erm, on the edge of something could, if that makes sense. Erm, so yeah I used to hide in my room a lot and push my bed up
against the door whenever he was, but it never came to anything

<p>| 784-786 | it’s not that I didn’t feel safe, like, nothing was going to happen. I felt hugely uncomfortable and I didn’t want to be nice to him. I felt resentful about being nice to him. |
| 797     | I can’t tell him I love him. I can’t. I can’t even write it |
| 995-998 | even though I know now about his previous anxiety and depression, and even though I have an understanding now as an adult, I can’t change my response to him. It just seems to be stuck. Erm, like I say, I can’t be alone with him. I can’t have him touch me or hug me |
| 70-71   | and after that I refused to visit him and then I completely kicked him out of my life |
| 258,259 | like we were younger he would be very playful and, it would be quite a, it would be an oddly nice kind of (R. Mm) way to spend the evening I guess |
| 93-95   | at the you know, happy phase (R. Mm) of my dad it would have been just he’s funny when he’s drunk or, you know, (R. Mm) he’s a bit playful or whatever, and it’s not that bad an experience |
| 277-278 | when he was drunk and depressed it was very err, I suppose I pitied him, a lot, (R. Mm) but at that point I didn’t really deal with him all that much |
| 10-11   | my dad and I never really had a good relationship |
| 894-896 | when I was older, I would try to connect to him more I tried to make him more ...you know ..to be part of my life, and I got met with, with kind of almost indifference |
| 955-959 | he would often make us feel guilty about it he’d be like, “oh why don’t you guys wanna spend time with me?” I’m like “because you’re sitting on the couch drunk (R. Yeah) who cares, you’re gonna fall asleep in 10 minutes anyway and then you’re gonna snore ungodly loud, who wants to sit around for that?” |
| 940-942 | there’s not a lot, you know, things he could do when you’re drunk, um, err, so err, he would try, he would try a little bit harder to connect with us when he was drunk, but you can’t do a lot (laughs) so, um in fact it probably made things worse |
| 996-999 | that was kind of the time that I kind of just came to the conclusion that I, I was just going to, I was gonna call him my pop because wasn’t really my dad, because he didn’t spend time with my like a dad does, and my mom was kind of in agreement she said it’s ok |
| 1052-1055 | , that’s who she ended up as. I never saw her, I saw her comatose in the hospital which was very |</p>
<table>
<thead>
<tr>
<th>Time</th>
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<tr>
<td>1375-1378</td>
<td>because of completely incoherent insane behaviour and incapacity to communicate</td>
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<tr>
<td>1039-1045</td>
<td>She just became more and more withdrawn, more and more collapsed in on herself and I can't have a relationship with that person I can't have it, it's simply 'you disgust me actually' (R. mmm) you know, more and more disgust, more and more anger. The mum who, is still my mum, I feel sad that she lost.</td>
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<td>121-124</td>
<td>That would just deteriorate into her being drunk and then that could be for that evening she could just you know there'd be nothing left she might stop then she'd be ok by 7 o’clock that evening or sometimes especially when I got older you didn’t see her for days</td>
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<td>665,666,667</td>
<td>It (mums drinking) really sort of pushed a divide between, between the two of us, erm,...and I don’t think we’ve ever really sort of got that back</td>
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<td>138, 139</td>
<td>I don’t know is, it’s a weird feeling because I don’t know if......if I really sort of know her</td>
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<td>201</td>
<td>It was almost like a split personality</td>
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<td>209-213</td>
<td>It was a little bit weird ’cause I think that was probably the point where I sort of realised that.....I didn’t really know him(R. Mm) so it, it was kind of hard to determine sort of which side of his personality I was (R. Mm) talking to, I mean he’d call me up and the first thing I’d be doing is listening to his tone and thinking, is this drunk dad or is this sober dad?</td>
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<tr>
<td>212, 213</td>
<td>I’d be listening to his tone and thinking, is this drunk dad or is this sober dad?</td>
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<td>221</td>
<td>But as it progressed he got sort of more detached and didn’t really know him</td>
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<td>224, 225</td>
<td>It’s quite difficult to suddenly realise that actually he doesn’t, he doesn’t know what’s going on</td>
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<tr>
<td>Finding other ways to meet nurturing needs</td>
<td>911,912,913</td>
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<tr>
<td>911,912,913</td>
<td>It was just kind of the, the emotional support I guess that was missing and we(me and sister) had each other for that so, yeah I guess we sort of had everything we needed to, to get by so...</td>
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<td>265, 266</td>
<td>Me and my sister, really, just, I guess we almost brought each other up</td>
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<td>154, 155, 156</td>
<td>It’s probably made me sort of.....more independent ’cause I haven’t really had.....the kind of, parental role models to sort of lean on</td>
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<tr>
<td>498,499</td>
<td>I didn’t really have that (guidance) so I had to sort of just, make a decision and go with it</td>
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my prep school failed to look after me emotionally when my dad died, definitely, the adults definitely did, the kids all knew what to do but the adults didn’t know what to do

I think all of those things in me led to a very independent streak

from a very young age, I did all my own washing and cooking and I didn’t have parents who went to parents evening or, or anything like that so I was very independent.

I seek out parental figures wherever I go. Erm, I don’t mean to it just happens

I think I would have liked a consistent kind of parental figure

I think my boundaries come from my sisters, (.....) again, I don’t know what I would have done without them.

We had each other to rely on rather than parental figures

I basically had to take care of my brother, and take care of myself on my own

there are some people I do wanna talk to but I don’t because .. I just automatically assume that they’re not interested in me, (R. Yeah) that they wouldn’t be interested in me, erm, err, I have a, I’m not ..I have a hard time with err, err older males too, (R. Yeah) erm in that, I, I want to be attached to them like I, I seem to kind of gravitate towards older men, (R. Mm) in a way that, I want to have a father figure in a way,

erm I really really like the show Top Gear, (R. Ok) erm probably because it’s 3 older British guys who ..make me feel like ..I don’t know they kind of feel like my dad, they, they kind of seem like who my dad would be if my dad wasn’t drunk

I did have that support as well (R. Yeah) and I could have, I think that’s probably why I did things like when I was 12 steal money out of her purse, (R. Mm) we’d have the row but then we’d have the big consolation

, I did some stuff that really upset her too, (R. Mm) ‘cause it was my way of, probably trying to get attention, (R. Mm) erm, but yeah she could be terrifying, ‘cause she was just so fraught.

I didn’t feel like I needed any (support)

I’m close to my mum she calls me pretty much every day

you attach to other people, things(R. mmm) that come from your childhood.... and if it goes wrong and this is the thing I found when I first ended up going to
therapy if it goes wrong, the sense of turmoil inside is really horrible

It’s about not having that connection when you’re younger and as an adult not being able to make these connections

And still can pick up a feeling of abandonment like that (clicks fingers) (...) It can be one little look away, it can be anything, I can pick that up really really quickly and then remember and I know this isn’t going on but yeah I can feel it

I mean I have good friendships with women that, that, that getting that closer bit, I’m not confident, I’m not sure, I think they won’t want me, um, they’ll want somebody else, if they go with someone else I get very upset (R. Mmm), so that’s a pattern which has happened a few times,

I regret, I mean I’m at an age now where I think nothing’s ever going to change and there’s a lot of belief in me that nothing’s going to change and I’ll never get close to anyone and why would they and all of that

It has damaged my intimacy with women....so I’ll leave it as that but I did want that on record

It’s about I can’t get that close and I also make strategic errors on the way there

Therapist always knew and she said we’ll deal with your fear of intimacy, well yeah, I’m not sure that we have entirely

You don’t wanna talk to people because you just don’t feel like you’re worth talking to

So the fact that my dad didn’t really wanna spend time with me or my dad didn’t really spend time with me it really kinda just taught me that I’m not an interesting person (R. Mm) that I’m ..not worth anybody’s time I’m not worth any guy’s time, and err, it just …that’s just what I associate it with

It makes me a very caring person, um I will often, um care about someone to the point of.. neglecting myself.

I had a boyfriend ..err a couple of years back, and a err who’s now an ex-boyfriend, but even then I, he was very emotionally abusive, but I thought that was what I deserved, (R. Yeah) erm, because I didn’t think I deserved any better

You don’t want to get to know them because you don’t trust them, erm, I had a particularly and I still have a particularly hard time with boys and men,
because I never really had a good experience with that

| 332 | I don’t trust men, (R. Mm) because my dad has only ever let me down, (R. Yeah) erm, so I just automatically assume that no matter what I’ll never be enough for any man, |
| 756-758 | I will probably always have to deal with the idea that I don’t really trust people, I don’t really trust.. men especially, um, that’s probably going to take me a very very long time to deal with |
| 322-323 | I don’t know how you love someone who treats you so badly, but then you feel guilty, so you must love them and it gets very confused. |
| 135 | I guess, confusion about how relationships work. |
| 324-327 | he’s done something or said something or acted in a particular way and then you get, sort of, rewarded with chocolate or chocolate milk. It makes relationships very confusing. Erm... yeah .... Yeah I think, I think it’s just a pervasive sense of numbness about love. |
| 313-317 | I struggle to be hugged or, erm, not in a long term relationship, and they seem to last a year and then I, it gets to the serious bit and then I, it struggles to be vulnerable ‘cos I’m, I struggle to be vulnerable ‘cos I’m so used to being strong and independent, and it’s something, I’d dearly love not to be there but I can’t seem to bypass it. Yeah that’s a huge limitation for me. |
| 580-581 | Erm, yeah, I struggle to do the long term relationship thing. |
| 899-901 | Erm, it’s not that I don’t love, it’s that I struggle to... cope with the feelings when they come up or to be, I very much want to be loved, |
| 914-915 | I think, love, expression of love or accepting love can be a big struggle. I think, erm...... it’s very difficult to trust people |
| 873-876 | erm... links to the not, really feeling able to be vulnerable with people now...... which probably links with the feeling, sometimes, a bit unable to feel love or be loved ‘cos you need to be vulnerable to be at that place and I really struggle with that. |
| 891-892 | feeling unable to be vulnerable with people, and I think that can be really necessary for closeness |
| 809 | I don’t know no I don’t think it has (R. Mm) to be honest (affected relationships) |
| 155-160 | relationships it’s just a personal thing for me like I have trouble understanding like friendships and that(R. Ok)Yeah, my own issues there(R. Ok) sort of,
| 205-207 | They probably think that I’m hard to know or not hard to like ‘cause I do seem to have, have a lot of people that like me but, hard to truly become close friends with, (R. Mm) and stuff like that, |
| 234,235 | It really gives you such a bad set of patterns, (R. Mm) they help you so as a kid but as an adult they so get in your way |
| 966,967 | Well I mean (exhales) one of the things I have noticed is ...the relationships that I’ve had with men certainly reflected where I was at (R. Mm) in my recovery process |
| 700,701-707 | boyfriend who, met the family once he was from Tenerife, (R. Mm) god who’s that makes my dad look nice, (........) cause certain patterns were, he was the mini version of my dad |
| 712-718 | I remembered, do I walk or don’t I walk, do I walk or don’t I walk, and I didn’t, but I knew I just, (R. Mm) I knew then that was, that was a critical barrier, (R. Mm) and I knew if I stay, the next time it won’t just be “shut the fuck up” (R. Mm) there might be more, and I knew I had to go, (R. Yeah) but he then used his usual more blackmail of migraine and, you know, being all cuddly and nice (R: Oh) again, and the more migraine and, (sighs) tried twice and, wasn’t able to and then I did |
| 239,240,241, 242,243 | I have a lovely boyfriend, (R. Mm) but, the amount of times I’ve projected stuff on to him, (R. Mm) and made him out to be a horrible ass, (R. Mm) when actually he was just being nice, erm, or accused him of being like my dad, or you know, he asks me a question and I interpret it as, as a, (makes a sucking noise) “are you controlling me?” |
| 307,308,309 | because for me, group of men walking for me I’m like ok they’re going to do something, (R. Mm) and they’re just a bunch of guys out, I have this instant, instant distrust, |
### Master theme 2: Feeling hopeless and helpless

