

# **Resilience of young people exposed to parental alcohol abuse**

**Mildrett Elizabeth Stevens**

**2038257**

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**Supervisor: Dr N Roman**

**Co-supervisor: Dr M Londt**

## **DEDICATION**

This dissertation is dedicated with love and appreciation to all children who grew up experiencing parental alcohol abuse, yet not abusing alcohol themselves as adults.



## **DECLARATION OF CANDIDATE**

I declare that

### **Resilience of young people exposed to parental alcohol abuse**

has not been submitted by me for a degree or examination at this or any other university, that it is my own work and that all sources I have used or quoted have been indicated and acknowledged by complete references.



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**Ms M. E. Stevens**

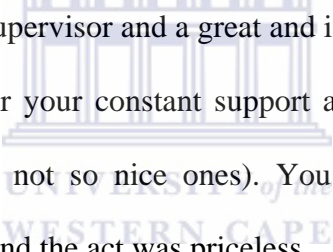
## ACKNOWLEDGEMENTS

You have promised me in your word, Romans 8:28 “that in all things God works for the good of those who love him, who have been called according to his purpose”. Without Your grace and mercy I would never have made it. Thank you, Lord, for all the strength, wisdom and endurance that you have so sufficiently given to me. Thank you for even working things out for my good when it came to my thesis. All honor and glory go to my Heavenly Father.

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## **ABSTRACT**

Alcohol abuse is a worldwide problem. It affects the individual (the user), the family and the community at large. Children of alcoholics could easily follow in the footsteps of their parents as it is assumed that children mimic the behaviours of their parents. However, in rare cases some choose not to follow their parents' behaviour as they have witnessed first-hand and experienced the negative effects that the addiction has had on them as individuals and on the family as a whole. This study explores the possible resilient factors which prevent young people who have been exposed to parental alcohol abuse from abusing alcohol themselves. Additionally, this study explores the coping mechanisms of young people living with a (n) alcohol abusing parent(s). This study uses a qualitative methodological design. The initial plan was purposive sampling. However it became evident that this type of sampling is not possible as no suitable candidates were found. One participant volunteered to participate in the study and suggested a few other suitable candidates. The candidates were contacted and invited to become part of the study. Individual interviews were conducted with the participants, using an interview guide and a voice recorder. The researcher ended up using snowball sampling as the candidates suggested other possible candidates. The findings suggest that the participants experienced an array of emotional, developmental and socio-economical difficulties. Feelings of shame, fear, anxiety and a deep sense of unhappiness about the situation was shared by all the participants. The family, friends and some teachers were instrumental in helping to find coping mechanisms during this challenging time of growing up with an alcohol abusing parent. Religion, academics, and positive role-modelling were contributing factors to their resilience in not using alcohol themselves even though they were exposed to alcohol-abusing parents.

## **Definitions of terms**

### Resilience

Resilience is “the capacity to maintain component functioning in the face of major life stressors” (Kaplan, Turner, Norman & Stillson: 1996:158). In the event that people are faced with life stresses and problem situations, they continue to function, and rise above their circumstances.

### Family resilience theory

Family resilience therefore is a state in which people manage to rise above their adversities and have the ability to withstand and rebound from them (Luthar, Cicchetti, and Becker: 2000). In the event of the family experiencing difficulties, resilience “the ability to bounce back” or “adapt to the situation” will assist them.

### Adult children of alcoholics (ACAs)

Stafford (1992:2) states that an Adult child of alcoholics is an adult who grew up in a family in which one or both parent(s) “drank too much”.

### SANCA

The South African Council on Alcoholism and Drug Dependence (SANCA) is a national organisation. They operate in most provinces in the country and have been in existence for more than 50 years. SANCA (WC) has six counselling officers in the Western Cape. They are Athlone, Atlantis, Khayelitsha, Mitchell’s Plain, Paarl, and Tygerberg.

### Alcohol abuse

According to Stafford (1992:11), “alcohol abuse is continued substance use despite the adverse health, social or financial consequences”. When people use alcohol even though their family lives suffer, they have reached the stage of abusing alcohol.

### Protective factors

The different support systems that act as a barrier to people succumbing to their stressful life circumstances are referred to as the “protective factors”. These barriers can include support from the family members, the community, religion and social activities.



## Alcohol

Alcohol is a liquid fermented with starches that slows down the body's functioning.

Alcohol is also known as *booze, dop, jars and juice* and it is swallowed by the user

Cape Town Drug Counselling Centre (2007:35).



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- A CONSENT FORM
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# CHAPTER 1

## CONTEXT

### 1.1 Background and Rationale

There is an assumption that when children are raised by an alcohol abusing parent they will abuse alcohol themselves. The incidence of alcoholism according to Stafford (1992:15) is not randomly distributed; there are two factors which bring about the likelihood that someone could develop an alcohol problem. These factors are: firstly, the greater the number of alcoholics in the family history, the greater the chances of someone developing alcoholism in that family; and secondly, the more closely one is related to an existing alcoholic; the more likely it is that one will become an alcoholic. However, whilst being employed by the South African National Council on Alcoholism and drug Dependency (SANCA) as a counsellor, I have come to realise in my practice that there are often children of substance abusers who have *not* experimented with alcohol (or who are yet to experiment with alcohol). This is the case of Rene Floors (not her real name).

*Rene Floors is a 27- year-old woman, married, with a one-year-old baby girl. She came to see a substance abuse counsellor at the SANCA-Athlone office because of her concern about her mother's problematic use of alcohol. She reported that when her mother was under the influence of alcohol, she would swear at her two younger brothers, clear out all the food from the kitchen cupboards and the fridge, and throw it all outside in the street. Rene said then they had to go without a lot of these foods for the next week until her mother bought food again. She said it also caused them to lie awake most nights*

*because her mother would have long conversations with herself, preventing them from sleeping. She said it was difficult to trust her mother with any kind of emotional problem she had, as her mother would scold her about it when she got drunk, leaving her and her brothers with a distrust of their mother. Rene reported that it wasn't always nice to go home from school or to her friend's homes as she knew her mother would be drunk and all the house tasks would have to be done by herself. Rene shared that she hated the fact that her mother drank. Mrs. Carelse, who sat in on the interview, was 50 years old and admitted to "perhaps drinking a little too much". She admitted that when she was drunk she got into all sorts of fights, and as a result of this her relationship with her family, neighbours and children had suffered intensely. She admitted to drinking most days after work and every weekend. Rene said that as an adult she had never been interested in alcohol or any type of drugs for that matter. She said though her mom had modelled this kind of behaviour for as long as she could remember, she was just not keen to follow in her mother's footsteps.*

The case study of *Rene Floors* sparked my interest to explore the possible reasons for this phenomenon and to identify the motivation for not using alcohol. Furthermore, I am interested in the coping mechanisms of children of alcoholic parents in that they are able to resist the temptation of copying their parents. The purpose of this study was to explore the possible factors which protect children and subsequent young people from abusing alcohol when their parents are addicted to it. In addition, this study explores the coping mechanisms used by young adults when raised by an alcohol-abusing parent(s).

Another motivation was to explore how the children of alcoholics (COAs) coped in terms of the emotional, psychological and in some cases physical difficulties that they might have experienced. The case study of Rene Floors portrays that the concerned child did not feel comfortable bringing her friends home for fear that her mother would be found drunk. It would be interesting to explore how a child in such a situation coped and who they relied on for support if they were afraid of introducing their friends to their home life circumstances. It could be difficult if they could not share their challenges with a trusted peer. This could even lead to distrust and continuous fear as an adult. As a family, one is dependent on the other members for one's livelihood, happiness and security. It seems from the case study that Rene was not able to depend on her mother, who was her primary caregiver. Her mother emotionally and verbally abused her and her younger brothers. She did not experience a sense of security, in terms of her mother's behaviour and not having regular meals. As a child she also had to stand in to fill certain roles, like cleaning and taking care of her sibling.

## **1.2 Theoretical framework**

Resilience theory, according to Van Breda (2001:1), deals with situations in which the strengths of people and systems are addressed and focused on, and which demonstrate their ability to rise above their adversities. Resilience has been defined in different ways. Overall resilience is referred to as the “presence of protective factors which are personal, social, familial and institutional safety nets”, which assist the individual to then resist the life stressors they experience (Kaplan, Turner, Norman and Stillson, 1996:158). The idea is to look at the positives that occur in the family system rather than to hammer on the negatives. Similarly, Hawley and De Haan (1996) note that an emphasis on resilience in a

client often accompanies the focus on strength. The assumption is that clients have the resources to resolve difficulties by themselves. When people are equipped with the keys for resilient living, they are able to manage stress and hardship. The hardships that the participants in the present study have experienced were parents who abused alcohol to the point of addiction. The exposure to such an adversity at such a young age could easily have resulted in them abusing alcohol themselves. However, the resilience they showed as individuals within the family system made them overcome the problem and perhaps even excel in life as adults.

### **1.3 Problem Statement**

People become alcoholics after the continuous use of alcohol despite the evidence of the negative effects that it has on their lives. It affects their health, finances, social functioning, work and family. Rice (1975: 332) states that alcohol abuse is the use of alcohol to a degree that causes physical damage, impairs physical, social, intellectual, or occupational functioning, or results in behaviour harmful to others. In all likelihood it is especially their children who tend to suffer the most, owing to their lifestyle and the behaviour that they model. Parents are seen as the most influential role models for their children, and alcohol abuse is no different. In all probability when children are raised by alcohol abusing parents, they will abuse alcohol themselves. However, there are instances in which children of alcoholics (ACAs) have not followed in the footsteps of their parents. This study seeks to explore what makes children resilient to the use of alcohol themselves when they have been raised by parents who abuse alcohol.



#### **1.4 Research Questions**

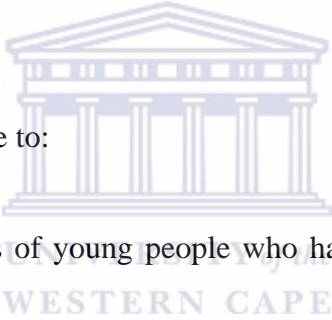
1. What are the factors preventing young people from using alcohol when they have been raised by an alcohol abusing parent?
2. How did the adolescent cope when living with a (n) alcohol abusing parent(s)?

#### **1.5 Aim of the study**

The aim of the study was to explore the possible resilient factors which prevent young people who have been exposed to parental alcohol abuse, from abusing alcohol themselves.

#### **1.6 Objectives of the study**

The objectives of the study were to:

- 
- Explore the experiences of young people who had a history of parental alcohol abuse;
  - Explore the coping mechanisms of young people living with a (n) alcohol abusing parent(s).
  - Describe the factors preventing young people from using alcohol when their parents abused alcohol.

#### **1.7 Methodological framework**

A qualitative research study offers a researcher and the participants the opportunity to explore, investigate and understand certain phenomena. According to Babbie and Mouton (2001: 270), when studying any “human action” one should always study it from the perspective of the “social actors” since the primary goal would be to understand and

describe what people think or feel. This study used an interpretivist approach through in-depth interviewing.

### **1.8 Significance of study**

The participants will benefit from this study as the results may assist them to gain more insight into their experiences with a (n) alcohol abusing parent(s). These results could especially be advantageous for SANCA as an organisation that deals with substance abuse, counselling and intervention. The results could, firstly, raise an awareness of how the alcohol abusing lifestyle affected the children of alcohol abusers. Secondly, it could assist the organisation with increased awareness on the lack of counselling adult children of alcoholics in terms of service delivery. Consequently, support groups could be established to assist these adult children in understanding and coping with their circumstances. Lastly, the results could be used to develop a training/counselling manual for managing and assisting children with alcohol abusing parent (s) and adult children who were raised by alcohol abusers.

### **1.9 Thesis layout**

**Chapter 1** contains the problem statement, the aim and objectives of the study, and its significance. Furthermore the methodological framework describes the approach the researcher used.

In **Chapter 2** the theoretical framework for this study is presented. Resilience Theory is explored in the light of the participants' experiences of difficulties while growing up with an alcohol abusing parent(s). This theory explains that when an individual is experiencing hardship or difficulty in life, her/his inner strength can cause her/him to overcome the

problem. S/he will not let the problem get her/him down, but will find alternative ways to increase her/his coping ability.