<table>
<thead>
<tr>
<th>Subordinate theme</th>
<th>Line numbers</th>
<th>Extract</th>
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<tbody>
<tr>
<td>It felt like it was never going to change</td>
<td>291-291</td>
<td>I tried for the longest time to ..kind of use guilt and use other means to get my dad to stop, erm, to get my dad to just be normal, and it didn’t work,</td>
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<td></td>
<td>1015-1018</td>
<td>it’s like mum would say well maybe if you two, she said “maybe if you two would say something more often, he wouldn’t be that bad” (R. Yeah) and, all I could say was (something beeps loudly) “we’ve talked to him about it a lot mom, there’s nothing we can do,</td>
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<td>1068-1070</td>
<td>this is just, just the way that life is ...you might as well just embrace it and move on, (R. Yeah) and just ...let it go it’s in, in the past you can’t do anything about it</td>
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<td>113-114</td>
<td>he can’t, I can’t force him to go more than a day without a drink, (R. Yeah) erm, so I can’t err, ..err I, I can’t force him to ..not go to a bar I can’t do anything</td>
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<td>978-980</td>
<td>it was always “I drink beer and that doesn’t make me an alcoholic, (R. Yeah) and that’s usually how the conversation ended because there was no negotiating with him at that point,</td>
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<td>836-839</td>
<td>I always felt guilty about what I was doing at home, the shouting and whatever with a sort of moral purpose I thought was more important and sometimes I used to try and try and bring it across and love my mother and that didn’t work either(R. mmm) nothing works,</td>
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<td>1362-1364</td>
<td>we learnt to try and control and shout and rage and pour away, we learnt all of that very young and that’s what we did cos we thought we should do it. It didn’t work (R. Yeah) no –one knew that but we didn’t know that</td>
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<td>1332-1336</td>
<td>“I’m not stopping you doing what you’re doing because I can’t do that but I don’t have to live with it  (R. Yeah) I didn’t know that, I was never taught that....and I’ve had to learn that as an adult , you know, I can never control another alcoholic</td>
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<td></td>
<td>846-847</td>
<td>that going home and just saying to the God I believe in ‘just stop this’(R. mmm) and it didn’t stop...you know that’s very frustrating too</td>
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<td>1137-1139</td>
<td>what do you think may have enabled you to accept that concern? P. A belief that anything would have changed (R. Mmm)but I think also by then I’d lived with it so long...</td>
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<td>1295-1298</td>
<td>Someone once said to me you know everyone has a right to kill themselves but they don’t have the right to make you watch them (R. Mmm), and that’s actually what happened. And it’s very sad (R. Mmm) actually</td>
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that that’s what happened, you know, wives, husbands can leave their spouses....you can’t do that when you’re a kid

we tried quite a lot to, to get my dad help

obviously I was there saying to him well you know, “your drinking which is causing this, which is then causing this” (R. Mm) and sort of trying to, hint to him that, you know, “if you maybe, laid off the drinking (R. Mm) then you wouldn’t have these problems” but, he was so convinced, (R. Mm) by his own diagnosis that the drink had nothing (R. Yeah) to do with it

it was all just there in front of me (R. Yeah) so I was almost the one going to my family and going, “yeah that’s linked to his drinking” and they’re like “oh he, (R. Yeah) he told us that the doctors said that was nothing to do with it” (R. Mm) I’m like “no that’s definitely to do with his drinking

I wouldn’t wanna go there, (R. Mm) just ..because she is so sort of ..“I’m right you’re wrong”

I guess it goes to show that, if somebody doesn’t want to be helped then, you can’t help them

If someone won’t , won’t even admit that, they’ve got a problem, how do you help them solve it

I think a lot of the phone calls to my sisters were me crying in desperation - “Oh, I can’t take it you’ve got to tell him to stop ‘cos he doesn’t listen to me.”

I never really questioned why they were doing it. I just didn’t get why they wouldn’t stop for me or for us, the family or, I didn’t get that.

so I felt like I was very subject to the power of the systems around me (R. Yeah) and I couldn’t do anything about it

Yeah, I seem to remember shouting at my dad a lot – “stop drinking”, “stop smoking”, “you’re really damaging yourself”, “you’re damaging me”. And, like, feeling I had no impact, but still having the desire to shout it.

I’d swear at him – “you’re hurting yourself, you’re hurting me” - kinda, but, erm, years later there was just no point, it was quite - “what?” - kind of, jarring that he didn’t remember any of it. Erm, so there just seemed no point in having the conversation, ‘cos it would only upset him or it would only invalidate me further.

and I just refused. I had no reason other than I wanted someone to notice that things weren’t OK and that was my way of showing it, but I would just get let off the hook because I was a good girl,

I wasn’t enjoying myself on time off, I was genuinely
anxious and upset, erm, but no one, no one seemed to take any notice.

No, he will never do that he’s that kind of person, (R. Right) we could tell him to till like we’re blue or whatever but he won’t get help

No, never not really not in any detail we would sometimes just go “dad’s drunk again” and then we’d roll our eyes and that’s it, (R. Mm) then we’d just get on with our days

we’re used to it from all our lives so, (R. Yeah) it didn’t feel like we needed anyone else to help us

I got tired of it, (R. Mm) I knew it wasn’t going to change and I know it’s never going to change (R. Mm) so I just realised that it’s tiring and it’s a drain

cause he was never going to get help for his depression or his alcoholism so, I kind of knew the two things would become very intertwined

er (exhales) ..I just wanted somebody to be able to control him, ...but that wasn’t possible, (.........) I think it would have been mostly, you know make him stop ..drinking, make him less of terrifying, (R. Mm) but, I don’t really know anybody who could have (R. Mm) controlled him or coped (R. Yeah) with him

it could well be (R. Mm) that they tried, ...but, wouldn’t have been accepted (R. Mm) ‘cause he was fine, (coughs) or something like that (laughs)

I mean a doctor once said to me when she was when she was dying “you have to stop making her, you’ve got to stop her drinking” what an idiot(R. mmm) you can’t stop her drinking, we’ve tried, I was trying since I was 12 to stop her drinking, you know, you look at mess, she’s dying, it wasn’t nice

I know what he meant, it’s in order to keep this person alive she has to stop drinking, of course I know that, but I’ve known that since I was 8 (R. Yep) I don’t need to be told this, I’ve just watched her in an ICU (R. Mmm) dying on me

I didn’t know that I could go to any other member of the family, um and when I look back I I regret that, I regret that

that feeling of just not wanting to be there and not thinking well I could have rung my sister, I could have gone to my grandfather, you know I never thought that I could(R. hmm) go anywhere else

my schools were not places where they gave you emotional support (R. Mmm) so they wouldn’t have known and if they had known, they wouldn’t have known what to do,
I'm not really sure that if they did know they would help all that much, (R. Mm) I don't think our family's all that great one so

They never let him get to that stage (rock bottom) 'cause they always kept bailing him out, and it's, it, that was quite frustrating

We tried to get him sectioned on the basis that he was sort of a danger to himself, erm, but we sort of got told that, that wasn't an option unless he was a danger to other people, which is kind of really frustrating

I was almost the one going to my family and going, "yeah that's linked to his drinking" and they're like "oh he, he told us that the doctors said that was nothing to do with it" I'm like "no that's definitely to do with his drinking"

So for them it was a bit sort of...putting the blinkers on and pretending nothing was wrong

Some of them (dads family)were kind of in denial

Going to his doctor and, and saying you know “he hasn’t been telling you the truth, this is the situation, this is what he’s doing” erm, and the doctor was just sort of, you know, “I've, I cant do anything unless he admits it”

I mean my mum she knew, (R. Mm) and we told her we’d come back from visits, she knew she, couldn’t stop us going (R. Mm) without, having to worry about him coming after us again, (R. Yeah) erm so, it was safer to let us go and have us come back (said with a laugh) after one or two weeks, utterly traumatised

I never pretended they were, (R. Mm) and I told my mum that it took that long, (R. Mm) erm, yeah, things really weren’t fine

so whatever help could be provided I got, and I think that enabled me to ask for help again later

I think alcoholism was kind of like a normal thing, (R. Mm) because ..it, it just wasn’t talked about, it just wasn’t, I, I think everybody knew that my dad was the way he was but, nobody did anything about it,

other people almost encouraged it, you know even if they didn’t mean to encourage it they really did, so in a way I don’t understand what their thinking was all I know is that ..they did not help, (R. Yeah) they, they, they didn’t care

you know there’s so many things that ..you know, go unnoticed in high school it’s kind of disgusting how many things go unnoticed...

they didn’t tell us to ...to move you know to go sleep somewhere else they didn’t even tell us to ..you know
...I think the sensible things most people would do which is “do you have some place where you can sleep do you have some place where you can feel safe?” No, they just came they calmed him down and they said “oh everything’s fine” just glossed it over

when they all come to his funeral I want to ream all of their asses I want to (R gives a small laugh) I, I, I think it’s the one time in my life I’d ever get in front of people and personally and publically ...lambast them, (R. Yeah) for everything that they did, because ..they did not help him at all, they did not help us at all,

and I guess anger. His workmates and people at the pub, why did they never send him home to me? I would call the pub and ask - “Can you send my dad home please” - but they, they wouldn’t. I’d go over in my pyjamas to go and fetch him, which is ridiculous.

ey were joking with her - “God we don’t know how your dad’s still alive the amount he drank you know, he’s probably pickled all of his organs that’s why he’s probably staying alive” - and it’s almost become a joke amongst people now. It was very severe and everyone knew but everyone appreciated him for all the fact he was good time

I think they, they would see the good, sort of fun time. (Name)’s in the pub, let’s go and get a game of pool or that kind of thing. Erm, which would make me really quite mad ‘cos I wanted them to be responsible adults, telling my dad to be a responsible adult. (R. yeah) Erm, but it never ever happened.

a lot of people saw him as, sort of, the good time guy, fun time guy. Erm... I think people would notice it but they’d never express concern. Oh doesn’t, you know, so and so drink a lot or, or we’ll just get him some beer or some whisky or something for Christmas

but what could people know if you’re trying to keep it secret?

well there’s first of all my own secrecy....this was a secret which had to be kept

I mean he meant well, he could never have sorted it and we knew he could never sort it, he was an old man, he didn’t live with it and it felt like my problem

looking back I wish I had accepted that concern (R. Mmm) rather than just gone “no just keep away from me, this is my problem... (R. What) it’s not your problem”

to be honest if anyway had just said that to me at 15 I would have just burst into tears and said go away, that’s the problem (R. Yeah) it had already imbedded
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<tr>
<td>1109-1113</td>
<td>how they dealt with her when she was drunk I don’t know I can’t really cos I was trying to hide it anyway (R. yeah) so it’s very difficult to know, you know about non-family members dealing with it cos we were so busy trying to cover it up(R. Mmm) that we’re trying to make sure no-one actually saw her like that,</td>
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<tr>
<td>1268-1270</td>
<td>I don’t know what anyone could have done, I really don’t know (R. hmmm) um, because I kept the secret as well, I’m as much a person who kept that secret,</td>
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<tr>
<td>1270-1273</td>
<td>when I use that phrase the adult child as a child you behave like an adult and as an adult you get the childish stuff coming out and it’s a very good description so I don’t know what I could have done, I, I, I’m you know, when I am offered any help it’s like “go away” so that’s really difficult for me to know</td>
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<tr>
<td>347-349</td>
<td>it was a nightmare I didn’t want anyone to know about, it was a nightmare I didn’t share with anyone</td>
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<td>185-188</td>
<td>I was embarrassed and ashamed...(R. Mmm)...er for her, I didn’t want her seen and I thought it reflected on me.....um, that was very strong.....</td>
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<td>72-76</td>
<td>if anyone found out or took my dad away from me or me away from my dad it really would leave me nowhere, with nothing, and so everything was, kinda, protecting him or, or us. Erm, and so I feel like there’s lots I’ve never said, deliberately</td>
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<td>223-224</td>
<td>I guess you can’t if you’re not willing to talk about it, ‘cos you want to protect them. So you get stuck in a bit of a bind.</td>
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<td>407-408</td>
<td>Um, wanting to tell her something, but for nothing to happen, so wanting to share but no action to be taken, ‘cos it would’ve been too scary.</td>
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<td>67-69</td>
<td>there’s a lot of things I never have said because I think, when, for me growing up with an alcoholic parent, me and my sisters, we centred around making sure no one found out,</td>
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<td>397-398</td>
<td>Erm, but yes she was really surprised but I just said – “oh no he just drinks sometimes” – and, hoping she’d know I was lying or do something and then I wouldn’t feel so guilty about having told the truth but, erm, nothing came of it really.</td>
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<td>385-387</td>
<td>And so they began to ask the questions that I wanted people to ask but at the same time wanting them not to find out anything because I’d be taken away from him.</td>
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<td>460-465</td>
<td>. Erm ..well in terms of my friends, err they didn’t really know much about my parents ‘cause I’m very (R. Mm) closeted I guess, (....) but I never let anyone see him when he was drunk so</td>
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<td>Time Range</td>
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<tr>
<td>1182-1185</td>
<td>you do feel like you’re alone, and you do seclude yourself off, you sectioned yourself off, and you feel like there’s no hope for you or there’s no, there’s nobody that can help you, and you do feel alone you feel like you’re alone with your feelings and your thoughts</td>
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<td>1053-1055</td>
<td>I don’t know why I never talked to anybody about it honestly, I …I just never did, (R. Mm) I …I think it was just one of those things to where …it, it (sighs) I don’t know, like…I actually do not remember ever talking to somebody</td>
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<td>1058-1061</td>
<td>to this day I don’t understand why I never did that, (R. Mm) ‘cause I was …I was 15 or so when that happened, I think, ..and ..I never told anybody about it ..I never said anything to anybody, I never …I never mentioned any event, I just never did ..I have no idea why</td>
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<td>1073</td>
<td>I don’t think I ever told anybody because it was almost normal</td>
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<td>735,736,737</td>
<td>I mean I never pretended that things weren’t, were fine (R. Mm) when they were not, I, from, pretty much from the beginning didn’t buy into the whole what will the neighbours say</td>
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<td>794,795,796</td>
<td>Well I was, I was quite outspoken to a certain level, (R. Mm) there was like, there was like a wall, and everything outside that wall (R. Mm) I was very you know outspoken and open and, god wasn’t I great how I was able to share feelings</td>
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<tr>
<td>Looking back and knowing what could’ve helped</td>
<td>720,721</td>
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<tr>
<td>411-413</td>
<td>I think maybe having someone …maybe just sort of saying to them that, you know, there is help, (R. Mm) for you know, whatever the issues are …that are causing the drinking</td>
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<td>1209-1211</td>
<td>um community awareness ..(R. Mm) I think that’s the only thing that I think could have really helped me, um …community awareness I think would have been .. the best,</td>
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<td>1187-1189</td>
<td>how to approach somebody who is an adult child of an alcoholic, is to, is to be …not be forceful, but be …I guess you could say loud, like let it known (R. Mm) like let it be known that or like try and make it as obvious as possible that they’re not alone because</td>
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<td>1193-1195</td>
<td>cause once you realize that you’re not alone and that you have a group of people who know what you’re talking about, it actually encourages you to want to come back, it encourages you to want to come and talk</td>
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<tr>
<td>420-423</td>
<td>I think if things were more, informal, and more talked</td>
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about and more of a, a drop in or an outreach kind of thing, even someone chatting to him in the pub, erm, it would have worked. And I don’t think services should be so stuffy about that.

424-426 I’ve worked in an adult CMHT before. They won’t take on any clients who’ve got an alcohol problem. I really don’t find that, kind of, boundary helpful

439-441 that’s just the way it is and needs to be accepted, and services need to be set up around that rather than what suits clinicians.

456-457 In my head, I’ve got visions of, it would have been nice if someone in jeans had come in, (R. laughs) no suits, no clipboards, not like the police, not, just something relaxed and reassuring

1035-1038 I don’t know how to think about it but, how valuable could that be to people who don’t feel understood (R. yeah) or to have shared experiences that, erm, to have someone to have these conversations, (R. yeah) seems really important.

1063-1066 I said I wanted someone in denim, sort of, jeans to show up (R. yeah laughing) and that was relevant to it. It was something about the er, in... informal? (R. Yeah) Informality that I think would have been very necessary for me back then

458-462 just something relaxed and reassuring and... erm... could be available when I needed them, not in an uncontained way, don’t want to call them all the time, but if I was having a particularly bad time, to be able to speak to them so that they would have continuity over my story over months or years rather than being passed around.

416-420 my dad, it’s, I guess it’s tricky. I don’t know if it’s tricky because he’s a man or if I’m just imagining this, but I don’t think he would have ever admitted to have, ever having emotional problems, erm, especially he’s older, ‘cos he’s an older generation, ‘cos he’s a pensioner now and I don’t, erm, that couldn’t have been a direct conversation with him, but that’s not an excuse for not having the services there

169,170 Erm ...I suppose there were times where it would have been helpful to have some sort of support network

175 Erm, just someone for my mum to talk to (R. Mm) like a friend or something....

178,179 . I don’t think err my mum would have been happy with someone coming in and changing things

618-620 maybe supporting the family if they are having a hard time from it (R. Mm) like, if the, alcoholic is a err breadwinner or something in the family then, (R. Mm)
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<th>Line Numbers</th>
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<tr>
<td>1139-1142</td>
<td>They probably would need support weirdly enough of course, having had interaction with other people who were going through it and therefore accepting that you weren’t on your own (R. Yep) and having to deal with it on your own, but no-one was talking about that, no-one was helping in that way.</td>
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<tr>
<td>1218-1221</td>
<td>I wish somebody, somebody somewhere had told me about Al-Anon (R. Mmm), I wish I’d found it, you know, it was there, you know, there must have been a meeting somewhere, it doesn’t matter if it was that or something else, but you know, just knowing I wasn’t on my own.</td>
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<td>1238-1241</td>
<td>That’s the one thing I really do think if someone had just said “if you feel miserable, just knock on my door and come and you can have a cup of milk (R. Mmm) and talk about it” as an adult, I probably would never have used it but I’d have known it was there.</td>
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<td>1254-1257</td>
<td>I think that’s just the most important thing is to say to children you’re living with the impossible what can we do? Um, you know, it’s far too big a subject but I think we are better at understanding that children have to live with impossible situations,</td>
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<td>1289-1291</td>
<td>Whatever age any support system is a good thing I would say those groups are useful but there may be others around (R. Yeah) any support and anyone just saying we know what you are living with</td>
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<td>1313-1314</td>
<td>I think, I think looking back that feeling of I wish someone had said it is shit, you know.</td>
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<td>1364-1366</td>
<td>I wish someone had told us something different, but it’s easy to say that, it’s easy to know an answer without actually feeling it,</td>
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<td>1513-1514</td>
<td>I believe very strongly, I believe very strongly this story needs to be told, not for me but for other people.</td>
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<td>1515-1517</td>
<td>The most important thing that has happened today is that you’re hearing me actually.</td>
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<td>158,159,160,161,162,163</td>
<td>Because I want the knowledge to be just, to be more, because I also understand, in a way it’s still a relatively new science, (R. Mm) it’s only been around what a hundred years (said questioningly) (R. Mm) it’s not that old, it is still a lot of going on (R. Yeah) and there’s still a lot of having to get over the whole of, you know, bedlam and the whole if you need help your dumb and the whole all that you know associated with (R. Mm) “oh you’re seeing a therapist?”</td>
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<td>885,886,887</td>
<td>I think going along that it was ok to see a therapist, (R. Mm) right from you know, very early on, also gave me the power to go and ask for help when I needed it again.</td>
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<tr>
<td>1014,1015,101</td>
<td>She’d build out of these cushions this big blue figure,</td>
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and it was you know, taller than her she’d build (R. Mm) proper big, and I’d swing and I’d kick it down and I’d keep swinging (R. Mm) until I’d got him, even the legs, (R. Mm) have to stretch nearly fall off it but I’d get them all, (R. Yeah) and that was always my favourite game, (R. Yeah) erm, ..but (exhales) I, there was, there was no way of doing that,

oh yeah the group therapy, (R laughs) I think that’s a lot cheaper than cancer, removing legs, the liver, liver transplant, going blind, erm, yeah, do I need to continue (laughs)

I understand that quite often the alcoholism is a symptom of the pain, and the emotional ...whatever that the people have experienced, (R. Yeah) that drove them to this illness, (R. Yeah) and I think that’s really what’s important to me to show (R. Yeah) that, yes you can make somebody count units, but you’re not ad-, you know that’s a band aid, (R. Yeah) but that’s not, that’s not stitching (R. Yeah) the whole big gaping wound

quite frankly the long term costs for all these people not getting help, (R. Mm) not being able to get it, being turned away, being ..given 3 months of CBT not feeling any fucking difference at all and never asking for help again, well what’s that gonna lead to, more alcoholism, that’s gonna cost a shit load (R. Mm), erm, fallout on the family, that’s gonna cost a shitload, and god knows how many burn outs and (R. Mm) benefit people because they can’t fucking work anymore, so yeah that was fucking (R. Mm) intelligent
### Master theme 3: Struggling to stay sane

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<tr>
<th>Subordinate theme</th>
<th>Line numbers</th>
<th>Extract</th>
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<tbody>
<tr>
<td>Trying to address my childhood confusion</td>
<td>52-59</td>
<td>there were these enormous rows between my parents and I didn’t know what they were about and I’m just a young boy listening to it (R. Mmm) in my bedroom and I remember sort of slowly realising that it was something to do with bottles and drink, (...) I think I was about 5 or 6 when I thought she’s talking about beer bottles and they’re all hidden under the stairs cos I knew cos I was a little boy I used to play there so, I was sort of piecing it together</td>
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<td>60-62</td>
<td>I don’t know at exactly what age I would have known that the argument was all about drinking, then I became aware of what I was looking for to see what the signs for her drinking were</td>
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<td>330-331</td>
<td>at the age of 5 you’re just hearing the parents arguing and you don’t know what to do(R. mmm) you don’t know what it’s about, it’s scary</td>
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<td>616-620</td>
<td>it’s not that your thinking ‘she’s drunk, I’m not being picked up’, it’s just ‘what am I supposed to do now?’ there’s no context to it, it’s just I’m sitting by a roadside and I’m supposed to be picked up and I don’t know if she’s coming or if she’s not coming, that’s all, there’s nothing about alcohol in that, it’s just(R. mmm)’ where is my mum?’.</td>
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<td>623-626</td>
<td>so there’s this whole thing of a young child not knowing(R. mmm) not knowing what’s around or going on and, um.....that thinking it’s normal, that’s the thing, um you know(R. yeah) my mum’s in bed, she’s in bed, that’s got nothing to do with alcoholism, it’s just she’s in bed</td>
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<td>92-96</td>
<td>I couldn’t say there was a trigger, there was no trigger as such, there were certain triggers like if people from the f’ my brother coming home for Christmas would always she would always be drunk by the time he showed up which my brother ascribes to her being nervous and I think in retrospect that’s true</td>
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<td>939-943</td>
<td>so, without knowing what that structure is, there is a dysfunctional family behind there(R. Yeah) okay, the second thing I discovered was that she was a nurse in world war 2 and I’ve always wondered how that affected her</td>
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<td>1014-1016</td>
<td>I mean it’s not saying that, (exhales) she should have</td>
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<td>1</td>
<td>drunk, cos she shouldn't have and that’s a should, it’s not a ‘oh you know, she couldn’t help it’ it’s just I really wish she hadn’t,</td>
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<td>2</td>
<td>I couldn’t say if I was afraid for, him killing me, him torturing me, him raping me him,...I just knew I was so afraid, (R. Mm) erm and then sometimes I wouldn’t be at all, (R. Mm) ...and that’s why I just, you know, my even when he, when I was refusing him it was always ...polite</td>
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<td>3</td>
<td>I understand that quite often the alcoholism is a symptom of the pain, and the emotional ...whatever that the people have experienced, (R. Yeah) that drove them to this illness</td>
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<td>4</td>
<td>I never watched for the pattern like, you know at watch stage of the day was he, (R. Mm) you know was he still intoxicated from the previous evening, was he kind of going through withdrawal and being narky</td>
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<td>5</td>
<td>it’s kind of difficult to mark what was ....because he also could be sober quite an arse, (R. Mm) ..erm ...and he could be drunk lovely and he could be sober lovely, (R. Yeah) erm it’s quite a, a, I just find it a bit difficult to ...try and figure out if we take away the alcohol, (R. Mm) how much that would have ...what, what that could have meant</td>
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<td>6</td>
<td>, I think my understanding of it is, quite personal, ’cause, no actually, yeah it is quite personal but, I think I realise my dad was an alcoholic when I first understood the term alcoholic or when I first heard it and (R. Ok) looked into it</td>
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<td>7</td>
<td>It’s retrospective, (R. Mm) so it is, it is very intimate, err, understanding or respect I suppose, for alcoholism but it’s very retrospective, (R. Mm) like I can look back and say yes he was an alcoholic rather than I can say I know he was an alcoholic</td>
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<td>8</td>
<td>Erm, I’d say that he drinks because he’s either bored or depressed</td>
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<td>like my dad wasn’t abusive or he wasn’t a horrible person he just had depression and he dealt with it in a bad way</td>
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<td>10</td>
<td>Yeah which is what made me figure out that it was depression that he was doing it for</td>
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<td>11</td>
<td>the definition that I know of is that a dependence on alcohol (R. Mm) for like it can be a physical dependence err emotional dependence, or just, soc-social dependence I guess</td>
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<td>12</td>
<td>I think by that time it was definitely in the depressive (R. Mm) kind of mode so, yeah, I think that helped</td>
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me actually term him as an alcoholic (R. Mm) and to come to terms with the fact that (R. Mm) he is, it’s easier to say someone’s an alcoholic if they need help