**Chapter 3** describes the research design and methodology. Since the study focuses on the participants' experiences, feelings and thoughts as a child growing up in an alcohol abusing household, the chapter uses a qualitative research framework. Qualitative research is aimed at analysing concrete cases in their local environment. It begins with experiences and expressions of themselves in local contexts. The interpretivist approach is used to understand why some people have not followed in the footsteps of their parents who have abused alcohol. This approach also assumes that people's experiences are real and that they should be listened to.

**Chapter 4** presents the data collected through in-depth interviews with participants. This approach to data collection was helpful as it gave the interviewees sufficient opportunity to share their experiences with the interviewer. Each participant could give her/his account of what it was like to grow up with a mother or father who abused alcohol. They could also share the time they made a decision not to follow in the footsteps of that parent.

**Chapter 5** The chapter provides a summary of findings, methodological limitations and further research possibilities. The chapter ends with specific conclusions and recommendations.

## CHAPTER 2

### CONCEPTUALISATION OF THE STUDY

#### 2.1 Introduction

This chapter seeks to provide an explanation of Resilience Theory and a review of the literature concerning the abuse of alcohol, the characteristics of an alcohol abuser, and its effect on family members. The presence of alcohol and the effects on the parenting style will also be discussed as well as the contributing and preventative factors which could lead to abstinence or indulgence in alcohol by Children of Alcoholics (COAs).

#### 2.2 Resilience Theory

Resilience Theory, according to Van Breda (2001:1), applies when the strengths of people and systems are addressed and focused on. Furthermore, resilience theory demonstrates individuals' ability to rise above their adversities. Overall resilience is referred to as the "presence of protective factors which are personal, social, familial and institutional safety nets", which assist the individual to resist the life stresses they experience (Kaplan, Turner, Norman & Stillson, 1996:158). Overcoming the negative effects of risk exposure, being able to cope successfully with a traumatic experience, and avoiding the negative trajectories constitute the process of resilience. It is focused on strengths rather than on deficits (Fergus & Zimmerman, 2005:399).

Resilience is defined as "the capacity to maintain component functioning in the face of major life stressors" (Kaplan, et al, 1996:158). Resilience theory stems from the emphasis on focusing on the strengths of individuals rather than on the problems (pathology) of the

individual or family (Rak & Patterson, 1996). O’Leary (1998) notes that there has been a shift from the “vulnerability/deficit model” towards focusing on the “triumphs” in the light of a family’s adversity. The idea is to illuminate the positives that occur in the family system rather than focusing on the negatives. Hawley and De Haan (1996) note that an emphasis on resilience in a client has often accompanied the focus on strength. The assumption is that clients may have the resources to resolve difficulties by themselves. Family resilience can therefore be referred to when people have managed to rise above family adversities and have the ability to withstand and rebound from them (Luthar, et. al., 2000).

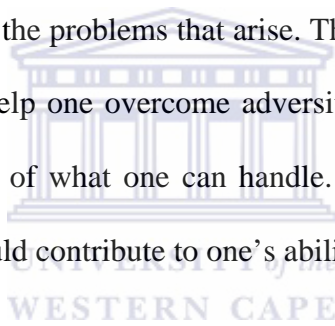
Schaffer’s (1990) view of resilience is that people do not have to be at the mercy of the stressors that they have encountered in their early lives. This view speaks to the experiences and future lifestyles of people who have had difficulties while growing up. He states that children’s abilities should be emphasised just as much as their vulnerabilities. The traumas that they suffered in early years may well be made up by them in later years. They need not be defined by their experiences in their formative years. The Children’s Act No.38 of 2005 makes provision for children to be protected and provided with safety. Guardians are in fact forced to ensure this and can be held liable should they fail to keep children safe. However, often people institutionalise children (placing them in children’s homes), while their siblings remain in the same unsatisfactory circumstances. Yet for the time that the at-risk child remains in a vulnerable position, some children do manage to cope. Individuals therefore have to look at the innate strengths of individual children as a whole. The belief that responsibility rests on the parents for the healthy development of a child is argued against by Schaffer

(1990:40). He believes that the fate of a child is not only the responsibility of its caregivers, but the individual's developmental path is influenced by multiple interactions. More of these various interactions will follow under the discussion of coping mechanisms of individuals (in this case children growing up with parent(s) using alcohol). Therefore as much as people are victims, they can become survivors.

Cancer patients are another example of resilience portrayed. In the light of facing a terminal medical condition; having a positive attitude towards life and the willingness to fight to stay alive constitutes their spirit of resilience. Although they are sick, they do not allow the illness to take over their life. By faith, many continue with a very active lifestyle. Wren (1999:144), a breast cancer survivor, wrote "there is indeed a better life even after a serious illness, and a very good chance that we can regain our health."

Resilience is ultimately about holding on, holding out even though things are initially not the best circumstances. It is about fighting for something better when experiencing hardship, unhappiness, illness, unemployment, or rejection, or in this case a parent who abuses alcohol on a regular basis. The use of alcohol leads to the disadvantage of the family and the individuals. Brookes and Goldstein (2003:3) ascribe the ability to hold on and hold out, to a resilient mindset. Resilient individuals are described as those people who have a set of positive assumptions or attitudes about themselves. This influences their behaviour and the skills they develop. In turn, these behaviours and skills also influence the set of assumptions in such a way that a dynamic process is constantly operating.

This set of assumptions is called a resilient mindset and it consists of several features which include feeling in control of one's life, knowing how to strengthen one's "stress hardiness", being empathetic, displaying effective communication and other interpersonal capabilities, and possessing solid problem-solving and decision-making skills. Further features include establishing realistic goals and expectations, learning from both success and failure, being a compassionate and contributing member of society, living a responsible life based on a set of thoughtful values, and feeling special (not self-centered) while helping others to feel the same. Brooks and Goldstein (2003) do not imply that when one possesses this mindset one is free of stress, pressure and conflict, but rather that one can successfully cope with the problems that arise. The features of a resilient mindset and the application of it can help one overcome adversities. It is about knowing one's own strength and being aware of what one can handle. The ability to communicate to others about one's situation could contribute to one's ability to handle difficulties.



However, one can lack a resilient mindset when one does not apply self-discipline and self-control. The absence of developing these disciplines can result in neglecting one's values, being dishonest, and compromising relationships and priorities. This can be seen in the parents of the participants in this study. It appears to be difficult for them to maintain strong relationships with their family members. They succumb to dishonesty and might have lied to their children on several occasions. Their lack of self-discipline might also have contributed to them using their money for alcohol instead of for the household.

### **2.3 Resilience and substances**

Resilience in terms of substance abuse is found to have a number of assets and resources which can considerably lessen the use of substances. Family resilience theory contextualises why adult children of alcoholics do not abuse alcohol themselves when they have been exposed to it through the lifestyles of their parents. Conger and Conger (2002) believe that people have the components of a resilient state of mind because humans are adaptable. When people are equipped with the keys for resilient living they are able to manage stress and hardship.

The hardship that the participants experienced were a parent(s) who abused alcohol to the point of addiction. Exposure to such an adversity at a young age could easily have resulted in them abusing alcohol themselves. However, because of resilience, they overcame the problems and perhaps even excel in life as adults. An example of this would be that, although many children experience childhood traumas for example sexual molestation or death of parent(s), some of them emerge from high-risk conditions to being able to live and love well. Masten (2001:4) states “resilience is a process rather than a fixed constitutional attribute influenced by everyday decisions”. Such daily decisions can be whether the child wants to continue living within the alcoholic household and his/her attitude and behaviour towards the addict and the addiction. If the child decides to continue living with the adversities/parent alcoholic problem, he/she learns to adapt to the situation. In adapting to the situation the child also learns new skills and finds creative coping mechanisms (Luthar & Zelazo, 2003:4). Similarly, children who live with their parents’ alcohol abusing problem, learn to cope and adapt by learning



new skills even though they may not necessarily have had a choice to leave the family home. Thus they learn to cope with the situation. They have a resilient mindset in that they manage *not* to follow the pattern set by their parents.

## **2.4 Alcohol and alcoholism**

Shaw, Ritvo and Irvine (2005:25) state that “alcohol depresses the actions of the user’s brain, causing progressive impairment and reducing the flow of signals”. Other commonly available types of alcohol according to Shaw, et. al. (2005:25) are highly poisonous even in smaller quantities. Methanol (which is usually found in glass cleaners), isopropyl (rubbing alcohol) and ethylene glycol (automobile antifreeze solutions) are also included in the making of alcohol. It is the most commonly used substance that affects the central nervous system, with users and abusers experiencing a loss of co-ordination and judgment. Since alcohol is a legally sanctioned substance, which is easily available, people often believe their excessive consumption is acceptable and normal

### **2.4.1 Characteristics of an alcoholic**

Stafford (1992:224) describes typical behaviour characteristics of the alcohol abuser as denying and lying about the severity of the alcohol problem, blaming others, telling stories to others in defending and protesting humiliation; spending money daily on alcohol; resorting to verbal and physical abuse instead of honest and open talk; losing the trust of family, relatives and friends; experiencing diminishing sexual interest and loss of libido; experiencing feelings of hopelessness and despair; suicidal thoughts and attempts;

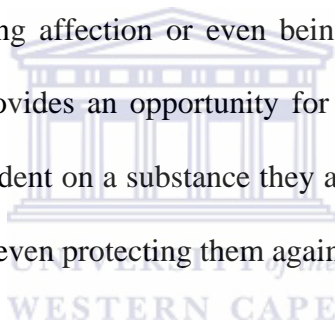
and deterioration in physical health. Differences in behaviour of alcohol abusers occur and are often witnessed by the rest of the family.

#### **2.4.2 A stage of alcoholism**

Alcohol abusers often experience severe withdrawal symptoms when they try to stop their alcohol use or try to abstain on their own. Detoxification is experienced differently by the alcoholic as the body may experience withdrawal symptoms. However, the severity of the withdrawal process and symptoms is largely dependent on the stage of dependency. Dependence, according to Shaw, et. al (2005), is associated with tolerance which relates to the volume of alcohol the user requires before he/she experiences intoxication. The user needs more and more of the substance for the desired effect. Their body becomes used to a minimum amount of alcohol, and needs much more to have a feeling of intoxication. This stage is referred to as the “tolerance level”. Tolerance means that over time the brain needs more and more of an addictive drug such as alcohol to achieve the same mood-altering effects. The user typically experiences withdrawal symptoms at this stage if he/she is not able to have any alcohol or stops using it.

Abuse is the continuous use of alcohol despite the adverse negative effects on the health, social, financial or psychological life areas of the user. The user often remains committed to problematic drinking despite the impact on health, family relations or general functioning, as well as life areas (Stafford, 1992:13). The user’s life will be negatively affected in numerous ways. These negative effects include health, finances, work, friends, family and the community as a whole. In terms of the health aspect, the user could fall ill owing to the substance and he/she might need long-term medical care or even

hospitalisation. Absenteeism from work may cause a reduction in his/her income and ultimately in the income of the household. The accounts will then not be paid, nor will other things like school fees. This can put a strain on the family financial status. In this case the children are excluded as their normal daily activities are also impacted. They cannot do homework or just play as they wish. It could be that children now start to worry about their livelihood. Taubman (1984) has found that fathers who portray anti-social behaviour such as authoritarian personality, dependency, irresponsibility and even immaturity, can create an environment where children stand a chance of being abused. This abuse could be physical, verbal, psychological or social. The mother's behaviour of being weak, submissive, lacking affection or even being unresponsive to the needs of their family members, also provides an opportunity for the children to be subjected to abuse. When parents are dependent on a substance they are to a large extent incapable of taking care of their children or even protecting them against child abuse.



### **2.4.3 Family interaction**

The tendency to blame the family problems on the alcoholic becomes a natural occurrence. The family will experience physical and psychological problems. The family is seen as a unit and the behaviour of one member can affect the unit as a whole. Eberlein (2010:64) confirms that drugs (in this case alcohol) do not only affect the person that takes them and is dependent on them, but also those in his/ her immediate environment: family, friends, partners, employers and so on. The physical alcohol-related experience can lead to poverty, nutritional neglect, insufficient fuel, clothing and poor household

conditions. In the case where the money is being used for substances, in this case alcohol, the family can easily be impoverished.