<p>| 36,37,38 | We sort of noticed that he’d stop at the shop on the way back, grab a couple of cans of strong cider, and drink them in the car while he was driving us home |
| 69, 70 | It was only that she sort of, flagged it up that we started really noticing and sort of when he’d act suspiciously, obviously we, we then sort of picked up on it a bit more |
| 94, 95 | I think by that point, I realised that that’s, that’s not what normal people do |
| 400,401,402, 403 | It’s obvious to, to us that....she has a problem erm, I mean.... getting up in the morning and saying things like, “I need a drink” before you go to work is kind of a, you know a, a little flag goes up and you think “hold on normal people don’t do that” |
| 134, 135 | It was hard to sort of define whether that was just her personality or, or the drinking |
| 26,27 | I never, never had a problem sort of identifying my dad as an alcoholic, and I think he was in every sense of the word really |
| 856,857,858, 859 | He was more .....text book alcoholic, erm, binge drinking erm, sort of starting to lose ....control of everything, not being able to hold down a job, erm purely because of the alcohol, erm,....hiding it from everybody |
| 859,860,861 | I keep saying almost a sort of functioning alcoholic so she doesn’t see that she’s got a problem because she can get up and go to work |
| 385,386 | I’d say the, the break up, the divorce probably, triggered the drinking |
| 418,419 | It was just sort of one blow after another for my dad so, and he never really got any sort of support and help |
| 447 | Definitely I think yeah for both of them it was the drink was a , a coping mechanism |
| 459-464 | whereas my parents were sort of ...something bad would happen and it’d be “oh typical that’s my luck” (R. Yeah) and feeling sorry for themselves and, and I think that (R. Yeah) just, sort of naturally led to the drinking ‘cause kind of well (R. Mm) there’s you know, “what’s the point there’s no other way out of this” (R. Yeah) whereas I think both me and my sister are, are a lot more sort of focussed |
| 274-277 | we talked about AL-Anon and err AA and alcoholism a lot when I was in high school, because of the |</p>
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<tr>
<td>1066</td>
<td>1068</td>
<td>as I said when you grow up with it it just becomes normal, and ...you just kind of ..learn well actually it’s more than a couple of things but I’m like you just learn to just think that ..it’s just normal ..</td>
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<td>1073</td>
<td>1078</td>
<td>I don’t think I ever told anybody because it was almost normal, I mean it seemed, it seemed like a normal thing in the community because ..I mean, why else ...with my dad’s friends which was ..half the community, why would almost all the dads in my community ..go out drinking with my dad ..then just act like all that behavior was normal? It must have been normal, (R. Mm) because nobody acted like it was abnormal,</td>
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<td>1088</td>
<td>1090</td>
<td>nobody’s acting like it’s not normal so it must be normal, (R. Yeah) so I think it just became one of the things that, for some godforsaken reason, I never saw it as abnormal because nobody ever said it was (R. Yeah) and nobody ever indicated that it probably was, so I just, it just was, it simply was</td>
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<td>144</td>
<td>145</td>
<td>then on top of that you’re a child so you don’t understand what’s going on</td>
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<td>211-213, 218-220</td>
<td>and I sat there trying to figure out if there was any really happy memories from my childhood, and I couldn’t come up with anything, (R. Yeah) and I knew then that something there (......)so I think that was the moment I kind of realized that ..I may not have a normal childhood and I probably should think as to why that is</td>
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<tr>
<td>973-978</td>
<td>that would be my understanding now but I certainly didn’t understand that as a child, so it was very, very confusing. (R. yeah) Not, confusion’s not even the right word. It really just didn’t make any sense, which, confusion seems the same thing but it’s just this utter disbelief, I don’t understand when, when I was a child</td>
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<td>159-160</td>
<td>or I was always looking for what I had done. ( R. yeah) Erm, but, yeah, or he’d lock me in or lock me out or.. It was very hard to understand.</td>
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<td>33-35</td>
<td>Erm... yeah, yeah, I do think alcoholic doesn’t really explain the context around everything or what it was like (R. um) but I don’t have another word for it.</td>
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<td>178-181</td>
<td>But I don’t think he has many sort of um long term, deep, friendships. And there’s certainly no one he would ever call on if he needed help but I think that’s the kind of guy he was, and that’s why, perhaps, he’d self-medicate.</td>
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<td>928-931</td>
<td>My dad’s quite old like I mentioned so, um, yeah, having to be the strong one, the coping one and not really tell people how you’re feeling so I think if you can’t do that or, or if you’ve had a bit of a difficult life of your own, it, it’s an option for some people</td>
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<td>952-953</td>
<td>which was also very manly, drinky, kind of environment, so again it was the environment that supported it.</td>
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<td>958-961</td>
<td>I was surprised, if not relieved, when my sister saw in his medical notes, when she was applying for the health insurance for him, for travelling, erm, that he’d had depression anxiety, erm, ‘cos things were just sort of like “Ha OK, so it wasn’t just alcohol, he didn’t just want to do that and chose”</td>
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<td>972-974</td>
<td>I guess my understanding why he became an alcoholic, if he had un-dealt with emotional issues stemming from his own family context (R. yeah), which were then reinforced later by his family context of cancer.</td>
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<tr>
<td>Keeping sane through distance and distraction</td>
<td>241-242</td>
<td>I think the first thing is to say that you you that I wanted to be away from it(</td>
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<td>730-734</td>
<td>I’m the one who mostly underestimated being sent away to school, I always think that didn’t affect me(...)But it clearly did, I think that, and I always think of it as my protection(R. mmm) so I don’t attack it, but I think all of those things in me led to a very independent streak</td>
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<td>785-787</td>
<td>you know there was this other world where I didn’t have to live with it. Can you imagine what that would have been like, living there on my own all year round trying to deal with this?</td>
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<td>797-800</td>
<td>it was protection, I wasn’t there all of the time, I had another life, I had my education, I had my friends, it was away from where I was and it was also what I was used to cos I’d been there since I was 8, so I was just used to this idea of being in sort of an institution but one where the rules were set.</td>
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<td>1315-1318</td>
<td>know cos I would extend my University term, I would go home late and I would come back early (R. Yeah) so I would shorten that period and um, try to get away if I could, um, er and never of I would have went home for 6 weeks after University and then that was it, I’d left</td>
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<td>581,582,583</td>
<td>my escape mechanism was I was a daydreamer, so I was reading a lot I was, I was escaping into my own little world (R. Yeah) but when I was there I was you know</td>
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<td>680,681</td>
<td>so I’m guessing this evening if needs be I’ll do something like, will I watch Up or Ratatouille? (R. Yeah) Maybe not Despicable Me too close to home</td>
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<td>729</td>
<td>partially denial, partially, a lot escapism</td>
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<td>495,496</td>
<td>Um, I’ve learnt, how to,” oh god is that, oh I’m really sorry I’ve got to go now”, a just, (R. Mm) I politely disappear, (R. Yeah) I err, there’s no point in confrontations</td>
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<td>138</td>
<td>he’s got his own place now to go when he’s drunk and, it’s not that big an impact anymore</td>
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<td>379-382</td>
<td>err it would mean that I wouldn’t have to see him when he was drunk, (R. Mm) and stuff like that, erm it’s allowed me to, maybe pick up on, when I’m allowed to tell him to go away and stuff like that,</td>
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<td>256</td>
<td>Erm, I’d be a lot more dismissive of him, when he was drunk</td>
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<td>366,367</td>
<td>I probably wouldn’t talk to him, I’d probably just tell him to go to bed or something</td>
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<td>358,359</td>
<td>I was sort of doing anything and everything I could to stay out of the house really</td>
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<td>399,400</td>
<td>I don’t think any of us have, have ever really dared to question her drinking habits</td>
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<td>681</td>
<td>It’s best that you just kind of....almost humour her in a sense</td>
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<td>43-46</td>
<td>I had a lot of control over myself and, I really threw myself into my grades, and into school, even though I hated school, (R. Yeah) I hated high school with you know a passion, but I, I, it was better than being at home,</td>
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<td>79-81</td>
<td>because that was something that kept me sane, that was something that kept me ..happy in a way, (R. Yeah) it kinda kept my mind off a the whole thing that I probably didn’t have that good of a childhood</td>
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<td>896-900(....) 904-906</td>
<td>his drinking got worse as he got older, as I got older, um, so, it went from being like a once in a while type thing, to pretty much an everyday thing, (R. Yeah) um, and then it became one of those things where I just didn’t want anything to do with him, um, err, once it got to a certain frequency, I, I just didn’t care, (R. Mm) I just didn’t care (....) so I just kind of developed this kind of, we kind of both developed an indifference</td>
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<td>952-955</td>
<td>I said “ok then so, so much for family conversation I’m gonna go upstairs to my room”, and um, we did,</td>
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like my brother and I never dealt with my dad when he was drunk, so we would always leave him alone, um, in the living room, to just deal with his own self

Erm.....think it was pretty immediate from the point I left to go to university. I never came back or I would work all through the term and make sure I had enough money for rent during the holidays so I never had to go home again

but somewhere to go, I think. Like I say, it was scary going home a lot of the time, or the, sort of, anticipatory anxiety and so to have somewhere else that didn’t feel like that.. would have been quite nice.

I thought well if I do anything stressful I know I’m just going to end up where I was uh, 15 years ago, I was always the smiley survivor (R. Mm) I was always the pleasant one, erm, I, I’m a bottler, (R. Mm) I keep going I keep going I keep going and eventually I explode

er, of course I started crying because I cry with anger (R. Mm) because it’s the only safe way to let it out

I didn’t go to his funeral because I knew (exhales) that the fallout of the involuntary guilt trip that you get, for not having one last time, try to make amends blah blah blah, would be a lot smaller than going there hoping for him to be different (R. Mm) and being disappointed and heartbroken all over again

denial can be a very powerful protection tool

there was a, (R. Yeah) there was the awareness but I think, I think a lot of it I’ve pushed away, erm and it’s not that I’m afraid to remember it’s just I, ...(sighs) I think up to the age of 24 I was ...just pushed it down so much I mean I felt this, there was just extreme, there was like this void in me this, chasm of a void

you know if it gets too painful you just switch to black humour and cynicism, boot up the defences again and then you can take the next run at it

but to actually get past that wall, to the really inside stuff (cutlery can be heard clinking together and a drink being poured) (R. Yeah) to err, (something heavy is placed down on the table) pass the, my dad’s a drinker and he’s a bit of an asshole to the, really, I feel like crap bit, (R. Mm) ..to this day I can’t

I have a friend and she sometimes has in the past asked me about my father, (R. Mm) erm, and you know her parents are still happily married and she
had a ...fairly healthy upbringing, erm, and seeing the pity and just realising I have to be careful of what I say and how I say it, because it’s too much for her

803,804 with my mother I’m very careful because I don’t want to, give her the feeling that it’s her fault, (R. Mm) and hurt her that way

812,813,814, 815 my partner I tried to, at least let him know .. the very basics of what is going on, (R. Mm) but we’ve both agreed that he’s not my therapist, (R. Yeah) so, I will give him ..schematics, (R. Mm) some things I share more, some things less, because of that, (R. Yeah) because I’m just, “neh, no” erm, but yeah I’m still extremely cautious

109,110 Erm yeah I do use humour to cope with a lot of things anyway, and so (R. Mm) it just feels naturally for me, natural for me to just look at it from a less than negative way

124,125 , I had friends that I would just escape to really, (R. Mm) who didn’t, who knew that I wasn’t going to answer questions if they asked

494-496 , it wasn’t something anyone asked about or (R. Mm) anyone really knew about, so, it was easy for me to, not (R. Mm) deal with it I suppose,

512-516 err I think there are a few memories but it’s a very sort of diluted one that I can’t remember much but he was drunk and he did come to my school maybe once or twice and (R. Mm) I imagine I didn’t deal with that very well but I can’t remember it all that much ‘cause (R. Mm) it wasn’t a great time for me so I don’t try to remember things

520,521 way I deal with bad things I just don’t think about it until it’s either gone or I’ve dealt with it without really thinking (R. Mm) too much about it, it’s worked so far

512-514 I kept everything to myself, (R. Yeah) I, I was ..err, err I was really really good at kind of..creating a façade for the entire world (R. Mm) to see, like I said most people would have seen me as a happy, bubbly, smart person, on the inside I was very angry,

711-713 the anger when it comes, um, see I don’t often feel angry, I usually keep anger to myself, (R. Mm) but when it comes out it’s pretty volatile,

720-724 as I’m recalling the memories I get angrier and angrier and my voice gets more intense and I, I start, um clenching my hands and my jaw starts to clench and I get really angry, it becomes more visceral and it becomes more real, and I start dealing with it
more as I start talking and it gets worse and worse and worse, (R. Mm) but then I finally realise I am angry then I kind of feel sad because I realise that I’ve held that anger back (R. Yeah) for so long and I do tend to do that, anger is kind of something I'm kind of afraid of

I don’t like people seeing me angry because I, I know it can be pretty scary,

I didn’t deal with it because dealing with it would mean I would have to deal with my issues of anger, it would mean that I would have to deal with ...my kind of bitterness, my cynical view of men,

I didn’t want to deal with the idea that maybe erm, all that anger, all that erm, err ..resentment, all of those horrible emotions that you feel erm ..I, I just didn’t wanna deal with them, (R. Mm) it, in a way, kind of wanted to just keep it hidden,

was it upsetting maybe but we’ll, we’ll, we’ll deal with that later, because, dealing with your emotions, it’s kind of hard

when I talk about it with my brother we usually end up laughing about it more or less because, you know if you’re not gonna laugh you’re gonna cry, and we’d obviously rather laugh, so, yeah

I usually resort to food to try and deal with my err issues my emotions,

I was even in denial about it to myself so if I got angry about something, I just kind of ignored it, if I upset about something, I just kind of ignored it, so erm, there was really no help because, nobody really knew to help me,

I think because I went my entire life trying to convince myself that erm, nothing really happened, I was in denial about it,

I went years without really kind of dealing with the fact that I had a bunch of anger, and sadness, and ..a whole cluster of emotions that I had no idea I felt because of that

, I think any expression of strong emotion and I would definitely avoid, after strong emotions, how they might have been expressed back then

when I was younger, it’s about me not giving much of myself away ‘cos I felt that would be a bad thing to do ‘cos bad things would come from it

I’m more willing to talk these days ‘cos there’s not, there’s not so much at stake.

I’d swear at him – “you’re hurting yourself, you’re hurting me” - kinda, but, erm, years later there was
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<tr>
<td>181</td>
<td>just no point, it was quite - “what?” - kind of, jarring that he didn’t remember any of it. Erm, so there just seemed no point in having the conversation, ‘cos it would only upset him or it would only invalidate me further.</td>
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<td>95-96</td>
<td>emotional numbing was a big part of it, I think because I suppress a lot or didn’t say a lot, I think that sometimes I’m often a bit cut off from my feelings</td>
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<td>368-370</td>
<td>trying to suppress the anticipation of bad stuff to come, in the hours to come, and with dad, it was having the feelings and trying to suppress them because they didn’t get you anywhere to be upset or to be angry.</td>
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<td>816-819</td>
<td>I can’t, have him know I feel anything and I can’t…I can’t have him know I feel anything about anything and, and that works either way, either positive feelings or to know I have difficult feelings about him ‘cos it hurts me so much for him, that he can’t remember any of our life together</td>
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<td>879-882</td>
<td>I do notice that I talk about it quite matter-of-factly, quite, quite numbly, devoid of emotion. (both laugh) Just kind of - “Oh this is the thing” - or you know, erm, (pause) erm, and I think because I present it that way, people don’t really feel entitled to have feelings or opinions about it, which I think is my comfort zone,</td>
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<td>1028-1029</td>
<td>really glad to have had the space to think about some of these things ‘cos I, I think I actively avoid that</td>
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<tr>
<td>Ending the struggle through acceptance</td>
<td>913-918</td>
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<td>765-768</td>
<td>she should have behaved better... and I’m angry that she didn’t, I have also forgiven her by the way(R. Mmm)P. cos that was part of my recovery that I did and I understand her better</td>
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<td>925-929</td>
<td>So I did forgive her, I forgave my dad for dying as well......um and the test isn’t whether you feel better that day although it is quite traumatic to do it the test is 6 months or 6 years later(R. mmm) um and I would still say I’ve forgiven her, I’m not saying I completely get over everything and the other thing</td>
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<td>1019-1021</td>
<td>I can love my mother and forgive her, and er, it went anger, um recovery, forgiveness and understanding something really important (R. mmm) it went in that order....and you know, there’s still work to do.</td>
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<td>1072-1075</td>
<td>you know, my inner child is still sitting there and he’s still, you know, he’s sad and he’s angry and he’s confused because he doesn’t know all of this, he just knows “where the heck is my mum?” and “where the heck’s my dad” as well (R. Mmm) and um,, feels those things and that’s the energy</td>
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<td>321-314</td>
<td>There are some stories I now know which I never knew, I never knew so I’m beginning to be more accepting of where she was, so, no, I don’t think it was all bad, but you have to find that through the difficult bits</td>
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<td>947-953</td>
<td>and I didn’t know that. None of us knew that.....and she buried it..... and.....I am so proud of her....(R. Hmmm)I’m really proud of her....and that’s something I would never have had (R. yeah) and if I’d have known it earlier I couldn’t have done the work (R. Yeah) because I’d have been making excuses for her.....</td>
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<td>973-976</td>
<td>But you know it doesn’t excuse, all that’s been said it doesn’t excuse but she should have seen it...I’m so angry she didn’t see it (R. yeah) I have forgiven her for being an alcoholic, she couldn’t help that, but I understand better what she was burying</td>
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<td>982-983</td>
<td>You know, it does change a lot of things......cos I had no idea what she had to deal with</td>
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<td>392-394</td>
<td>so I felt that if they’re going to be like that then I have to be like this ‘cause I do care for him more than my siblings do, (R. Mm) quite obviously, and so it just felt natural for me to do that</td>
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<td>398-400</td>
<td>Erm no it wasn’t ever discussed it was just something that I did, (R. Mm) it was something that I felt I should do, (R. Mm) it was very natural for me ‘cause I’m there for a lot of my friends anyway</td>
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<td>382-387</td>
<td>I did sometimes go see him when he was drunk especially when he was talking about suicide and stuff, I would spend some time with him and he’d just drunkenly ramble on about anything (....)P. Erm, it wasn’t a good experience but, I felt I had to do it anyway just for him, (R. Mm) just to be there for him, ’cause I, I guess he gets very lonely sometimes</td>
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<td>449,450-</td>
<td>I like to think I’ve got quite a kind of, ....rational way</td>
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<td>456,457,458</td>
<td>of looking at things (.....)more black and white it’s kind of, I’ve got this problem, ok, you know, how do I want to deal with it? what outcome do I want? Right well that’s what I’ve gotta do</td>
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<td>566,567,568, 569</td>
<td>They’re going to me “oh you know, it’ll hit you, it’ll hit you” (her fathers death) and I was thinking no, I’ve, I’ve accepted it I’ve, I saw it coming, you know I knew, I knew what the deal was I knew it was going to happen, erm, and, quite a, as I say, quite a rational....view of everything</td>
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<td>298-303</td>
<td>I think because I accepted that ..it almost wasn’t him, (R. Mm) and that he couldn’t help it, erm, and I knew sort of the person that he’d been when I was growing up (.....), how supportive he was so, I guess I was almost a bit more lenient to, (R. Mm) ..the fact that he couldn’t do that now and why he couldn’t do it I was almost more accepting of it,</td>
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<td>571-572</td>
<td>I very quickly sort of, came to accept the fact that that’s how it was always going to be</td>
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<td>449-552</td>
<td>I like to think I’ve got quite a kind of, ...rational way of looking at things, (R. Mm) I think I find it quite easy to ....to rationalise something and, and look at it in a logical way, ...erm ....I think that probably does stem from sort of watching my parents use drink, (R. Mm) to get through things</td>
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<td>298,299,300</td>
<td>I think because I accepted that.....it almost wasn’t him.....and I knew sort of the person that he’d been when I was growing up</td>
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<td>By the nature of, of what she’s like erm, I think partly her personality and partly the drinking, has sort of pushed everybody away</td>
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<td>176</td>
<td>you kind of just learn to accept the craziest things</td>
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<td>288-290</td>
<td>one good thing that I’ve kind of taken from it is erm ....it’s, it, it’s a hard lesson to learn when you don’t learn it otherwise and that is that sometimes when you try really really hard ...to do something, sometimes it’s just never gonna work</td>
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<td>306-309</td>
<td>sometimes you just have to live with the fact that no matter how much you love somebody no matter how much you give and give and give, it’s never gonna be enough, and you just need to learn ...how to live with knowing, or how to live with something after that,</td>
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<td>315-317</td>
<td>he needed something, I would be there for him, you know despite the fact that all this crap that he’s done and all this stuff that I shouldn’t be able to forgive him for, (R. Mm) but I, I, I do anyway</td>
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<td>1067-1070</td>
<td>but I’m like you just learn to just think that ...it’s just</td>
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<td>55-58</td>
<td>I just couldn’t (R. Mm) let myself not be good at it, like I, I suck at Math, I’m terrible at it, but erm eventually I kind of just became ok with the idea that I’m just an average person when it comes to Math.</td>
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<td>294-296</td>
<td>eventually I kind of grew up with the idea that, sometimes you work really really really hard at something, and it doesn’t work, (R. Yeah) and…it’s ok, that doesn’t mean you’re a failure, it doesn’t mean ..you didn’t try, it just means that it’s not gonna work, and I think that’s a very hard lesson for some people to learn.</td>
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<td>599-601</td>
<td>err so..I just kind of learned to just embrace it in a way, but it does kind of hurt that I, it hurts myself that I can’t describe myself ..physically in any other way</td>
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<td>1068-1070</td>
<td>this is just, just the way that life is …you might as well just embrace it and move on, (R. Yeah) and just ...let it go it’s in, in the past you can’t do anything about it</td>
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<td>995-1000</td>
<td>even though I know now about his previous anxiety and depression, and even though I have an understanding now as an adult, I can’t change my response to him. It just seems to be stuck. Erm, like I say, I can’t be alone with him. I can’t have him touch me or hug me or (R. yeah) anything. Erm, and it makes, it reinforces that I feel like a cold, heartless bitch. Erm, that, that’s a really powerful thing that stays with me.</td>
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<td>1000-1004</td>
<td>it doesn’t matter that I have an understanding now, (R. yeah) it, it just seems, unshiftable. Erm, yeah..so when I was younger it meant that I wasn’t enough to make him not drink and now I’m older it’s, I am actually a cold hearted bitch for judging him, so...for not being able to change my response to him or give him some affection or compassion knowing what he’s been through.</td>
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<td>Using therapy to stay afloat 1159-1162</td>
<td>When I did breakdown and I had to say to people “I’ve got to go to therapy and this is what I grew up with” (R. Mmm) and some people would have been bored rigid for years with this is what I grew up with because it was so raw that I talked about it a lot.</td>
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<td>273-276</td>
<td>that led to me dealing with various feelings that and letting them come up, I decided that I was ready to let them come up without knowing they were going</td>
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to tear me apart and I ended up with a sequence of panic attacks, anxiety, huge anxiety (R. hmm) depression, ah, ah, things and going into therapy

1181-1185 then she died and then I just, it was fine, it was over (R. Mmm) except it wasn’t and then I just got to the point where I couldn’t cope anymore and I had to go into therapy and I had to say I can’t cope with this (R. Yeah) and I was having trouble and work and I know what the cause is, I know what I’ve got to deal with

527-533 you know when you have an emotional collapse you think, I think that the world is ending, I don’t know that I’m ever going to get round these silly emotional, physical consequences of where I am and, and, and that I won’t be able to do anything again and, and there’s a lot of fear (R. mmm) underneath it of course, um, and through....through therapy and through being in groups and talking it through and also just learning what a feeling is

854-857 I had to go into that, I had to go through everything that that took me apart to get better and I always knew that, I never had any doubt that that was what I had to do. I had to go in there and say whatever because I can’t cope now

864-866 now I’ve got a choice to change it, don’t have to cope cos I can’t. Now I have to take, I’ve fallen apart, there was no-one else I could go with this, we have to go in to this, when I say we, I have to go into therapy and I have to see what comes up

96-98 I really, got, I’d say probably my depression or whatever, (R. Mm) not well, so I went and got myself help, and that’s how I got into psychodynamic group therapy, (R. Yeah) and it’s after that then I also started with ACA