#### **2.4.4 Physical effects**

Although alcohol is legal in most countries, it has the same addiction potential as cocaine. Common side effects are memory loss, confusion, disorientation, lethargy, comas, and respiratory shutdowns (Shaw, et. al, 2005:25). Stafford (1992:17) adds that the consumption of excessive alcohol also leads to the destruction of vital organs like the liver, the heart, and the muscles. The most important part of the body that gets destroyed is the brain. Peripheral nerve damage is also caused by excessive drinking, which in turn causes memory loss and dementia. The ability to feel emotion and to think is basically affected, and this is the part affecting the ability to develop and sustain intimate relationships and to nurture children. In addition, according to Grant and Litvak (1998: 66-67), several major studies have demonstrated that alcoholism or alcohol dependence is associated with premature death. They add that almost all areas of the body, the liver, brain, pancreas, cardiovascular system and immune system, can be affected negatively by long-standing alcohol abuse.

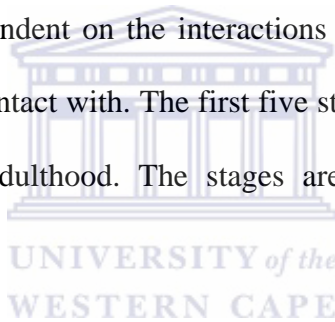
#### **2.4.5 Psychological effects**

Alcohol abuse has been associated with marital stress, spousal abuse and ultimately separation or divorce (Amato & Previti, 2003). Issues such as mental problems, domestic violence, financial difficulties, housing needs and residing in dangerous neighborhoods are other resulting factors of alcohol abuse (Semidei, Radel, & Nolan, 2001). Orford,

Dalton, Hartney, Ferrins-Brown, and Maslin (2002) add that extended family members are also included in the effects that substance abuse carries. Thus a family member who is an alcohol abuser places the family members at risk. Families at risk are characterised by conflict and aggression and by relationships that are cold, unsupportive and neglectful. Children of alcohol abusers are the ones who are most vulnerable.

#### **2.4.6 Developmental stages of humans**

Erikson (1968) perceived the social environment of the child as a major role player in influencing the individual's personality. He viewed personality in eight stages. The outcome of each stage is dependent on the interactions between the individual and the people he or she comes into contact with. The first five stages are seen as the preparatory stages for adolescence and adulthood. The stages are approximated by age in the following way:



Stage 1: basic Trust versus Mistrust (birth to 1 and 1½ years)

Stage 2: Autonomy versus Shame (1½ to 3 years)

Stage 3: Initiative versus Guilt (3 to 6 years)

Stage 4: Industry versus Inferiority (6 to 12 years)

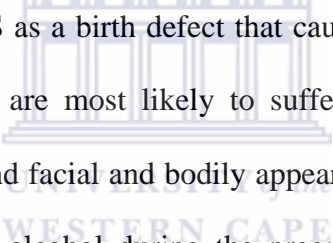
Stage 5: Identity versus Role confusion (12 to 18 years)

Stage 6: Intimacy versus Isolation (8 to 25 years)

Stage 7: Generativity versus Stagnation (25 to 65)

## Stage 8: Integrity versus Despair (65+ years)

The fifth stage is highlighted by Erickson (1968) as the developmental stage leading to physical, sexual and emotional maturity. He views this stage as the search for identity, a psychological pause, which freely allows the young person to experiment with different roles, attitudes and personalities. It is at this point that they then start making important decisions and forming a sense of identity. Children of alcoholics (COAs) will have suffered in their developmental stages in some way or another. In terms of physical development, children stand the chance of being born with Foetal Alcohol Syndrome (FAS).



Stafford (1992:41) defines FAS as a birth defect that causes irreversible physical underdevelopment in a child. They are most likely to suffer with low intelligence levels, retarded motor development, and facial and bodily appearance of mild retardation. In the case where the mother abuses alcohol during the pregnancy, the mother may not eat regularly, therefore food deficiencies occur, and premature babies are born with low birth weights. The contribution of an alcoholic father to the pregnant mother's health is that of stress, sometimes physical abuse, and the mother can feel depressed and emotionally abandoned, causing the foetus stress. Furthermore according to Stafford (1992), the child will experience migraine or asthma, have sensory problems with noise, bright lights, heat and cold, have frequent coughs, and be either seriously under- or overweight. Later in childhood, sleeping problems, enuresis and nausea could occur. These symptoms are not exclusively linked to parenting alcohol problems, but have been suggested to be associated with it by Stafford (1992).

The physical effects on children being born to alcoholic parents is of concern, and the long-term impact is also worrisome. Mentally COAs suffer from a variety of different psychological problems which affect their capacity to learn. They tend to change school more than others, repeat exams and are referred to a psychological service as a result of the learning difficulties they encounter. Disruptive and difficult behaviour tends also to be displayed by them in the manner of being troubled and troublesome. COAs are found to be more preoccupied with inner thoughts (a day dreamer), isolated, less able to maintain attention, and liable to emotional upset. They also show emotional instability and anxiety with the likelihood of hyperactivity and trouble concentrating (Stafford, 1992:43). It is very likely that in adolescence this can persist, and they will in all likelihood need the services of a psychiatric professional.

## **2.5 Alcohol and parenting**

Gallant, et. al., (1998:120) state “alcoholism is associated with personality and character defects as well as parenting difficulties”. The presence or absence of four crucial parental functions can have an impact on a child’s healthy growth and development. Firstly, role stability is important for children, but in an alcoholic home, children will become confused with the roles their parents are supposed to play. They might not be able to set a stage for consistency in discipline and rules. The children also have to take on certain roles, like cleaning, cooking and taking care of their younger siblings, such as in the case study of Rene Floors. Environmental stability is another function which parents are supposed to give to their children by offering safe and secure homes. In the alcohol abusing home chaos rules and the household is unmanageable. Children may not know where they will sleep and so on. In the case study, the children experienced this chaos by

not knowing what they would be eating as their mother threw the food away. Their sleeping routine was disturbed due to their mother talking throughout the night when she was intoxicated. Thirdly, dependability of the parents is when they do what they have promised they would do. For an alcohol abusing parent this can be difficult when they have blackouts and are forgetful about what they have promised. This makes it impossible for the children to depend on the parents' word. Fourthly, emotional stability is portrayed to children when their parents are "there" for them emotionally. This is when parents can give advice on a difficult choice that the child has to take, or just being empathetic. Sometime the parents feel guilty and want to over-compensate with emotional "availability". The experience of positive parenting in adolescence should equip emerging adults with the support, encouragement, and security that they need to explore and resolve their difficult life events in a coherent and adaptive manner. It may influence emerging adults to further explore and understand their life events, thereby promoting greater identity achievement.

Rene, in the case study, seemed unable to trust her mother with her emotional experiences. She said she would often tell her mother things in confidence and when her mother was under the influence she would talk about it loudly enough for the whole neighbourhood to hear. This causes stress and makes the child feel neglected, unloved, unwanted and full of distrust towards their parents. Abusive and negligent parenting can result from parents with alcohol abusing problems. Similarly, Anda, Whitfield, Felitti, Chapman, Edwards, Dube and Williamson (2002: 277) find childhood maltreatment to be linked to alcohol abuse among adults. Both the personality and parenting problems contribute to children experiencing "cognitive, affective, behavioural and substance



abuse problems” (Bohrnstedt & Fisher, 1986:20). Parental alcoholism according to Fields (2001:31) makes the children in that family four to eight times more likely to develop problems with alcohol. This kind of functioning forces children into the roles of their parents in some instances.

### **2.5.1 Alcohol and parentification**

“Parentification” in the article of the authors, Stein, Riedel and Rotheram-Borus (2004) is defined as “the assumption of adult roles by children or adolescents before they are emotionally or developmentally able to manage these roles successfully” (Bekir, McLellan, Childress & Gariti, 1993; Boszormenyi-Nagy & Spark, 1973; Valleau, Bergner & Horton, 1995). According to Jones and Wells, (1996); Jurkovic, (1997) parentification may result in a child taking on a guilt-laden, care-giving role as a confidante, helper and primary source of support to fulfill the unmet needs of the parent.

Research by Stein, Riedel and Rotheram-Borus (2004:1) has been done with children who have parents with chronic illnesses, in this case HIV/AIDS. The children were between the ages of 11-18 yrs. The research shows that children assumed a greater spousal and parental role-taking. More research by the writers shows that adult role-taking predicts a more internalised emotional distress while parental role-taking predicts externalised problem behaviour such as sexual behaviour; alcohol and marijuana use, as well as conduct problems

In the event where the parenting skills are lacking due to illnesses or disabling conditions, children are known to be at risk of parentified roles (Bekir, et. al. 1993; Boszormenyi-

Nagy & Spark, 1973). Aranda-Naranjo (1991); Cates, Graham, Boeglin & Tielker (1990) in Stein et al (2004) describe an example of a family in stress where there is a parent who is chronically ill and the parent cannot take up his/her role to provide for his/her children effectively. When a child is in a situation like this, it is known as Parentification. In the case of an alcoholic parent who to a large extent can be seen as being ill, the children often have to take on different roles. Children could experience a sense of entrapment for the situation they find themselves in of having to take on an adult role. They are not afforded the opportunity to be children (being naïve and playful) and might end up resenting their parents, the ones who are ill. In my professional experience when a child has skipped certain developmental stages they might be ill-equipped to handle the responsibilities of the next developmental stage. The impact on children exposed to such circumstances is very harmful. Parentified adolescents may neglect their own identity formation and school achievements (Jurkovic, 1997) and move towards autonomy and intimacy (Erikson, 1968). In addition parentified children may seek relationships in which they are exploited (Mike, Bergner & Baum, 1987) or they are compelled to execute pathological amounts of care-giving (Siegel & Silverstein, 1994). They could continue the cycle of a dysfunctional parent, leading to the parentification of their own children (Bekir, et al., 1993).

On the other hand, there are aspects of assuming a parental role by children and adolescents which are not harmful. A characteristic for good parenting according to Valleau, et. al., (1995) is a determined effort to guide children into assuming adult roles and tasks at the appropriate time. Household chores which are well-suited to their age are

time and again assigned to young children. I believe that if children can learn to handle adult roles in an age appropriate manner then they can develop normally.

In terms of parentification, premature parental role-taking can easily lead to behavioural problems such as alcohol and drug use. It could be that children find it difficult to uphold that responsibility which has been given to them involuntarily. They could then turn to substances in order to ease the pain about their true realities, or the resentment they might feel towards the parent whose role they have to stand in for. Children are impressionable and believe peers or older people when they are led to believe that the substance will make them feel better and is not harmful per se. In other cases there are also roles which children take on voluntarily to ease the pain of their situation, such as abuse.

## **2.6 Different roles of children of alcoholics**

According to SANCA (2007) and Stafford (1992:76-79) children naturally take on various roles that enable and assist the alcoholic abuser to continue with his/her addictive lifestyle. These new roles help to avoid the reality of the situation for the child and include playing the *hero* (this is the type who brings great joy to the family by being successful, excelling at school, thus feeding the idea that things are not bad in the household), *scapegoat* (this child misbehaves in order to gain attention so that the focus shifts from the alcoholic parent ensuring the family will have something else to give attention to), *isolator/loner* (this child is not taken seriously and fades into the background doing everything to avoid conflict. The parents will often even forget about this child believing that s/he is unaffected by the dysfunctional family household), *mascot* (the mascot is likely to behave like a clown, making light of the situation. This child is

not taken seriously at home and will also end up being playful at school, giving the perception of a happy household.), *adjuster* (the adjusters are seen as “easy children” and fit into all kinds of circumstances – an attitude of going with the flow. They show flexibility and endure stresses) and *placater* (this child is greatly responsible for smoothing things over and making people feel comfortable and cared for. This child has a sense of guilt about the situation and feels the need to act as a go-between for the parents in order to defuse disagreements). The child takes on these roles because the alcoholic caregiver/parent is unable to, and this enables the child to cope. Becoming adults these children could suffer maladjustment roles. The maladjustment roles for adult children of alcoholics, according to Veronie and Fruehstorfer (2001:53), includes general confusion about boundaries Goglia, Jurcovic, Burt & Burge-Callaway (1992), they might suffer psychiatric disorders (Rutter, 1993), experience career development issues (Matthews & Hallbrook, 1990:261-268) and the potential for alcohol abuse is greater (Emery, Ritter-Randolph, Strozier & McDermott: 1993). Thus the child living and being raised in an alcoholic environment with alcoholic parent (s) with additional dysfunctional parenting is more likely to be at risk of alcohol abuse (Fitzgerald, Davies, & Zucker: 2002: 15). Other characteristics according to Stafford (1992:25) can be seen in how children adapt to the alcoholism of their parents:

They may be torn between two parents in terms of their loyalty towards one and could also become angry towards the other.