367-368 so that kinda kept me, afloat

800-803 I now sometimes I’m able to, go into that, I’m best able to in group therapy, (R. Mm) because I’ve now, I’ve learned, it’s a safe place so I’m quite happy to see that in the new group I’m able to access it quicker

1064-1069 when I had my assessment there at first I actually wanted individual, (R. Mm) and he was like “but you know what, I think that’s cause it you don’t need individual you need to change patterns I’m gonna suggest group therapy” and I was like “oh” first of all I was very pissed off because he didn’t do what I wanted him to do (R. Yeah) I couldn’t control the situation, but then I decided to give it a go and it was
the best decision I ever made,

170-172 no not really we coped well enough, (R. Mm) we’re used to it from all our lives

560-564 I’ve never really done anything (R. Mm) with itR. And at this stage as an adult do you feel that you’d ever want that kind of support?P. Erm, probably not no, to be honest I think, as I say I, the fact that I, that I think I can sort of rationalise things quite well

415-416 what resources, err I ha- I started counseling about 2 years ago, erm, I started counseling about 2 years ago

423-426 the resources I usually use AL-Anon, the AL-Anon family groups I read erm adult children of alcoholic books, erm, I sometimes will go to the internet but not too often, erm, I, I really heavily on counseling and AL-Anon, (R. Yeah) that’s usually what I use

429 Erm the counseling just gives me an outlet to talk

330-333 I never told anyone else, like, no teachers, or anything like that so..erm.... I did go to therapy for a couple of years on, erm, so finished about a year ago. Erm, and I paid for that, that was independent, private, erm, but it didn’t really scratch the surface

348-350 Oh so, I did try therapy but didn’t, it didn’t quite get to where I felt I needed to be and I’m still not quite sure how to get there.
<table>
<thead>
<tr>
<th>Subordinate theme</th>
<th>Line numbers</th>
<th>Extract</th>
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</thead>
<tbody>
<tr>
<td>Feeling it gave me something v’s it took something away from me</td>
<td>337-338</td>
<td>My career got damaged...um(R. hmm) all of the character traits um, um, I don’t want to list them out of a book</td>
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<td></td>
<td>88</td>
<td>very ashamed, very angry, very controlled, that’s a very brief description</td>
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<td>1374-1375</td>
<td>alcoholics, alcoholics in my life cause damage around them</td>
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<td>1393-1395</td>
<td>my mother destroyed herself.....and didn’t realise that she was you know, we were angry cos we felt we were being destroyed by it.</td>
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<td>1474-1476</td>
<td>it’ll manifest in different ways cos it’ll manifest in sexual addiction (R. Mmm), it’ll manifest in abuse, it’ll manifest in avoidance, it’ll manifest in multiple affairs, it’ll manifest in all sorts of different ways</td>
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<td></td>
<td>747-750</td>
<td>. I think that I would have been less controlling, um, there are obviously things that, er, and I wouldn’t have had a nervous breakdown actually, I mean that’s a really bad thing, I wouldn’t have been struck with all this anxiety and, and pressure and stress.</td>
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<td>303-304</td>
<td>......I think that...I’m sensitive, I’m aware of dif that life can be difficult emotionally as a result of it</td>
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<td>307-309</td>
<td>I think I’m quite independent I (R. hmm) think sometimes there are some strengths in that...um, I think I’m emotionally aware, now</td>
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<td>868- (....)870,871-873,874</td>
<td>I mean it does shapes, it shaped me profoundly, (R. Mm) erm,(....)there’s this word that this, erm, all babies are born with this initial instinctive trust, (.........)the very absolute innest, deepest, most going back instinct, (R. Mm) of trust, well I’ve got that as distrust</td>
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<td>234-236</td>
<td>but I’m still so distrusting, (R. Mm) and so, in some ways there’s the negativism, still, those patterns, it really gives you such a bad set of patterns</td>
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<td></td>
<td>899-902</td>
<td>the, the erm, painful side of it, has left what’s a profound mark, (R. Mm) and has caused certain ...how I respond to things and shape me (R. Mm) erm, ..just I, being a, (laughs) being a fighter I guess, I just refuse to .. accept ..that it could ruin my life so to say (R. Yeah)</td>
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<tr>
<td>Line Numbers</td>
<td>Transcript</td>
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<tr>
<td>540,541</td>
<td>it has also given me a certain amount of strength, (R. Mm) I mean ...I, I am a survivor I am resilient, and erm, I ain’t a victim</td>
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<tr>
<td>880,881,882,883</td>
<td>I think because I’m still able to be loving and trusting, and empathic and kind and generous, ...and stubborn and everything I think there still has been a lot of the ...the basic, has been there, like I it hasn’t all been taken away there still was a lot there</td>
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<td>311</td>
<td>how scarred he has left me,</td>
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<tr>
<td>703-708</td>
<td>it's like you're missing something in your life, you're missing (R. Mm) .. you, you don’t know what it is but you're missing something you feel like a part of yourself is missing, and.. you, you just feel sad, you feel empty because of it, and that's a really big part of, uh, the, the what I've had to deal with</td>
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<td>463-464</td>
<td>to finally admit ..that, to finally admit that you’re a child of an alcoholic it makes you feel like damaged goods</td>
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<td>669-671</td>
<td>so err, it makes me a very caring person, um I will often, um care about someone to the point of.. neglecting myself.</td>
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<td>206-207</td>
<td>I seem to remember shouting at my dad a lot – “stop drinking”, “stop smoking”, “you’re really damaging yourself”, “you’re damaging me”.</td>
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<td>506-507</td>
<td>Only in terms of being the bad one, the black sheep, and my sisters always tell me that, that’s my own perception and not theirs, not anyone else’s.</td>
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<td>932</td>
<td>very damaging, not just for the individual but for the family around them</td>
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<td>939-940</td>
<td>but there’s a lot of long term secret consequences. Erm.....really damaging I think,</td>
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<td>264-267</td>
<td>Erm, I’m not sure I have a sense of self or identity, and I, I can’t pinpoint the, I can’t say this is what did it or that, and I think that’s part of it because I’m, sometimes feel like I don’t really exist and so I, but that, that’s the hugest chunk of my.. life,</td>
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<td>308-312</td>
<td>a sense of emotional numbness in me that, that’s sometimes, erm, apart from not really feeling like I really exist sometimes or, that I have a proper identity or am a full person, erm, I think, I dunno, erm......sometimes I’m worried that I’m worried that I’m not capable of strong feelings or, erm..erm , I’m using euphamisms, strong feelings- love</td>
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</table>
led me into a career working with people, figuring them out a bit and wanting to help, so I think it’s definitely driven my career choice.

Erm....Maybe that independent streak has been quite useful in that ‘cos my field’s quite competitive. (R. um) Erm....I think that’s all I can really think of.

no not really I’d say apart from the whole err, controlling of my own (R. Mm) tendencies to drink a bit.

I don’t think when I was younger or until I was like quite old like around 18 that I really understood the type of person that I was probably quite messed up at that point (R. Mm) erm, I think obviously being sort of 15, 16, not really knowing who you are or, you know where you’re going, I think it, it would have been nice to, I guess to have some guidance, (R. Mm) erm, from my parents

It’s probably made me sort of.....more independent ‘cause I haven’t really had.....the kind of, parental role models to sort of lean on

I think this has given me a lot of sort of drive and determination,

you wish it would stop and you’re 5-8 and you’re too young to do anything about it and you’re(R. mmm) and it’s scary and no wonder you’re going off panics and anxiety when you’re older

but I’m er I have some obsessive, addictive behaviour, that may be genetic

How would I describe myself?...oh dear........first thing is I’ve had to do a lot of work(....)and I do feel as though I’ve resolved some major things

she isolated more and more, she resented people around her more and more, (R. Mmm), I did that by the way and er, I, I want to say that I’m more aware how alike her I am to her than I would’ve been 20 years ago, I know that I have a lot of her in me, so, um, I have my dad’s success and my mum’s withdrawal

alcoholism was a very great contributing factor to ..the traumas and the pain that I did experience (R. Mm) in my childhood

one of the problems if you’re a survivor of abuse, the abuse does something with your head, it gives you low self esteem, and the perpetrator manages to get the victim into thinking it’s your own fault (R. Mm) this is what you deserve, and
that is what really pisses me off

| 229,230,231 | frightening, painful, (R. Mm) fucking scary, ...erm...upsetting, make me very angry, (R. Mm) erm, for I mean I still am sometimes there’s just, just so much anger in me, |
| 528,529,530 | to me now it means I understand where some of the hurt and the anger (R. Mm) I experience comes from, it also made me understand why I have some of the, patterns, I call it my self destructive inner critic |
| 567,568 | some of the skill set is from being a child of an alcoholic |
| 955,956,957,958,959 | so I think some of my fighting mentality doesn’t come from, just the alcoholism (R. Yeah) but certainly I would be willing to say that it was enhanced by it, (R. Yeah) erm I might have been less of a ..pushy and int- intimidating persona ...(R. Mm) today, but I think I’d still be a very strong persona |
| 890-893 | I think I just, my personality, kind of from what I inherited or what I, how I was shaped I don’t know, erm, it was shaped by both, I think there were certain, (R. Mm) very loving and healthy elements, I mean when your mum tells you she was absolutely thrilled to find out she was pregnant you just know, you know you were a welcome baby |
| 946-947 | and I think you’re shaped by, yes by your parents but I think you’re shaped by more than your parents, |
| 234-236 | but I’m still so distrusting, (R. Mm) and so, in some ways there’s the negativism, still, those patterns, it really gives you such a bad set of patterns |
| 272-275 | I think because my feelings weren’t valid a lot or weren’t validated and I couldn’t get any access to my dad’s feelings or my mum’s, but that’s a different story, so, I don’t know, it seems there’s this numbing of feelings or identity with that |
| 626-629 | growing up with a dad where you.... suppress feelings, or you grow up with a dad and suppress, I dunno, I dunno. (pause) I think it’s definitely linked to not feeling like I was allowed feelings, not feeling like my feelings were valid and therefore not having feelings |
| 522-524 | there’s the anger or there’s the nothingness, as I’ve described myself and that’s precisely how I see my dad. |
I wasn’t enough to give someone a reason not to drink. Erm… which, yeah, left me feeling very lacking, lacking lots of things including identity (laughs). I guess it’s just this feeling of, erm, frustration and a lack, around the whole of childhood.

there’s the anger or there’s the nothingness, as I’ve described myself and that’s precisely how I see my dad.

I mean, when he was younger and, maybe not drinking so much he had, he had the determination (R. Mm) he was that kinda person, erm, …so I don’t know, maybe if we get a bit of that (R. Mm) from him.

That’s how I learned some of my lessons, so, whereas most people have their parents there going “oh you don’t wanna do that, that’s a mistake” then I was sort of left to my own devices really.

I’m just automatically very shy, and I feel like ..if my dad was a little bit more, you know, normal or just not an alcoholic, I feel like I wouldn’t have had as much of a hard time as I am now because ..I would have had all that time in high school to figure it out.