- Might be deprived of emotional and physical support.

- Avoiding peer activities especially in the home and feel fear and shame about their circumstances
- Learning of destruction and negative coping mechanisms to get attention.
- Not trusting anyone.
- The loss of values, standards and goals in the absence of strong and consistent parenting.
- Suffering of a low self-worth and not feeling a part of the family.

## **2.7 Factors contributing to alcohol use/abuse**

According to Grant (2000) “children of alcoholics or who grew up with an alcoholic parent have a higher risk of abusing alcohol themselves”. Repetti, Taylor and Seeman, (2002: 330) describe risk factors that could also lead to children abusing alcohol. These are “children coming from troubled families, children who experienced none or a little love and care, being discipline through punishment only”. Additionally they suggest that factors such as growing up without any spiritual guidance, no limit settings and the child that never learns to control the urge for immediate gratification, are also factors which could contribute to alcohol abuse. In other words, children growing up in at-risk families such as in a family where alcohol is abused are more likely to portray health-threatening behaviours such as smoking and using alcohol and drugs, which can also lead to promiscuity (Repetti, et. al., 2002: 330).

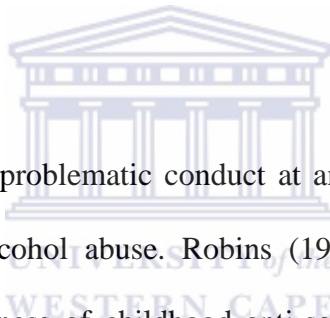
O’Connor, Berry, Inaba, Weiss & Morrison (1994) suggests that people are more likely to abuse substances due to their feelings of shame. It has been seen as a contributor and a developer to alcohol abuse. The individual starts to use substances and becomes ashamed

at his behaviour while being intoxicated. That feeling of shame leads the individual to use more substance in order not to experience the feelings of shame. It thus has a cyclical nature. O'Connor et al (1994), writes that according to Cook (2001); Kaufman (1996); Tangney and Dearing (2002) shame can be considered when an individual's perception of him/herself is seen as flawed. Stafford (1992:71) adds that shame for some people is "when their most basic expectations of a significant other are suddenly exposed as being wrong". They generally tend to feel bad about who they are. Shame does not always have to be exposed to others, but could be internally experienced by the individual. Both the individual abusing substances and the family members exposed to the behaviour of the addict can experience shame.

Cook (2001) suggests that children who are raised in an environment where they are neglected, abused, or rejected are likely to internalise shame. The findings of the present study are that the participants therefore would not tell people they were feeling ashamed, but would just keep it to themselves and hide the truth of what was going on at home. It is in these cases that they would just not invite their friends over to their homes. They were ashamed of what their friends would see and hear. In later years they could even start using substances themselves as a result of the shameful feelings, thus causing the cyclical effect.

It seems likely that the functioning of the family of origin contributes to the development of shame. However not all children who grow up in addicted or dysfunctional families develop substance-use problems. It is therefore possible that even though children are raised by alcoholic parents, are neglected and exposed to internal shame, they do not necessarily take to abusing alcohol themselves.

Other contributing factors according to Hawkins, Lishner, Catalano and Howard (1985:11-48) include family factors; early anti-social behaviour; school factors; peer factors; attitudes, beliefs, personality traits and early initiation. Research by Kendel, Kessler & Margulies (1978); McDermott (1984); Johnson, Schoutz & Locke (1984) in Hawkins et al (1986) shows evidence that the use of drugs, including alcohol, often has its origins in the family. They state that parental drug use is associated with the initiation of use by adolescents. Similar findings by Rachel et al., (1980, 1982) Zucker (1979) have been reported. Familial incidence of alcohol reviews similarly concludes that alcoholics are more likely than non-alcoholics to have had a parent or sibling with an alcoholism history.



Early anti-social behaviour or problematic conduct at an early age also proved to be a determining factor towards alcohol abuse. Robins (1978) found that the greater the variety, frequency and seriousness of childhood anti-social behaviour, the more likely this behaviour is to persist in adulthood. Further studies done by Robins (1978); Johnson et al. (1978) Kendel, et. al. (1978) and Wechsler and Thum (1973) found that early antisocial behaviours are predictors of adolescent substance abuse. A sample of 1,242 black, urban first-grade students, Kellam and Brown (1982) found positive correlations between first-grade male aggressiveness and substance abuse 10 years later. This was in conjunction with shyness. School factors which include poor school performance by Jessor (1977); Kandel et al. (1978); Johnson (1973); truancy, placement in special classes and early drop out from school were predictive factors in longitudinal study for drug abuse by Holmberg (1985). A 29-year-old male who used Methamphetamine (Tik) also

proved that he was in a special school; he was shy and struggled to engage with his peers and had a problematic relationship with his teachers. All this also contributed in him now being investigated by the police for selling drugs and having to undergo an intense therapeutic programme. Friends can be a huge influence in an adolescent's life. They tend to be very influential and the friend seems to follow very easily. Nobody wants to be viewed as an outcast or be different from the rest, and will therefore engage even in destructive behaviour for the sake of his/her peers. However research also inversely proves that there are factors which exist that are favourable towards the non-use of alcohol

## **2.8 Factors preventing alcohol use/abuse**

The child who can successfully deal with adversities in the rearing environment is called a resilient child Zucker, Wong, Putler and Fitzgerald (2003). People growing up in households where parents are abusing alcohol and who can stand against the pressure of using it themselves is seen as resilient people. Moss, Lynch, Hardie and Baron (2002) ascribe a protective environment and the successful development of a child into an adult, as a functioning family. It is thus that the outcomes of such a family reflect a secure, cohesive and mutually supportive family. This type of child is less likely to be at risk of abusing alcohol or engaging in negative behaviour. This includes "growing up with persistent and appropriate discipline, the child who is busy and productive and has a number of interests, having a firm spiritual base, having a positive healthy self-image, the child who openly brings friends home, the child who has been given age-appropriate responsibilities, the child who has learnt decision-making skills, the child who is encouraged to emotionally express him/herself and, the child who is unconditionally loved (SANCA, 2007). A longitudinal study with at-risk children showed that one third



of children who were raised in at-risk environments had developed into competent and confident young adults at the age of 18 years. Subsequently, at the age of 32, two-thirds of the remaining participants had developed into caring and successful adults (Werner & Smith, 1992:8). The results of this study suggest that there may be certain factors which serve as a form of protection to vulnerable children.

Similar research has been concluded by Werner and Smith (1992) who have followed all the individuals who were born on the Hawaiian Island of Kauai in 1955. The focus of the study was on the children who were at risk for substance abuse, violence or mental illness. These children were born in poverty to parents who abused substances were physically violent, and who suffered from a mental or physical illness. Their research proved that a number of these children had these problems as adolescents or young adults. In their continued tracking of these individuals, Werner and Smith found, however, that by the age of 32, a majority of individuals had become healthy, well-adjusted adults. These researchers were particularly interested in the factors that brought about this change. The conclusion was that those who developed into healthy and well-adjusted adults had an ongoing relationship with at least one person who provided them with a secure basis for developing trust, autonomy and initiative.

Researchers suggest that there are protective factors to protect vulnerable children. These include firstly, *family* that is having a warm and supportive family environment. Secondly, *community* such as teachers, friends and neighbours, thirdly, *culture* such as the group which the child can identify him or herself with (LaFromboise, Hoyt, Oliver & Whitbeck, 2006:2) fourthly, *intrapersonal and interpersonal* factors (Delgado's, 2005)

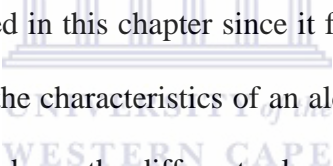
and lastly, the *gender and positive self-esteem* of the person (Gardano, 1998; Fergusson & Horwood, 2001). Although Repetti, et. al., (2002) emphasise that risk factors could place children in vulnerable circumstances, the outcome for these children may not necessarily be bad. For example, children who had been raised by an alcoholic parent may not necessarily become alcoholics themselves. Research proved that their coping mechanisms and support structures would ensure positive outcomes and adaptive adults. The idea therefore that all negative sorts of influences on children have long-term effects should be discarded. More evidence by Wohlford & Giammona (1979); Chassin et al. (1981); Krohn et al, (1983); Adler and Lutecka (1973); Wechler and Thum 1973) Shibuya (1974) Jessor (1977 and Kim (1979), in Repetti, et. al (2002) proves that attachment to parents, commitment to school and education, regular involvement in church activities, and belief in the generalised expectations, norms and values of society, are predictors of non-substance abuse. The multiple positive influences throughout a child's developmental years can definitely contribute positively and foster resilience, thus endorsing the study of resilience theory. According to Stafford (1992:133) another factor contributing to the prevention of alcoholism is being honest about the home life situation, in other words, when the ACA can admit that his/her parent(s) is an alcoholic.

## **2.9 Coping mechanisms and Support structure**

According to Fergus and Zimmerman (2005:399) resources and assets are promotive factors which can help the youth to avoid the negative effects that risks bring. The resources include parental support, adult monitoring or community organisations which promote youth development. These could include churches, sports or social clubs. Young

people always have a tendency to move towards a crowd and something they can spend their time on. It would be easy for a child to therefore escape to such an activity. In the case of a child sharing a positive relationship with an educator at school, they could feel that the attention or adult monitoring they lack from their parents they now receive from this teacher. The various community organisations that have been mentioned might also provide a child growing up in an alcoholic household with a type of substitute parental care/support. On the other hand the assets point to the positive factors that lie within the individual such as their coping skills, competence and self-efficacy. These positive self-images a child has, and their innate abilities, enable them to cope with adversities.

## **2.10 Conclusion**



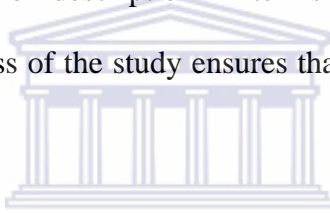
Resilience Theory was discussed in this chapter since it forms the theoretical framework of this study. It also described the characteristics of an alcoholic, the parental difficulties that exist as a result of alcohol abuse, the different roles children take on, and the factors contributing and prohibiting children of alcoholics (COAs) to follow in the footsteps of their parents by also drinking. The coping mechanisms and support structures of COAs have been also discussed.

## CHAPTER 3

### METHODOLOGY

#### 3.1 Introduction

This chapter describes the methodology for this particular study. The interpretivist approach provides an opportunity for the researcher to understand how the respondents' experiences influenced their decisions. The same approach is also used to analyse the data. The research setting, participants, data collection tools and data collection process are described below. A table of description in terms of the participants gives their background. The trustworthiness of the study ensures that it reflects the true information the participants shared.



According to Babbie and Mouton (2001: 270), when studying any “human action” one should always study it from the perspective of the “social actors” because the primary goal is to understand and describe what people think or feel. In the process of understanding and describing, depth and breadth are provided by the participants about the topic under study. Subsequently, the researcher is able to interpret what was being said by the participants. In this study a qualitative methodology was used in order to understand why some young adults do not abuse alcohol even though they were raised by a (n) alcoholic parent (s). Qualitative research also provides a richness of the data in terms of the description and explanations that demonstrate a sequential flow of the events (Gray, 2004: 319).

### **3.2 Methodological approach**

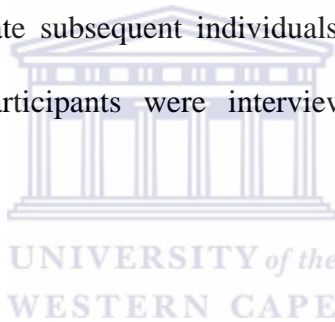
A qualitative research study offers a researcher and the participants the opportunity to explore, investigate and understand certain phenomena. According to Babbie and Mouton (2001: 270), when studying any “human action” one should always study it from the perspective of the “social actors” since the primary goal will be to understand and describe what people think or feel. An interpretivist approach was used to understand the *why* of young adults not abusing alcohol. This approach assumes that people’s subjective experiences are real (ontology), that people should be listened to (epistemology) and that the most suitable methodology would be qualitative research (Terre Blanche & Kelly; 2001:123). In this study, adults provide an understanding of what the reasons were for them not abusing alcohol though their parents were alcoholics. An exploration of their coping mechanisms will also be conducted. People have different perceptions of their experiences. They might experience similar situations but comprehend and deal with them in different ways. The aim of this approach is to elicit their versions about the “social world” they find themselves in as an individual (living with an alcoholic parent) and the choices they made in that social world (not to abuse alcohol themselves).

### **3.3 Research Setting**

SANCA is a counselling organisation specialising in substance abuse, which has been in operation for more than 50 years. The organisation has six officers in the Western Cape whose core business is to counsel men and women who abuse alcohol and drugs. They also render family counselling and awareness-raising programmes at schools and clinics and to community members. The people whom they serve live in communities on the Cape Flats. From this group the researcher gained a sample of respondents for interviews.

### **3.4 Participants**

Participants were sampled through snowball sampling. Snowball sampling is collecting a first group of participants who later nominate a second group for study (Gray, 2004:325). The researcher interviewed a total of six participants. They suggested/nominated other participants who could be interviewed. The participants were 6 females, aged 25 years and older, Afrikaans speaking and of Christian faith. The criteria for participation in the study were: adults who had been raised by a (n) alcoholic parent(s). They had all been children of alcohol-abusing parents, but did not use alcohol themselves. Snowball sampling was used and according to Gray (2004: 325) it is when the first group of participants is used to nominate subsequent individuals or groups for study. The end result is that six female participants were interviewed and shared their stories.



**TABLE 1****Demographic details of participants.**

<b>Participants</b>	<b>Age &amp; gender</b>	<b>Home language</b>	<b>Religion</b>	<b>Marital status</b>	<b>Education/ Occupation</b>	<b>Years at current address</b>
Ella	38 Female	Afrikaans	Christian	Married	Receptionist	10yrs
Letty	60 Female	Afrikaans	Christian	Widowed	Social Worker	2yrs
Mona	53 Female	Afrikaans	Christian	Married	Domestic worker	25yrs
Vera	32 Female	Afrikaans	Christian	Single	Social worker	20yrs
Nina	33 Female	English	Christian	Married	Community worker	6yrs
Sally	<b>38</b> Female	English	Christian	Married	Administrator	10yrs

**3.5 Data collection tools**

The data were collected through in-depth interviews. Qualitative interviews attempt to understand the world from the participants' viewpoints, to unfold their experiences (Kvale in Sewell, 2001:1). Qualitative interview guide will assist the researcher to have

face-to-face semi-structured interviews with open-ended and closed-ended questions where the sharing of information and understanding will take place (Brenner et al, 1985: p3).

The researcher wanted to afford the participants enough opportunity to share their views and experiences on the subject and therefore thought it best to use this method. An interview guide was used in exploring the research questions and a tape recorder to record the data. The purpose of the tape recorder was to acquire as accurate information as possible and to be able to concentrate on the interview. This allowed the researcher to take minimal field notes, thus not making the interviewee feel as if they were being bombarded with questions, but were really being listened to. The interview guide aided the researcher to have structure so that specific questions could be answered. The semi-structured interview also helped the researcher to ask questions that were not on the list, but that came up from the answers that the participants gave. This was an opportunity to explore aspects which the researcher deemed necessary. These questions explored what the reasons were that these young people did not follow in their parents' footsteps, and what the protective factors were.

Some of these questions were: *What type of household did you grow up in? What was different when your parent(s) (were) sober or drunk? What were your feelings around your parents' alcohol abuse? What was your relationship like as a family? How did you cope with the situation? Who were your support systems? Did you ever wish your parent(s) would stop drinking? Did you ever talk to them about stopping drinking?*



The interview guide is attached as Appendix B. Although the one-to-one (semi-structured) interviews afforded the researcher the necessary information, they also had its limitations.

### **3.6 Data Collection Process**

The participants were telephonically approached to participate in the study. When they agreed, a convenient time, date and venue were arranged at the convenience of the participant. Before the interview took place, participants were informed about the aims and purposes of the study. Ethical considerations were explained and they were asked to complete a consent form to participate in the study (see Appendix A). They were assured that they would be given the opportunity not to participate and to end the data compilation process at any time, should they wish to. Participants were also asked permission to use a digital voice recorder during the interview session. The interview was conducted with an interview guide and a digital voice recorder. Notes were made by the researcher before, during and after the interview sessions for the purpose of trustworthiness. The interviews were conducted in a comfortable and private place where there were no disturbances.

### **3.7 Data analysis**

Geertz (cited in Terre Blance & Kelly, 2001:139) stresses that when doing interpretivist analysis it is important to remember that one should not use language that is unfamiliar to the experience of the participant. A “thick” description is needed for the characteristics, processes, transactions and the context that forms part of the event being studied. According to Terre Blanche & Kelly (2001:140-144), the following steps are suggested.

*Step 1* is familiarisation and immersion (getting to know the data and engaging in it). *Step 2* is the inducing of themes (working with themes that easily stand out) with themes arising from the data relating to the research question. *Step 3* entails coding (breaking up the data in understandable ways). *Step 4* is elaboration (exploring themes more closely) and *Step 5* is interpretation and checking the data (to give the researcher understanding and inspection of the data) (Terre Blanche & Kelly, 2001:140-144).

### **3.8 Trustworthiness**

Babbie and Mouton (2001: 277-277) refer to trustworthiness as the concept which ensures neutrality in a qualitative research study. In the process of trustworthiness, the researcher will ensure that the study is credible, transferable, dependable and conformable. For *Credibility*, which indicates how true the research is, only the original information received from the participants will be used. The data and the results will only reflect the information shared by the participants. There were several self-reflecting sessions during the research process. *Transferability* refers to the likelihood that the same research findings could be applied to other participants in similar circumstances. In the case of similar research in another area there is a great possibility that the data would reflect similar results. *Dependability* involves the consistency of the research, and *conformability* refers to the tracing back of the research data. When the end results are made known to the participants they must be able to understand it and believe that the results are reliable as well as reflecting the information they have shared. In the case where a particular participant needs to be interviewed, the data will be used to guide me back to that participant.

The researcher has not deviated from the stories shared by the participants. All the information (quotations) used are the very own words of the participants. In the event where the same question would be investigated with different participants from different areas and different age groups, the information shared was similar, and as a result themes started emerging. In terms of dependability the same format was used the approach to the participants was consistent, whereas with conformability the researcher was able to trace the particular individual if it was necessary to do so.

### **3.9 Self-reflexivity**

The researcher was aware that the information that she would come to hear might be difficult for the participants to share. She also realised that she had not experienced such a life and could only be able to empathise with them. Should the interviewees become too emotional, the researcher's emotions were also affected. In that event she consulted with her supervisor at work as well as with her research supervisor. The research process was very time-consuming and extremely draining. At times the researcher got very tired and was de-motivated. The study also changed her perception of substance abusers and their family members from the information gathered. Her attitude towards interviewing changed and the way she did it. She had to be even more sensitive towards the participants' feelings as it was difficult for them to open up at times towards a stranger. The fact that the information gathered would be used for educational purposes sensitized her further, but she was also aware that the purpose was not to counsel but merely to gain information. The information made her aware of the way people grew up, but that they did not have to remain in negative life circumstances. They learned to adapt and rise above their life's challenges. The concept of resilience became a part of the researcher's

life in many ways. To complete the study in itself she had to show resilience as it would have been easy to give up owing to the numerous challenges in completing the research.

### **3.10 Ethical considerations**

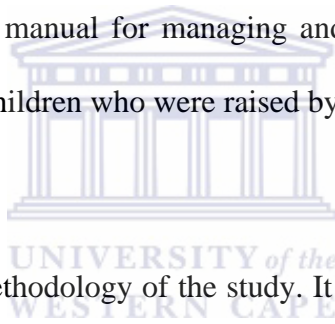
As a professional social worker the researcher was bound by a Code of Ethics. In research there were also certain ethical obligations to be maintained towards the participants. The human rights and human dignity of them participants was considered by treating them with respect. They were informed that they *were invited to voluntarily participate* in the study, so they had a choice to participate or not. They were also informed about their *right to withdraw* from participating at any stage in the research process. A sense of *confidentiality and anonymity* was maintained. The participants were informed that the information which they would be sharing would be strictly confidential. They were informed that when the data were discussed, no personal information would be divulged and pseudonyms would therefore be used. In the event that the participants might have needed further counselling because of the information which they had shared, there would be the option of receiving counselling from SANCA and an appointment scheduled with an alcohol and drug counsellor. The participant would receive counselling in terms of the effects that the alcoholism had on her/him. In the case of the parent(s) still abusing alcohol, information would be shared with the participant on treatment options for the family members. The data would be kept in a safe place so that it was not easily accessible to any unauthorised person. The participants would be informed about the findings of the research through the feedback that the researcher gave. A combined meeting would be scheduled to inform them about the outcomes of the research.

### **3.11 Significance of the study**

The participants significantly benefited from this study. The results of the study assisted them to gain more insight into their experiences with a (n) alcoholic parent(s). The results of the study were especially advantageous for SANCA as an organisation that deals with substance abuse, counselling and intervention. The results helped firstly, to raise an awareness of how the substance lifestyle had affected the children of alcohol abusers. Secondly, the results assisted the organisation to be more aware of the gap in counselling adult children of alcoholics. Support groups were established to assist these adult children in understanding and coping with their circumstances. Thirdly, the results were used to develop a training/counselling manual for managing and assisting young children with alcoholic parent (s) and adult children who were raised by alcoholic (s).

### **3.12 Conclusion**

This chapter focused on the methodology of the study. It focused on the following areas: sampling, participants, research setting, data collection tools and process, the approach the researcher used, trustworthiness, self-reflexivity and the significance of the study. The next chapter will present the data gathered and analysed.

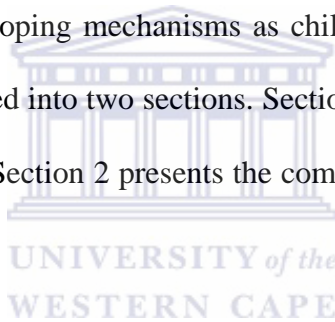


# CHAPTER 4

## RESULTS AND DISCUSSION

### 4.1 Introduction

The aim of the study was to explore the possible resilient factors which prevent young people, who have been exposed to parental alcohol abuse, from abusing alcohol themselves. The objectives of the study were to explore the experiences of young adults who had a history of parental alcohol abuse, find the factors preventing them from using alcohol and to explore their coping mechanisms as children. This chapter presents the results of the study. It is divided into two sections. Section 1 provides the demographical profile of the participants and Section 2 presents the common themes that were extracted from the research.



### 4.2 Section 1

#### 4.2.1 Demographic profile of participants

All the participants were willing to give their correct identifying details to the researcher. For the purpose of this study pseudonyms will be used, to provide some sense of confidentiality. All the participants were women and were older than 30 years. Some were married, some widowed or single. The following details will assist in creating a better understanding of the participants.

#### **4.2.2 Personal story of each participant**

For the purposes of gaining more insight into the participants' background, a short account of each participant's personal story is provided. The names have all been changed to pseudonyms for the purposes of anonymity.