I almost see myself as like two different people, like there was the person in High School who I, like, if I could see myself in High School I probably would have given myself a big hug because that person was dealing with a lot and didn’t even realise she was dealing with a lot.

on top of that, um just the scars of, you know, being the child of an alcoholic you know… I feel like, I feel like I don’t ha, I feel like don’t have a childhood, I feel like I don’t have one, you’re like, you know even though I remember very specific good memories with my brother, being a kid. (R. Yeah) I don’t feel like I ever had, like in High School, I feel like I missed my entire High School,

it does hurt because, everybody else has these stories, and has, you know funny stories and sad stories I, I have mostly nothing, (R. Mm) so I’ll always have to deal with the fact I feel like I’m behind.

mom says I’m, I’m most like him apparently, I, I see things the way he does, I, I kinda, I, I kind of view things the way he does, um, I, I do things the way he does, I think the way he does.
| 219-221          | no not really I’d say apart from the whole err, controlling of my own (R. Mm) tendencies to drink a bit, that’s all, the alcoholism in him, in well his alcohol -ism helped me with, erm but he did kind of help me develop as a person I suppose |
| 83-86            | quite profoundly in the sort of like how I, drink myself erm, I did drink quite a lot for quite a few years, and then I now stopped ‘cause I’m at uni that’s the smart thing to do really, but I was very aware every time I drank that I could develop a problem |
| 302-304          | . I think on a personal level me and my dad are quite similar, (R. Mm) we have quite a few of the similar problems like depression and, and quite enjoyment of drinking I suppose (R. Mm) yeah, so, the difference that I want from him is to not be him like the life that he led. |
| I don’t wanna end up like that-striving to be better | |
| 527              | and I do feel as though I’ve resolved some major things |
| 540-542          | a lot of difficult panic attacks and anxiety attacks for a few years but they got better and then I have far fewer of them(R. mmm) because I’ve dealt with that stuff(R. Yeah) and I had professional help |
| 558-561          | by doing the work I’ve been able to get the externals in my life repaired, and I’ve been able to get some of the internals of my life repaired, um, to the degree that I’ve got my career back, it’s 15 years out of date but I’ve got it back |
| 813-814          | because I carried on, because there’s always an achiever in all of this and I didn’t get quite what I wanted but I got most of what I wanted |
| 1404-1408        | I made a choice and when she died, I, I thought about would I be teetotal and I thought well I quite like certain types of alcohol (R. Mmm), you don’t have to give up (R. Yep).... I do occasionally get drunk....I don’t actually want to anymore, I, I, I monitor whether I am drinking alcoholically, because I’m worried in case I am, I don’t think I do |
| 119              | I’ve done a lot of work, on myself |
| 231,232          | I now try to harness it as a positive force, (R. Mm) and it certainly has helped me move my career forwards, in the past since I’ve started working on myself |
| 300,301          | that’s your role model, (R. Mm) so you kind of go by that a bit even, so now I try to flare less and |
More often, that I never get as big (sighs)

It helps me understand where certain patterns come from, and in understanding, I can break ‘em.

Because of the work I’ve put in, I think I’ve managed to... come away from quite a lot of it.

But it won’t be above a substance abuse or, passing on all my problems (R. Yeah) of the past generations onto them. I think I’ve kind of put a stop to it, (R. Yeah) I think I’ve managed to break that cycle.

Being a fighter I guess, I just refuse to... except... that it could ruin my life so to say (R. Yeah) I just, I refuse to accept things as they are and... you know keep the stuff that’s useful (R. Yeah) and, work on the rest, doesn’t happen overnight, (R. Yeah) won’t happen in a week, it’s a bloody long painful hard process, erm, doesn’t mean I can’t do it.

But it was me being able in that process I was able to learn things for me (R. Mm) like saying no...

I always had this, fear, such fear of ever becoming an alcoholic myself (...). Even there I’m still in the back of my head always always (R. Yeah) counting, and watching the pattern.

If I feel that I’m getting too well trained or something I, I’ll be like no, ok this month without...

I think sometimes it, when I think about it feels nearly bipolar, (R. Mm) err not bipolar as in the illness but just, just these two opposing poles, erm... because of the work I’ve put in, I think I’ve managed to... come away from quite a lot of it.

Cause I also suffer from depression so, I was very aware that I didn’t want to drink when I was depressed I only drank when I was around friends or I didn’t drink alone and stuff so, (R. Yeah) I tried to control it a lot.

Yeah, so, the difference that I want from him is to not be him like the life that he led.

That I don’t wanna turn out like him (R. Mm) he hasn’t got a great life, he really hasn’t done much with his life, and he’s err, disabled and, stuff like that he’s just constantly poor, and unhappy so, I don’t (R. Mm) wanna be like that.

Erm, it’s about, it’s not so much about actually controlling what I drink it’s more about controlling when I don’t drink like (R. Ok) I don’t drink when I’m depressed and I don’t drink when I’m alone and stuff like that.
<table>
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<tr>
<th>Page Range</th>
<th>Text Content</th>
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<tbody>
<tr>
<td>545,546</td>
<td>if I was just drinking too much and I’d just started drinking alone I’d get very annoyed at myself and I’d stop it, (R. Mm) as soon as possible</td>
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<tr>
<td>551-555</td>
<td>in that case I used to be an alcoholic (R. Mm) in that sense, which is another thing that I put a lot of effort into controlling but I’m now better at being social when I’m not drunk, (R. Mm) and three or four years ago I was terrible at that, I was a nervous wreck in social situations, (R. Mm) like I’m not drunk now (R laughs) like four years ago this would never have happened</td>
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<td>288-290</td>
<td>I probably would, mm, probably would have alcoholism myself right now, (R. Mm) to be honest, err, sometimes I’m very very scared of becoming a, an alcoholic so, (R. Mm) I do keep, I am aware of my drinking habits</td>
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<td>158, 159</td>
<td>Just sort of, picking up on the parts of their personality that you thought well I don’t wanna be like that</td>
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<tr>
<td>233, 234</td>
<td>Growing up and sort of looking at them and thinking, I don’t want to end up like that, has almost made me more determined</td>
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<tr>
<td>238, 239, 240</td>
<td>I think having both my parents being the way they were, has almost sort of spurred me on to, to kind of, buck the trend if you like and, and, make something more of myself</td>
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<tr>
<td>487,488,489</td>
<td>If you don’t stay focussed and you don’t...just...push on and, and try and be more successful, then that’s how easily it can fall apart</td>
</tr>
<tr>
<td>255,256,257</td>
<td>Growing up... with I guess bad role models, has kind of, I guess sort of ingrained into us, what not to do and how not to end up</td>
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<td>835-839</td>
<td>I was maybe...19, 20 (R. Mm) think it was probably around that time that I completely stopped, (R. Mm) erm, I don’t really know...what made me decide to do it at that point, (R. Mm) I don’t recall there being...any particular thing that happened (R. Yeah) that made me erm think, that’s it I’m stopping, erm, I guess maybe it was...almost just to prove to myself that I could, (R. Mm) erm, ..yeah I guess ..just sort of showing myself that I wasn’t ending up like that</td>
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<tr>
<td>851,852,853</td>
<td>As long as I feel I’m in control of it (......) then I don’t see why I shouldn’t (drink alcohol)</td>
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<td>572</td>
<td>I’m trying to get better</td>
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<tr>
<td>608-612</td>
<td>I’m trying journalism because sometimes journalism requires that (R. Yeah) like to that kind of hyper-focusedness for that amount of time,</td>
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<tr>
<td>195</td>
<td>but I’m finding it very hard to control it like I’m finding it very hard to use it when it’ll work out for me, so it’s kind of exhausting to constantly be interested and to know a little bit about everything</td>
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<tr>
<td>748-750</td>
<td>I do get very nervous and I get very anxious when I have to talk to people, that’s probably the reason why I took up journalism was because I do have to talk to people and, um, in a way I feel that’s better for me</td>
</tr>
<tr>
<td>1133-1136</td>
<td>and I did have my first like my first legal drink, um, on a...err..on my birthday, um .. I find that ..I, I don’t like alcohol ..(R. Mm) but I like it, like I find myself, I find myself wanting it, I find myself you know ...wanting to have it I think that’s mostly because um ..of my fear, so I think it’s kind of like a (R. Mm) a, a, psychological thing, I’m doing to myself, but ..I definitely do think that it’s a disease</td>
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<td>784-787</td>
<td>I don’t know how I’m going to achieve it but, um.. err right now I’m working with a counselor, um, err, we’re working together to put together a, a fitness plan and a kind of like depression work book</td>
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<td>792-796</td>
<td>so we’re trying to come together to kind of like, I guess you can say make me more wholesome person, which I can’t really think of any other word outside of that, but yeah trying like to come together to kind of like, err, err, err, focus on me as a whole, instead of just focusing on a particular problem I might have, work on me as a whole,</td>
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<td>1148-1150</td>
<td>I can’t think of anything I, I hate or feel more indifferent about ...(R. Mm) ‘cause on the one hand, I hate it because ..I don’t want to go down the same path</td>
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<td>331-333</td>
<td>I did go to therapy for a couple of years on, erm, erm, so finished about a year ago. Erm, and I paid for that, that was independent, private, erm, but it didn’t really scratch the surface</td>
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<td>571-572</td>
<td>I’m sure every generation says this about I’m not going to make the same mistakes my parents did (R. laughs) but I’m damn sure (laughing)</td>
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<td>866-868</td>
<td>I’d need to make everything better, which I think is, yeah, that’s my job now. It’s the job I’ve chosen. I need, I need to make everything better. I need to smooth it over.</td>
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<td>901-903</td>
<td>although it’s a self-imposed character of being</td>
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<td>196</td>
<td>the black sheep, that I very much feel it and that’s, just won’t go away, which I think drives me to succeed a bit</td>
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<td>1008-1010</td>
<td>I don’t have an issue with alcohol. I don’t like to have just one, it seems a bit pointless to me, it’s a social lubricant and I don’t really hit the dance floor without a few drinks.</td>
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<td><strong>I’m still in the process of trying to figure out who I am</strong></td>
<td>342-343 I’ve got a lot of rage still, I, I explode still at really little things, I’m trying to work on that but I do,</td>
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<td>544-548</td>
<td>there’s obviously the anger and the rage, there’s the controlling, all of those things are still in me, um, and I’m realising that more and more now....they’re not so hidden(R. mmm) um, they’re not coming out through massive anger, anxiety, but I would say even at the moment I am hot and energised and I think that’s all about that</td>
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<tr>
<td>572-573</td>
<td>I would say, still angry, still controlling and stressed quite a lot while I’m better than I was</td>
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<td>753-754</td>
<td>but there’s a lot of stuff stored, I mean I know sitting here that(R. yeah) I can feel all of that stuff stored and that’s after 20 years of recovery</td>
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<td>1081-1082</td>
<td>now I’m trying to still work with the behaviours that happen and everything else, I’m still working on it</td>
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<td>1340-1341</td>
<td>I also have to look at my own obsessions and my own addictions (R. Mmm), cos I do have some, that’s what I have to deal with now</td>
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<tr>
<td>307-309</td>
<td>I think I’m quite independent I (R. hmm) think sometimes there are some strengths in that...um, I think I’m emotionally aware, now,</td>
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<td>570-572</td>
<td>I’ve learnt some of that, um, and then you’ve, I can enjoy life more, I can enjoy things that I’ve always enjoyed, I’ve travelled more and I’ve seen more and I’m inquisitive and I, I’m so those things, I’ve certainly got that</td>
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<td>871-874</td>
<td>ooh, resources, so my therapy,(R. Yeah) um, my, my, er, just getting to know and love myself better</td>
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<td>246,247,248</td>
<td>that instant, kind of stopping and panicking, (R. Yeah) or, begin afraid to ask for help, because then you’re a failure, “you should be able to do it on your own” (R. Mm) because you’ve ha- had to be able to do it on your own</td>
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<td>257,258,259</td>
<td>but I’m reacting like I’m expecting him (R. Mm) to, I don’t know walk out on me, (R. Yeah) which he, he wouldn’t do, that’s what I mean</td>
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<tr>
<td>902-905</td>
<td>I just, I refuse to accept things as they are and ...you know keep the stuff that’s useful (R. Yeah)</td>
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and, work on the rest, doesn’t happen overnight, (R. Yeah) won’t happen in a week, it’s a bloody long painful hard process, erm, doesn’t mean I can’t do it, (R. Yeah) so yeah, (R. Yeah) I guess yes it has shaped me.