##### **Ella**

*Ella grew up in Uitsig and shared a house with her parents, two sisters and one brother. They lived in a council house which her parents owned. Ella shared that both her mother and father abused alcohol and this caused great chaos in the family. Her parents always drank but it became heavier when she started school. Her father first started out drinking on weekends then it became every day, while her mother only drank on weekends. Ella remembered her father not being a talkative man, but when he was drunk would repeat the same thing over and over. He drank until he had a stroke, but still believed that he was in control of his drinking. Ella's brother and sister were affected by the substance abuse of their parents; they both started drinking at the age of 6 yrs and had total disrespect for their parents. Afrikaans is her mother tongue.*

##### **Letty**

*Letty grew up in Kraaifontein and lived there with her parents and with her nine siblings. She lived there until she got married at the age of 29. Letty's father drank every Friday and Saturday though she couldn't remember ever seeing him in a drunken stupor. She recalled that a behaviour change took place in later years when he became verbally abusive and at times aggressive. He also wet his pants, though he never stayed away from his work. The same father was experienced as a caring, protective and loving man*

*who provided for his family when he was sober. Letty said her brother unfortunately was mostly affected by her father's drinking and also started drinking. He has subsequently become an alcoholic. Most of the girls just buried themselves in their school careers and later in their professions. Afrikaans was her first language.*

## **Mona**

*Mona shared a council house with her parents and nine siblings in Parkwood Estate-Grassy Park. She stayed there until she got married and moved to Mitchell's Plain. Mona shared that her mother never drank but her father needed his bottle of wine every night. When she asked her father when he was going to stop drinking, he said he had been drinking like that before she was even born. She said he came home from work with his wine in his bag and would go straight to his bedroom and start drinking. After his second glass of wine he would start swearing at his sons who didn't want to work and would threaten to hit them and not give money for the household. Mona remembered her mother sending her to the room to go and ask her father for money for food. She also recalled how he would just give money for one night's meal and would go to work with the rest of his wages. She remembered her mother living in fear and her brothers becoming aggressive, just like her father. Mona said she was responsible for the discipline of her siblings as she was the eldest and they didn't pay much attention to her mother, because she was too soft. Mona's father used to shout from his house at the people walking past in the street when he was drunk. However when he was sober he was a completely different person. He would just sit in his chair and look at everyone. He would be very quiet. Mona says all her brothers followed what her father did and some of them even died because they were involved in violent lifestyles. It's only the girls that didn't start to drink so*



*much. She was the only one who totally abstained from alcohol. Mona's mother tongue was Afrikaans.*

### **Vera**

*She grew up in Ravensmead where she and her family shared a separate entrance. This place was on the premises of some family's house. At the age of 10/11 they moved into their own house in Mitchell's Plain. Her mother never drank and took the role of being mother and father. Her father drank over weekends and sometimes during the week. She remembered that it was about 4 beers at a time, but he wasn't aggressive. He would go and sleep when he was drunk. She remembered that only when her father was intoxicated would he show some interest in their well-being as his children. He would do this by asking all sorts of questions about their schooling, friends and interests. She said this would serve more as an irritation to them because he didn't care when he was drunk. Vera and her sisters decided to not let alcohol have such a negative impact on their lives, but her brother turned out the opposite; he was abusing both alcohol and dagga. Vera's mother tongue was Afrikaans.*

### **Nina**

*Nina was born in Worcester Prison and was then raised by her maternal aunt (her mother's sister) in Lentegeur – Mitchell's' Plain from the age of 3 days. She remembered being introduced to her biological mother at the age of 8. This was when her mother started coming around to the house where she and her aunt lived with their other extended family members. Both her mother and grandmother would be drunk and come and demand to see her. They wanted to hit her and threw stones at the house. She said*

*that her aunt (guardian) also drank, but she only noticed that her cheeks were red. Nina was not aware of how much her aunt drank. She said there was a time when her aunt wanted to throw both of them under the train when she (Nina) went to another aunt for advice. Nina recalled that it was twice as difficult for her as she had two “parents” who were abusing alcohol. She felt like the two parents were playing her up against one another. Her biological mother also lived in Mitchell’s Plain and she sometimes had to go with her for the weekends. She said this was especially scary as that household only existed to drink. She said all the people living there were drinking all the time. Nina said her mother was still drinking a lot up until that day and her brothers had followed this behaviour. They even have wives that also drank a lot. Nina spoke Afrikaans when she was growing up, but was currently using English as a first language in her own house.*

### **Sally**

*Sally grew up in Hanover Park. She lived with her parents, 3 sisters and 1 brother. Her mother was a stay-at-home mom due to her father not allowing her to work. Sally believed that it was due to his possessiveness. He worked. Sally remembered her father drinking every weekend and sometimes during the week. This behaviour was characterised by a lot of aggressiveness. Her father’s reason for drinking was that he had work stress. Sally’s father would drink with some of his friends in their garage. She remembered that they did not have a relationship with him as they feared him more than anything. Sally’s eldest sister bore the brunt of this by being hit most of the time. She fell pregnant at the age of 16 and was forced into marriage. Her brother was 42, had never married and followed in the footsteps of his father by drinking a lot. Sally spoke English as her first language.*

### **4.3 Section 2: Themes**

In order to understand the experiences that the participants had, five major themes will be discussed. They are as follows:

1. Challenges of having an alcoholic parent
2. Advantages of having an alcoholic parent
3. Support structures
4. Coping mechanisms
5. Preventive factors contributing to resiliency.

Each of these major themes includes sub-headings in order to explore it in-depth.

#### **4.3.1 Challenges of having an alcoholic parent**

Growing up in itself presents with a lot of challenges for any child. It is even worse when one has a parent(s) who abuses alcohol on a regular basis. The challenges that the participants experienced while growing up include emotional, socio-economic, developmental and disciplinary costs.

##### **a. Emotional costs**

The participants were subjected to different feelings which included fear, shame, aggression, anxiety and a deep sadness or unhappiness. The participants responded in the following ways regarding their feelings:

Fear:

**Mona:**

*Uhm...specific on a Friday night. I prepare myself that I'm not going to sleep there because I know its Friday night. He's terrible when he's drunk. My mother was sleeping in fear, waking up, everything was in fear in the house. My mother very...uhm she was living in fear*

**Nina:**

*I was afraid. I pulled back I think I covered myself. It wasn't a nice feeling. I remember I couldn't wait for the weekend was over. I was 8yrs old at the time.*

Sadness:

**Letty:**

*I just hated it. Because it brought a lot of heartache, loneliness and fear and anger when he was under the influence. I almost became isolated and lonely. I withdrew. At a stage I was almost anti-social because I couldn't invite...I didn't wanted to invite my friends home.*

Aggression:

**Sally:**

*He changed completely, be became very violent. Completely aggressive. I'm talking about plates flying, my mother flying. It was hectic. Look I think in general he's a short tempered person, but the alcohol definitely causes it to become really violent. And my mom got her hiding on time there was no doubt about it.*

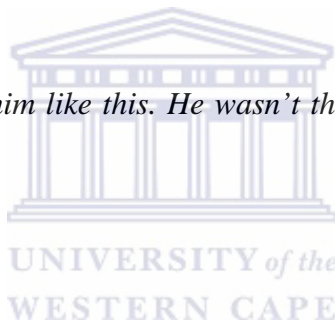
**Mona:**

*Ooh he's terrible. He starts swearing to my mom about the boys who don't work. Because he wants to fight with my brothers coz they don't want to work and they mustn't eat, but my mom gives them food. So if he sees it, then he fights with them and then he takes his tools out. He takes out to hit them. Pangas and everything and everybody must hide...because he's drunk. He came in the house with that expression on his face and he shouts..."waars my vriete" and "I want to eat now" and things like that.*

**Resentment:**

**Vera:**

*Resent that the alcohol made him like this. He wasn't the same when he was drunk and when he was sober.*



**Nina:**

*Ooh I hate alcoholics, I hate parents that drink. I just grasp onto anything that came my way. I showed a happy face, kept myself busy. I looked for attention. I always wanted to be seen. I used to hit the children. I would insult somebody so that I could come into trouble. It's also disappointing to see your parents drinking like that while you are growing up.*

**Shame:**

**Letty:**

*Ya, because when I went to high school I was very ashamed to invite my school friends. I was ashamed. There were only 2 friends I invited home – on a Sunday. So they never saw*

*him drunk. Initially I was very ashamed to talk about it and to tell people that I'm a child of an alcoholic.*

Anxiety:

**Letty:**

*No it was never nice. The atmosphere was tense and unbearable when he was drunk.*

**Mona:**

*I don't want to be in the house because I'm telling you it's a nervous thing to have a man like that in the house.*

**Sally:**

*He had a split personality, you don't know how he would come home, you don't know what to expect.*

Sadness:

**Sally:**

*There was an emptiness and it causes an insecurity when you have to speak to your peers.*

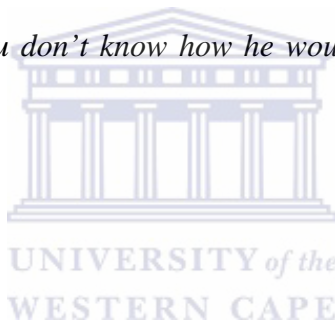
**Mona:**

*Shoo! It was bad. I didn't like it.*

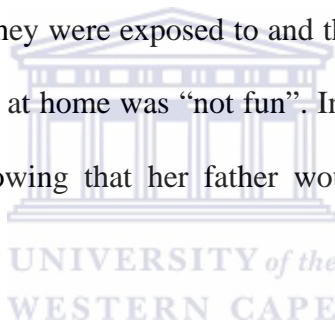
*No it was never nice when he was drunk. Never.*

**Ella:**

*I remember growing up in our house where we never spoke to each other about our pain or hurt never ever because my mother never verbalized her hurt or feelings.*



Clearly, the majority of the participants experienced a range of emotions such as fear, unhappiness, confusion and anxiety. Most of them made it clear that it was “not nice” when the particular parent was intoxicated. Almost all of them reported that they were too embarrassed to bring their friends home; they feared the behaviour their friends would be subjected to. In the alcoholic home chaos rules and the household is unmanageable. Children see their parents being intoxicated and being impulsive while unknown amounts of alcohol are being used. The environment is not secure as the parents’ behaviour is different when they are drunk to when they are sober. This instability can be traumatising to children, as was the case of the participants. They reported on the environments they were exposed to and the fears they had at those times. Mona shared that for her being at home was “not fun”. In fact she felt an intense anxiety when it came to Fridays, knowing that her father would be very drunk and exhibit unpleasant behaviour.



In O’Connor et al (1994), according to Cook (2001); Kaufman (1996); Tangney and Dearing (2002), shame can be considered when an individual’s perception of him/herself is seen as flawed. They generally tend to feel bad about who they are. Shame does not always have to be exposed to others, but can be internally experienced by the individual. The participants of the study therefore would not tell people they were feeling ashamed, but would just keep it to themselves and hide the truth of what was going on at home. Society seems to mirror the tendency of individuals to keep the experience of shame hidden, in the social discourse as well (Scheff, 1997).

However, just as shame can be a painful experience, it can also be healthy. Healthy shame can help individuals to monitor themselves, to recognise their limits, and adjust

their behaviour in the future. Thus, shame contributes to the development of the conscience. Shame makes people aware of indignities and inappropriate treatment being foisted upon them (Kaufman, 1996). Healthy shame is transitory and only temporarily distressing (Potter-Efron, 1993).

#### **b. Socio-Economic cost**

The impact on the family's socio-economic status can also be affected by the drinking of a parent, especially if he/she is the breadwinner. The individual abusing the substance can be using the money that is meant for the household to get more alcohol. The family can experience hunger and the children may have to go without the necessities for school.

#### **Ella:**

*Their focus was limited. They only thought of food and other things.*

“Hulle sou meer op ons toekoms gefokus het na matric. Ons het matric behaal maar niks verder het hulle beplan nie. Wanner ‘n mens nugter is dan het jy ‘n visie.”

#### **Sally:**

*If I think about it now I could have achieved more than what I did then.*

#### **Mona:**

*Ah ja.um we were like poor people because at school sometimes we didn't take bread because my father doesn't want to give money. And we just go to school like poor people, like poor children...we go to school like that. But the school uniform it was clean, but it*



*wasn't so nice. My mother couldn't ask my father, "This child needs a pair of shoes" or what. He won't give the money.*

Poverty is a major result of the misuse of finances by someone who abuses alcohol or drugs. They tend to spend their money inappropriately and the family seems to suffer because of this. The user may even lose his/her job, causing a greater lack of income for the family.

The participants felt the negative impact of the substance abuser's inability to act as an adequate provider. They felt that if their parents had not used alcohol, they would have concentrated much more on the future of their children, and the children could have achieved more than only a matric, in the case of Ella. Mona on the other hand had even less as her father refused to give money for food, let alone for school attire. She felt poverty in the sense of not having a school uniform that was decent. As a result of the incorrect spending habit of the user, the family suffered.

According to Grant and Litvak (1998: 107), the purchase of alcoholic beverages may interfere with the budget of a household or drunkenness may result in harm to a person or to property. The drinking could also cause health problems, which in turn causes absenteeism from work.

### **c. Developmental cost**

Each developmental stage of a child is crucial for the complete development into a secure and confident adult. The circumstances that adolescents find themselves in, could lead to risk-taking behaviours. Adolescents take risks as a result of poor social circumstances,

peer pressure, lack of adult guidance, and stress in their lives, as well as an inability to resolve problems. It is at this point that they appear to realise their low-self-esteem or feelings of insecurity as a result of the environment. These factors can also be seen as a non-resilient mindset, according to Brookes and Goldstein (2003).

**Sally:**

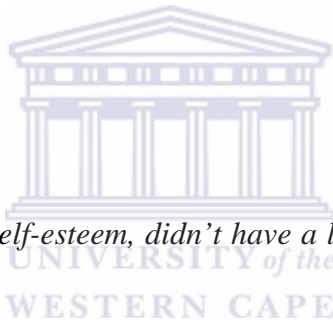
*It causes insecurity*

**Letty:**

*Initially I was very ashamed to talk about it and to tell people that I'm a child of an alcoholic.*

**Ella:**

*Like I said...I had a very low-self-esteem, didn't have a lot of friends. I didn't have faith in myself.*



**Nina:**

*And I know there were times when my grades dropped and I didn't know why my grades were dropping but it was because I was so occupied by other things.*

**Mona:**

*I was very quiet when I was in the house. I don't want to even to sang coz if you sang he would tell you, you must keep quiet.*

These children experienced levels of low self-esteem, their grades dropped and their personality was curbed by the circumstances they found themselves in. Their behaviour was also different. In terms of the physical development, children have a chance of being

born with Foetal Alcohol Syndrome (FAS). This is a birth defect that causes irreversible physical under-development in a child. They are most likely to suffer with low intelligence levels, retarded motor development, and facial and bodily appearance of mild retardation. Nina could identify that her grades dropped as a result of the “problem at home” that she had.

It is most likely at this point that the participants made the decision not to follow in the footsteps of their alcoholic parents. From their experiences and the stage they were in, they started to form meaning out of the situation. Their own personalities became more evident and showed insecurity, shame and a lack of self-worth.

#### **d. Disciplinary cost**

The abuse of alcohol by the parents causes the children of the household to lack discipline. It causes a disregard for the values that they are taught by the parents when they are sober. The parents’ behaviour is also different when they are drunk from when they are sober.

#### **Ella:**

*My brother and sister would only behave when my parents were sober. He started drinking at the age of 16 yrs then he started using dagga and then other drugs. My sister started at the age of 16yrs and with boyfriends.*

#### **Nina**

*My aunty was very strict .With my aunt my greatest fear was just to get everything done. Even tomorrows work I will do already so that you know you in the clear and just be safe*

*man. Do the right thing, pick up the teaspoon right do everything proper. Your pronunciation of words, don't use any type of languages*

Children will inevitably push the boundaries of discipline if they think they can get away with doing so. It is very difficult for an intoxicated parent to carry out his/her responsibilities as the disciplinarian. The lack of limits and boundaries can put children in a harmful position. According to Wagemaker (1980), children are confused when rules are not defined. They don't know where the limits are. Children who find themselves in that position will always try things until they find limits they can understand. In most cases they get into trouble not only with their parents but with others too. In the event that parents cannot apply self-discipline and self-control it may be difficult to teach their children those values. Self-control, according to Brookes and Goldstein (2003:259), is the cornerstone of a resilient lifestyle. When people do not apply a resilient mind, they are generally not able to apply self-control and self-discipline. In not doing so, they stand a chance to be vulnerable to an undisciplined lifestyle. It was difficult for Ella's brother to behave in an orderly manner when their father did not do so. His father did not model self-discipline to him and he therefore followed in his footsteps. However, Ella applied a resilient mindset of self-control and did not compromise on her health and her future. Nina's applications of self-discipline even when her aunt was intoxicated showcase her resilient mindset.

#### **4.3.2 Advantages of having an alcoholic parent**

Even though the challenges were there, some participants still found "benefits" in their parents' drinking as they did. Not all the participants felt that it was "nice" but, for an

eight-year-old child receiving sweets, money and the opportunity to be slack in discipline, having a drunken parent appears very attractive.

**a. Monetary**

**Nina**

*Ja, ja I think the time when I came home from the weekend with my mother, she bought me a whole lot of candy. I got off the bus and I was telling myself oh my gosh, this was the only time that I was with them that I actually enjoyed being with them was receiving the candy...the sweets.*

**b. Discipline**

**Nina:**

*When the friends were around and they were partying, you could just like lie a bit here and lie a bit there.*



**c. Routine**

**Nina:**

*You could get to stay outside perhaps a bit later because its summer and everybody else is still playing outside, you could steal a chocolate from the cupboard.*

When children grow up in a house where there are fights and fear, having the opportunity to stay outside longer seems like a luxury. Being able to compromise on the tasks that are expected of them, could be perceived as an advantage to a child being raised as strictly as in Nina's case. Her aunt always wanted her to perform her tasks to perfection. The

parents can also be more sociable, and the children can thus get away with things they would otherwise not be able to.

The drinking could serve as an advantage for the adults, but could be detrimental to the children. The children's discipline and routine were hampered. They did things like staying out late, not performing their tasks properly and lying, which they would not otherwise do. This is an indication that they were not self-disciplined and self-controlled and misused the times their parents were intoxicated. Self-control, according to Brookes and Goldstein (2003:259), is the cornerstone of a resilient lifestyle. When people do not apply a resilient mindset, they are generally not able to apply self-control and self-discipline. It is at this point that people are likely to neglect their values and priorities. They succumb to dishonesty, compromise fulfilling relationships with others, and display behaviour that is not in accordance with a resilient mindset. This is what happened to the participants. Nina showed signs of dishonesty (she lied), she didn't do her tasks as she should have, and neglected what was priority (being inside the house at an early hour).

### **4.3.3 Support systems and Coping mechanisms**

Growing up in such difficult circumstances, having a good support structure will contribute greatly to abstinence from substance abuse. The participants indicated various sources of support from people who supported them at the time. For some participants it was a few different people, while others had one significant supporter. Their support structure could include a family member(s), friend(s), teacher(s) and even other types of things.

**a. Family**

**Letty:**

*My second oldest sister. She was my mentor. She was always encouraging us to go for education, life with norms and values. Ja she was my support system.*

**Mona:**

*I would go to my aunts' house, sitting at my aunts' house or sleeping there.*

**Sally:**

*My mother. Definitely my mother. My mother was very supportive. She often tried to change the atmosphere. Try to make us feel happy. She played with us.*

**Nina:**

*It was only the aunt that died. She would guide me and always tell me what to do. She would always say to me I will talk to them. She would stand up for me. She would talk to them about how the drinking affected me.*

**Vera:**

*My mother was the most supportive. She motivated me not to give up, to keep praying for him. She told me "remember he is still your father".*

**b. Friends**

**Ella:**

*My friend, Jo-Ann, by listening. We shared our situation because her father also used to drink, so she understood what I was going through. I spent a lot of time at her place.*

**Sally:**

*I was young when I had a boyfriend. I was 14 and uhm we became really best friends. He came from a broken home. His mother, she reared him. They didn't drink in his*

*family. So he kinda became a support system an emotionally support. I mean I was 14 when I started but as I said the scars were still there. So that really kept me going. My friends' parents as well. They were also very supportive. They would often motivate me to stay sane.*

**Nina:**

*I had 1 friend that I took into my confidence. I had to speak to somebody. Her parents were also alcoholics. She could relate to me.*

**Vera:**

*I had a friend at school that was supporting me. She understood. She had the same problem.*

**c. Teachers**



**Sally:**

*Mrs. Adonis was my teacher. She often motivated me to go further with my sport. There was a Ms. Gelderbloem as well. Definitely teachers.*

**Vera:**

*My teachers were supportive*

**d. Other coping mechanisms**

**Mona:**

*To cope... Uhm I was putting u, we were listening to cd's in the house.*

**Letty:**

*We joked about it. We joked about my father's behaviour.*



*We had a lot of fun. During the week my father was sober. Uhm we had a lot of fun at home like my second oldest sister and my oldest brother. They were the clowns in the house. So in the evening we would all just gather around the radio and just have fun. You know laugh and jokes .they would have fashion parades and dress up so we had a lot of fun. I think that was also a coping mechanism. The laughter.*

**Sally:**

*I used to be at a Sunday school. James was my Sunday school teacher's name. I think he played a very important role in my life as well, because he was like a daddy figure.*

**Nina:**

*I started being open about it, I started talking about it. Ja I started talking about it not hiding it at all. But also encouraging others to come out of the closet.*

The participants identified the people who were their sources of encouragement, motivators and with whom they could just be “real”. They didn’t need to pretend because those people knew the circumstances and showed they cared about their well-being. The opportunity to be able to talk about what was happening in their household could also be seen as a form of coping. Stafford (1992:133) confirms that a stage towards surviving parental alcohol abuse is to admit to the situation. The ACA who can drop his/her denial about a parent’s alcoholism may move on to another stage of surviving. They shared their situations with a confidante and felt better after doing so. The participants also used humour as a stress reliever. In the case of Letty and her family, it was an outlet.

According to Fergus and Zimmerman (2005:399), resources and assets are promotive factors which can help the youth to avoid the negative effects that risks bring. The resources include parental support, adult monitoring or community organisations which promote youth development. These could include churches, sports or social clubs.

Evidence by Werner and Smith (1992) showed that at-risk adolescents and young adults who were born in poverty and had parents who abused substances, showed signs of a mental illness and substance abuse themselves. However, in later years a number of them who participated in a longitudinal study had changed into well-adjusted and healthy adults. The clue to this change was that they had at least one significant person who provided them with a secure basis to develop trust, autonomy and initiative.

The participants used the following methods to cope with the strain of living with an alcoholic parent.

**a. Sports**

**Letty:**

*The sports that I played. It helped to get rid of my frustrations.*

**Sally:**

*I was very into my sport. I think that was mostly what kept me going. My sport, I really gave it my everything.*

*Let me think...when I was in Std. 3-5 I actually did piano lessons, but I played hockey. I even made my provincial colors for hockey.*

**b. Religion**

**Ella:**

*At a young age I gave my heart to the Lord. I used to pray.*

*I kept myself busy with youth. I felt like I fit in there.*

*I prayed....*



**Letty:**

*I also became a Christian and that also helped a lot.*

**Mona:**

*When I was a bit older I pray in the house and I asked God to help my mother.*

**Vera:**

*I was in church quite a lot. I prayed and attended Sunday school, youth rallies. I had a relationship with God. It was the most important thing that got me through.*

### **c. Academics**

**Letty:**

*I loved reading. My sister encouraged us to go for education.*

**Sally:**

*I was always a top student, but like I said I worked hard to get my dad's approval so I did it at school.*

**Vera:**

*I threw myself into my schoolwork. I was a dedicated learner. I had good grades.*

### **d. Other ways of coping**

**Nina:**

*I showed a happy face, kept myself busy. I looked for attention. I used to hit the children. I would insult somebody so that I could come into trouble.*

**Vera:**

*We just accepted it. Have our own ways of coping. We tolerated him, didn't aggravate the situation.*

LaFromboise (2006:2) suggests that there are protective factors to protect vulnerable children. These include *family*, meaning having a warm and supportive family environment; *community* such as teachers, friends and neighbours; *culture* such as the group with which the child can identify him or herself; *intrapersonal and interpersonal* factors (Delgado, 2005) and the *gender and positive self-esteem* of the person (Gardano, 1998; Fergusson, & Horwood, 2001). Although Repetti et al. (2002) emphasise that risk factors could place children in vulnerable circumstances, the outcome for these children may not necessarily be bad. So therefore the combination of a good support structure and positive alternatives can really put an at-risk child in a better position to grow up as a healthy adult, as shown in the example of the participants.

#### **4.4 Preventative factors contributing to Resiliency**

The following factors assisted the participants in not following in the footsteps of their parents.