82-83 I have no idea who I am, I just, I have no idea who I am I’m actually in the process of tryin’ a figure out who I am

567-568 that’s the hard part, I’m still in the process of trying to figure out who I am

618-621 I don’t know (laughs) I’m actually still in the process of trying to figure out who I am, I’m still trying to figure out what I’m good at, what I’m not good at, (R. Yeah) what I like what I dislike, it’s, it’s a very tough process to have to live with

687-690 I feel way more confident about who I am than when I was in High School (R. Mm) even though I don’t know who I am I still trying to figure out who I am right now I still feel more confident about the things that I do like and the things I don’t like and the way and the way I do see things

448-451 even though I don’t live with the alcoholic you live the scars of it, and it doesn’t go away (R. Mm) at all it’s with you forever, I don’t think that there’ll ever be a time in my life where I won’t have to deal with the err scars of my childhood, (R. Mm) I’ll probably always deal with ‘em

740-743 I will probably always have a social anxiety, I will probably, I will probably always have to deal with it. Um, I probably always, I have never been, I haven’t been diagnosed with a social anxiety but I feel like I have that because I, I do get very anxious where I have to talk to people

649-650 I’m now trying to play catch up, I’m trying to catch up with where everybody else is at,

280-283 trying to figure out my own experiences, just, um, people fascinate me, and that led me into a career working with people, figuring them out a bit and wanting to help, so I think it’s definitely driven my career choice

656-660 I don’t think there’s many contexts, erm, where people hold up a mirror to you that frequently but I think my line of work, like I said I went into the kind of helping profession kind of thing. I think I have access to that maybe that’s why I went down that route

<p>| Needing others to validate self | 198-200 | I mean there’s lots you could you could say that I wasn’t aware of as a child (R. hmm) but because |</p>
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<th>Page Range</th>
<th>Text</th>
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<tr>
<td>524-525</td>
<td>I've been through ah therapy processes I'm aware of that. How would I describe myself?...oh dear.........first thing is I've had to do a lot of work.</td>
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<td>276-278</td>
<td>so I went into therapy at the age of 28, um, and I think that anything else that I learn is is because I've been in therapy and because I've been in groups since,</td>
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<td>1090-1094</td>
<td>the other thing was that I didn’t only deal with it with her, I went to Al-Anon I went to Adult Children meetings where, ah, I was so proud when I got into that cos I wasn’t on my own, other people were living with it, (R. Yeah) and you could see what changed people and how they behaved, you know that was very helpful.</td>
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<td>656,657,658,659</td>
<td>I was worried about false memory affect, (R. Ok) erm, so I have spoken to therapists about, could there be that something has happened to me and I’m still in the denial phase? (R. Mm) Or am I thinking so much about it that I am creating the memory (R. Mm) of something that hasn’t happened.</td>
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<td>84-86</td>
<td>I'm kinda happy to find out that not, I’m not the only person who’s ever had that, (R. Yeah) a lot of kids who grow up with alcoholics, have the same problem they don’t know who they are,</td>
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<td>594-596</td>
<td>I think older people can see through me and see that I don’t, I’m not really anything but if younger people see, younger people can’t be fooled really, and so they must see something in me that’s loveable if they keep hugging me.</td>
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<td>1038-1040</td>
<td>Erm, and I think it’s kind of reflected back to me more of a sense of self to me to be able to have that shared understanding,</td>
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<td>275-276</td>
<td>I think my identity then becomes more of a group identity or relation to other people who can then validate that I do exist or that my experiences did happen.</td>
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<td>1074-1077</td>
<td>it very well could have been me that thought there were shared glances and that it, it could have come from me, that I seek out, that group or between people, identity, so, erm, I just wanted to acknowledge that I know that I do that.</td>
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<td>344-347</td>
<td>she used to make a link between my feelings of nothingness and suppressing very strong feelings when I lived with dad. Erm.. because there was</td>
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nowhere for them to go really, or they weren’t, they didn’t really have a function or a purpose, it never got me anywhere, so feelings seemed futile

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<tr>
<th>654-655</th>
<th>I see all the bits that don’t, erm, support that view that people have of me but it’s there, definitely there (R. laughs) and everyone sees it in every context, but it’s quite nice.</th>
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<td>254-257</td>
<td>my counselor had me take a quiz, of adult children of alcoholics, and, it was just an internet quiz, but it turned out that, erm I think it was like 95% of the questions that I answered are basically not, I, I’m 95% you know likely to be a child of a alcoholic and that was, that was astounding to me</td>
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<td>429-431</td>
<td>the weird thing with my personality is that I ...am a very ..erm ..I, I guess what they call an introverted feeler, (R. Mm) I err, I like to keep all my emotions to myself</td>
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<td>568-570</td>
<td>according to the Myers-Brigg personality test I am ENFP: Extrovert Feeler, Intuitive, Perceptive, err which explains a lot about me</td>
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<td>187-190</td>
<td>Erm ...yeah err I’m a bit hard to understand emotionally, (R. Ok) talking from my friend’s perspective, (R. Mm) err, ‘cause I don’t share my emotions all that often and when I do it’s, awkward (R. Ok) erm, yeah, that, I’m quite a closed book I guess, (R. Mm) I try to, well I don’t try to be that I just am, (R. Mm) enigmatic,</td>
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<td>205-206</td>
<td>They probably think that I’m hard to know or not hard to like ‘cause I do seem to have, have a lot of people that like me but, hard to truly become close friends with</td>
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Appendix 10: Sample of analysed transcript

Transcript Key:
Right hand margin;  Initial notes- blue
Descriptive comments- purple
Linguistic comments- green
Conceptual comments- pink

Left hand margin;  Emerging themes- red
R. I know you mention that, that you and your sisters would talk about his drinking.

P. I mean, at the time I think I mentioned that I’d swear at him – “you’re hurting yourself, you’re hurting me” – kind of, but, erm, years later there was just no point, it was quite - “what?” - kind of, jarring that he didn’t remember any of it. Erm, so there just seemed no point in having the conversation, ‘cos it would only upset him or it would only invalidate me further. He’s, ‘cos at, at one stage, he’s said that hadn’t happened and asked if, erm, erm, if he want...if I wanted him to pay for therapy, ‘cos clearly I had difficulties if that’s what I thought had happened. Which, I felt nuts. I felt I must be crazy and it reinforced me, that I don’t exist or that my feelings or my thoughts or my memories don’t exist. (R. yeah) So yeah, it was, think God I had my sisters to validate what did happen or what I do think or what I do feel. ‘Erm, or have felt or have thought.

R. Thinking about sort of, that validation that your sisters offered when you’d talk about that. I’m wondering if you ever spoke to anyone other than your sisters about your dad’s drinking?

P. Not until I was much older. Not I’d say, erm...Not until university I think, ‘cos, I dunno, part of it I think, is the safety in, nothing would happen. Like, no one would take dad away. No one would take me away. And I think part of it was, these were people who were independent from my family that I found that I could or had to tell my story if I wanted them to know anything about me. ‘Erm, I think I very much needed strong, strong basis of trust to be able to speak, erm, and I remember whenever it was boyfriends or something and you would explain a bit about your family and then it would come to, you know, some sort of birthday or Christmas or something where they meet your family, I’d always be very keen to say to them, you know, “Everything I’ve told you about them is stuff for you to know. Don’t think anything wrong about my dad, erm, keep, make sure that you’re normal with him ‘cos [over self] - invalidates own experience, things were wrong with dad - validates father over self - she not worthy? House(self) exum?
he's a really good dad, a really good person. Just get to know him" - and I'd feel like a
very, I...that was desperation...I had to get those words out and they had to
understand it. Ern, and either me saying that really helped in that regard, 'cos it
seemed to work or, he just really is that gregarious, lovely character, that people do
warm to. (pause)

R. What do you think it might have been like if, someone you’d taken home had, had
seen the drinking in a more negative way?

P. (pause) Er, a huge feeling of anxiety just you saying that. (both laugh) Ern, I just
stopped breathing for a second. Ern, I’d need to make everything better, which I think
is, yeah, that’s my job now. It’s the job I’ve chosen. I need, I need to make everything
better. I need to smooth it over, I need to show them the good sides of my dad or
point them out. Almost like a traffic, sort of, warden in the middle of a square like
"look at that, look at that, (R. laughs) that’s really good" and, like, look at that, look at
what he’s doing and, erm, see these other things apart from the obvious that you’ve
just seen. Ern.....I’d almost feel like that. I’d feel like that relationship is ruined,
because they’d seen something I didn’t want them to see, which I think...erm...links to
the not, really feeling able to be vulnerable with people now......which probably links
with the feeling, sometimes, a bit unable to feel love or be loved 'cos you need to be
vulnerable to be at that place and I really struggle with that. (pause)

R. What’s it like as an adult now then to talk to people about your dad and his
drinking?

P. I do notice that I talk about it quite matter-of-factly, quite, quite numbly, devoid of
emotion. (both laugh) Just kind of - “Oh this is the thing” - or you know, erm, (pause)
erm, and I think because I present it that way, people don’t really feel entitled to have
feelings or opinions about it, which I think is my comfort zone, so I probably set up
relationships in that way. Ern, I don’t know what it, I really can’t even imagine what it
desire to stay in comfort zone, feel safe, avoid overwhelmed, undisturbed.

unable to bear guilt, shame,
good vs bad fail or nothing
rejects really to emphasize good

desperate for dad to be seen as
positive - guiltily influenced others
not sure if her or dad’s efforts make him
likable - validating if it hurt others
others really see him as good vs lovely
does it mean she was crazy?
career in making it better for grown-up
emotion response, what leaves done poorly
hugely anxiety provoking - fear of bad
dad being dead

need, part day, responsibility - I’d go to,
still current need
need to make it better, for dad + for other
— desire to think
need to be in control, responsible, for possible
crash + disaster
assumption that the bad is obvious
— strong desire to counter
— can’t bear to be vulnerable, to be seen through,
— any link to emotional self
— don’t want them to see in case they
— struggle to be vulnerable - love + be loved
— being seen links to vulnerability, if have no
— identity, can’t be seen
— disclosures devoid of emotion
— no permission - gives her the power
present in way to suppress others, avoid
— further talking
— fear of peoples, feelings + opinions so
— avoid
— protecting self by avoidance has negative
— impact on relationship
would look like to be different to that. I can't even begin to think about how my world would change, or how other people would change. I literally can't even think that through. (R. Laughs – I won't make you) P. I was afraid you were going to ask me that (both laughing) I'd be scratching my head for a long time. (R. That's OK)

R. Erm, and I'm just wondering then, I think then you sort of touched on some of that, but do you feel that being the child of an alcoholic has impacted on your relationships with other people in any way?

P. Erm, yeah, I think er... I think I've said a couple of times that, feeling unable to be vulnerable with people, and I think that can be really necessary for closeness. (R. mm) Erm, I think I make up for that in other ways, like always being, loyalty and trustworthiness and, you know, brutal honesty, (laughs) which does actually build closeness but, erm, not for everyone. (R. mm) Erm, I've forgotten the question.. again (laughs)

R. I was asking if, if you felt that being the child of an alcoholic had impacted on your relationships sort of, outside of the family?

P. Erm, see, I think definitely the love thing that I mentioned before. Erm, it's not that I don't love, it's that I struggle to, to cope with the feelings when they come up or to be, I very much want to be loved, so I think, although it's a self-imposed character of being the black sheep, that I very much feel it and that's, just won't go away, which I think drives me to succeed a bit. Erm, I think I'm always busy doing something or helping someone or doing an extra project or doing something almost as a way to prove myself to myself, definitely not to other people. Erm.... erm... yeah, I dunno... I feel like there's a lot I'm not saying, erm, but I don't know what it is I'm not saying. (R. Laughs)

R. It's like I've got a fur ball waiting to come up and it's full of sentences (both laugh) Erm (pause) Sorry I got a bit distracted by the noise, erm, so I'm trying to keep my head, but it, I'm very prone to distraction. Erm. quite attentive to, erm, listening out for the...
temperature of the room, if that makes sense, that things are OK or not, so again, very distracted, very easily. Erm, question was something about how it's influenced how I manage relationships?

R. Yeah, just, just if you feel it's had an impact on relationships.

P. Yeah, I, yeah, so I think, love, expression of love or accepting love can be a big struggle. I think, erm... it's very difficult to trust people... whether it's people in positions of authority, or whether it's people who could be, I don't know, potential friends or partners. Erm, it's very difficult. Erm... a strong sense of independence I just can't drop which means I don't often, if I have a difficulty I tend to go into kind of the reclusive, kind of, mode until I've dealt with it. I, I really struggle to let other people help me. Erm, which comes up time and time again in various different, you know, workplaces or education places or personal relationships. Erm, (long pause) yeah, I'm not sure I've articulated it, but I don't have any other thoughts in my head. (R. that's fine)

R. Erm, I'm just thinking then about what, what your understanding of alcoholism is...

P. Er... my understanding of it? Erm, I think it's often a crutch that masks something else that's going on. Erm, cos I grew up with a a male parent who's an alcoholic, I think maybe it's something about the acceptability of expression, emotions, especially for a, a particular, um, I don't know, age of man? My dad's quite old like I mentioned so, um, yeah, having to be the strong one, the coping one and not really tell people how you're feeling so I think if you can't do that or, or if you've had a bit of a difficult life of your own, it's an option for some people and I think it's, well, obviously very addictive, very damaging, not just for the individual but for the family around them, and I'm certainly sure there's not enough support for anyone involved, (R. mm) the person themselves who's drinking or anyone around them? Erm (long pause) er, I know it's pretty annoying but I've forgotten the question again (laughs)
R. That’s OK I was asking what your understanding of alcoholism is?

P. Yeah, it’s a double edged sword, 'cos it can be a relief for the person in the moment
to have the drink, and then all the people also see them as the fun-time person and
things like that, so there’s the... temporary... positive bits, but there’s a lot of long term
secret consequences. Erm... really damaging I think, erm... long term, for the
individual and everyone around them. Erm (long pause) yeah.