##### **a. Religion**

###### **Ella:**

*My relationship with the Lord kept me from becoming like my parents. My father also taught me 'don't do what I do, do what I say and I say don't drink.'*

###### **Mona:**

*I go to a church I join a church and I give my heart to Jesus and that helps me not to drink or smoke since I was young.*

## **b. Role-modelling**

### **Letty:**

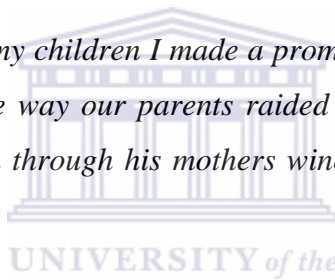
*And the reason why I don't want drink coz I'm not gona subject my children because the things that I went through growing up in an alcoholic home. I just know that I don't want my children to go through it. So that's the main reason why I decided at the age of 8 I will never drink.*

### **Sally:**

*I had a positive role-model, my teachers, my friend, my mother. And there was my sister also.*

### **Nina:**

*I wanted something better for my children I made a promise to my husband that we were not going to raise our kids the way our parents raised us. He also had a mother who drank a lot and he would even through his mothers wine out. My husband also doesn't drink.*



The participants had the ability to overcome the exposure of being raised by an alcoholic parent, and not become a substance abuser themselves. This suggests that they had a spirit of Resiliency. They had managed to grow into strong women in the face of their difficult childhood. They had different types of preventative factors which contributed to them being abstinent.

This included a personal relationship with the Lord (religion), being a good parent for their own children (role-modelling), and getting pep-talks from their parents (values). In the face of adversity, they succeeded in rising above all the challenges that they encountered. Religion in this case served as both a way of coping (or escaping) and a preventative factor in resilience.

### **In summary**

The findings suggest that the participants experienced various emotions which included fear, a deep sadness, shame and anxiety. Their development was also negatively affected and some reported that they were insecure and suffered from a low self-esteem. Though they experienced the challenges of having an intoxicated parent most of the time, there were also times when they found this situation advantageous. They received money and material things and they could slack on the levels of discipline. They enjoyed the change in their daily routine. The support systems that enabled the participants to cope contributed hugely to them not following in the footsteps of their parents by abusing alcohol themselves. These support systems included family members, friends and teachers. In some cases listening to music and just being open about the situation at home also helped them. The factors which contributed to further resilience were sports, academics, religion and in some cases having a good role-model. The final chapter will consist of discussions around the research, recommendations for further research studies, and the conclusion of the research study.

## CHAPTER 5

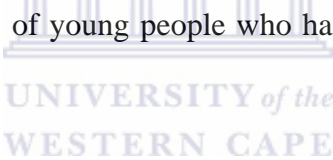
### CONCLUSION AND RECOMMENDATIONS

#### 5.1 Introduction

The final chapter presents the discussion of the findings as well as recommendations.

The aim of the study was to explore the possible resilient factors which prevent young people, who have been exposed to parental alcohol abuse, from abusing alcohol themselves.

The objectives of the study were to:

- 
- Explore the experiences of young people who have a history of parental alcohol abuse;
  - Explore the coping mechanisms of young people living with a (n) alcoholic parent(s).
  - Describe the factors preventing young people from using alcohol when their parents abused it.

The six participants who were interviewed were all women. They were “adult children” who grew up in an alcoholic household. All of them had a parent(s) who abused alcohol to the point where it affected their childhood life negatively. These participants were eager to share their stories, though it was difficult for them to be reminded about those years. The retrospective study was emotionally draining. Some were tearful while others were relieved to have had the opportunity to share their story. They described the

challenges and advantages of having an alcoholic parent. They could also point out the financial implications that the alcohol abuse had for their household and life in general.

The objectives of the study were met and summarised in the following ways:

## **5.2 The experiences of growing up with an alcoholic parent**

For children to deal with alcoholic parents on a daily basis was very unpleasant most of the time. The participants experienced various challenges while growing up in an alcoholic household. They experienced many emotional difficulties. Having to grow up in this manner resulted in them being very shy and ashamed of their home life, experiencing aggression and violence, feeling unhappy as well as anxious and fearful towards the alcoholic parent much of the time. This was reflected in their personality as having low self-esteem, being withdrawn and insecure, and becoming antisocial at times. The situation also caused developmental challenges for the participants. At the crucial stage of discovering their identity and making decisions, they also experienced the challenge of having to choose whether to follow in the footsteps of their parents or not.

The socio-economic difficulties could not be denied by the participants. The mismanagement of finances by the respective alcohol abuser led to the experience of poverty in their lives. They shared about the times they had to survive with the bare minimum. Having to go without bread and decent school attire are some of the aspects which they had to deal with. In all this, the participants also missed out on a stable family environment with routine and consistent discipline. Even though they had the freedom to bend the rules, they identified the challenge of a chaotic household when their parents were intoxicated.



### **5.3 Coping mechanisms of the child growing up with an alcoholic parent**

Through good support systems, the participants were able to cope with the challenges they were exposed to. For them, it was the encouragements, motivational messages and love that family, friends and teachers offered that kept them from following in the footsteps of their alcoholic parents. Having these people as support systems helped them to cope with the emotional and physical problems they encountered. Activities connected with religion, sports, and academics kept them occupied and helped them forget the unpleasant homes they came from. This also increased their sense of self-worth and faith that the situation might change one day.

For the majority of the participants, the faith aspect was the greatest coping mechanism. Majority of them shared that they committed their lives to the Lord at a young age. Attending church and participating in church activities enabled them to manage. It was an opportunity for them to escape from their home life and be with their peers. During this time they also prayed for a change in their parents' lives. Academic achievements were another way of coping with the realities of an alcoholic parent on a daily basis. Some of the participants whole-heartedly threw themselves into their school work and went on to tertiary education.

### **5.4 Preventative factors contributing to Resilience**

Resilience is the ability to experience a difficult situation and be able to make the best of it. It is being able to bounce back from adversities. The participants indeed experienced adversities while growing up. However, the factors that prevented them from following

the pattern of their parents enabled them to end up as resilient adults in spite of having been exposed to a parental alcohol abuser. A combination of factors has contributed to the resilient mindset of the participants as a whole. Religion, some positive role-modeling, a good friend (confidante), their desire to achieve well academically and an encouraging individual were all part of the resilient factors in preventing them from abusing alcohol themselves.

## **5.5 Summary**

In summary, a combination of factors influences the lifestyle of a person. Although people may be exposed to hardships and suffering in the early part of their lives, their future development does not necessarily have to be affected by it. The support of family and friends, as well as teachers, can make a positive impact and override the negative effects experienced. Although the norm is to follow in the footsteps of one's parents, these participants made a choice at an early age not to follow their parents' drunken lifestyle and destructive behaviour. They had experienced the devastating effects, and vowed not to expose their own children to such a lifestyle. Now as adults, their children benefit from the positive choices they made as young children growing up with alcohol-abusing parents.

## **5.6 Recommendations**

In the light of the findings and discussions, the researcher would like to offer the following recommendations. For organisations working with the counselling of alcohol abusers, family members also need to be hugely acknowledged for the contribution they can make in the therapeutic programme of the user. It is important that the counselling sessions do not focus solely on the user, but that in-depth sessions are arranged with the

children in a child-friendly environment and manner. It is especially important to concentrate on the strengths of the family, especially the children in that family. An increase of intervention programmes for children exposed to parental alcohol abuse could break the cycle of the abuse.

Greater focus should be placed on the quiet child, the child who excels in sport, and the well-behaved child, who progress well in academics, instead of only on the ones who present with behavioural problems. These “quiet” children also need a lot of attention as they could often go unnoticed by family and teachers because of the nature of their personalities. The researcher is aware that Narcotics Anonymous (NA) and Alcohol Anonymous (AA) have support groups for the family of the alcohol abuser. It is, however, important that the organisations which are primarily responsible for the therapeutic programmes also have support groups that they offer to the family members of their clients. It would be less stereotypical for people to attend these sessions than to go to an AA or NA programme.

This was a small sample of participants, and they in no way constitute the demographic population of the Western Cape. Thus the findings cannot be generalised to other groups of people. In addition, the participants were all women, and the experiences of men are not represented in this study. They all belonged to the “coloured” community and to the Christian faith. This is, however, only the beginning of exploring the experiences of children of substance-abusing parents, and further research is strongly recommended by the researcher.

Further topics for research could include:

- Exploring the different coping mechanisms of siblings exposed to the same alcohol-abusing parent.
- The attitudes and interventions of people to whom the children disclose their alcohol- abusing households.
- Exploring the resilient child's possible choices in terms of a alcohol-abusing spouse in the future.

## **5.7 Conclusion**

This was the fifth and final chapter. It gave with a brief summary of the objectives of the research project. It also included a summary and the recommendations which the researcher suggests. This information will be presented to SANCA, which is an organisation that specialises in the counselling of individuals with alcohol problems, as well as offering supportive services to their family members. Other institutions working with children and families could also benefit from this information.

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**APPENDIX A**

**LETTER OF CONSENT**

**AN INDIVIDUAL INTERVIEW WITH ADULT CHILDREN OF ALCOHOLICS**

This letter serves to give my consent to complete an individual interview with the researcher. It is an in-depth discussion about my experience as an adult child growing up with an alcoholic parent/s and our day to day communications and functioning with one another. The objectives of the study are to explore the experiences of young adults who have a history of parental alcohol abuse, describe the factors preventing young adults from using alcohol when their parents abused alcohol and to explore the coping mechanisms of young adults living with a (n) alcoholic parent(s). I am aware that I can withdraw from the study at any time should I not feel comfortable discussing the topic. I understand that the information will not be used against me or my family and will not cause harm to us. I understand that the information is private and will be managed confidentially and anonymously.

I ..... (the interviewee) give my consent to Ms. Mildrett Stevens (the interviewer) who is studying a M.A. Child and Family Studies to voluntarily participate in this study..

I understand that I give consent that the information gathered will be typed and be marked for interaction by the interviewer and his/her and lecturers, as it serves as a research study.

This letter was read and signed on .....day of .....month of the year.....

**Signature of interviewee:** .....

**Signature of Parent(s):** .....

**Signature of interviewer:** .....

**Witness:** .....

## **APPENDIX B**

### **INTERVIEW GUIDE**

Please give me some identifying details about yourself like your name, age, gender and your relationship status (single, in a relationship, separated, married or divorced).

What are your hobbies and dislikes now as an adult?

What were they when you were a child?

Talk to me about the place where you spend most of your childhood and adolescent years.

Who are the people that you shared the place with?

Where do you live now and with whom?

When you think back to your childhood years, can you remember seeing your parent(s) drunk and how often was that?

Thinking back do you remember seeing your parent (s) drinking and how was that time for you?

How often did they drink and do you have an idea of how much?

Where was the place(s) that they would mostly drink?

When your parent(s) were drunk what were they like (personality and behaviour).

What was the difference to when they were sober?

What were your greatest fears when you see that they were drunk?

Tell me what is your understanding of an alcoholic?

Was there ever a time when you thought your parent(s) were alcoholics and what made you think like that?

Were there times that you wished they would stop drinking?

Was there ever a time that you wanted to make them stop and what did you think you would do?

Have you ever spoke to them about stopping and when?

What were their reactions?

Was there a time that it was nice that they were drunk and why.

How did it affect you in at that time?

When looking back how do you remember their alcohol abuse affected your family as a whole?

Which members did it affect most and how?

In which way were you affected (school, friends, personality, emotions etc).

How did you cope in those times?

Did you ever use alcohol yourself?

What were the things you would do to cope?

How did it contribute to you not abusing alcohol yourself?

Where were the places that you would go to?

What were the types of people that supported you?

Who supported you most and in which way(s)?

What type of communication did you as a family have?

How did the family handle the addiction?

Was there any types of roles that you had to take on because of your parent(s) being drunk and what were they?

What was it like for you to have to do those roles?

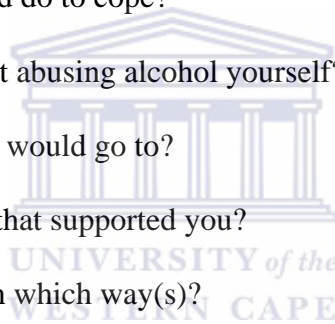
How did the external family members handle the alcoholic?

What was the community's response towards the alcoholic?

Did you have friends while growing up and did they know about your alcoholic parent(s)?

If yes, did they ever see your parent drunk?

What was their response?



If no, what made you not to tell them?

Was there ever a time that you thought you might end up like you parent(s) and what made you think so.

Now as an adult did you end up like your parent and what made you not to?

What would you say kept you from becoming like him/her?

Now as an adult when you realize that you are a child of an alcoholic, how does it make you feel?

What would you say to other children who find themselves in your position of growing up in an alcoholic household?

