Adult Children of Problem Drinking Parents: Experiences of Relationships

Soad Nasr

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Acknowledgements

For Mum, for your protection and self-sacrifice, without which I would not be where I am today. And for Dad, who has demonstrated that relationships can change for the better.

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Abstract

Difficulties in interpersonal functioning have been consistently reported in the literature as a proposed negative outcome for adult children of problem drinkers. The existing literature has largely privileged the quantitative paradigm, which has conceptualised this group's relationship functioning through theoretically driven categories and concepts. The result has been a predominantly negative picture lacking utility, as well as neglecting important contextual processes and the inherent complexity and fluidity of human relationships. The aim of this study was to gain a richer understanding through exploring adult children of problem drinkers lived experience of relationships. Semi-structured interviews were conducted with six individuals who grew up with at least one problem drinking parent. Transcripts of the interviews were analysed using Interpretative Phenomenological Analysis (IPA). Four main themes emerged across participants accounts: 'Moving from 'bewilderment' to seeking clarity and stability in relationships', 'Remembering feeling unsafe and finding safety in relationships', 'Moving from invisibility towards finding a sense of self' and 'Making a choice to change my relationships'. The findings offer an alternative understanding of this group's experiences of relationships which are discussed in relation to the existing literature. Clinical Implications and suggestions for further research are considered.

1.0 Introduction

Alcohol consumption has more than doubled in the U.K. over the past 50 years while alcohol misuse and dependency is on the increase (Alcohol Concern, 2014). Recent research estimates that 2.6 million children in the U.K. are living with parents who are drinking hazardously (Manning et al, 2009). The literature has generally indicated that both children and adult children of problem drinking parents (PDPs) are at a heightened risk of a host of psychosocial adjustment problems (Harter, 2000; Kroll, 2004; Park & Schepp, 2014). Interpersonal and relationship difficulties are one of the purported negative outcomes for this group with research indicating that adult children of problem drinkers (ACOPD) experience a higher incidence of relationship dysfunction than those who have not grown up with problem drinking parents (Michelle L. Kelley, Cash, Grant, Miles, & Santos, 2004).

This study seeks to explore the experiences that ACOPD have had of relationships. I will begin by discussing the use of terminology, I will then go on to discuss how I came to this research and my position within it. This will be followed by a review of the existing literature and concluded with the rationale for undertaking the present study.

1.1 Terminology

A number of terms are used to refer to parents' difficulties with alcohol in the reviewed literature. The dominant terminology is that of 'alcoholism'[1] referring to parents who have difficulties with alcohol as 'alcoholics'. Although the term 'alcoholic' is one which is the most socially familiar, I will endeavour to refrain from using it for this study for two reasons. Firstly, because it is linked to a disease model which locates the problem in the person and in doing so neglects to consider the possible origins of the problem which could potentially lead to advances in treatment and prevention. Others in the field share the view that the label 'alcoholic' over-simplifies and obscures a complex subject, ultimately hindering a more helpful understanding of it (Velleman & Orford, 1999). Secondly, the term 'alcoholic' is intimately linked to the diagnosis of 'Alcohol Dependence' in the Diagnostic & Statistical Manual (DSM VI), a diagnosis which is reliant on certain symptomatic criteria being met. However, for the purpose of this study, it was less important that parents met the medical definition of an 'alcoholic' as what was of key importance was that parental drinking was experienced as problematic for offspring and the family group.

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[1] Alcoholism is defined by the American Medical Association as 'a primary chronic disease with genetic, psychosocial and environmental factors influencing its development and manifestations' (Morse & Flavin, 1992).

For these reasons, and because the term does not fit with my epistemological position as a researcher, I have chosen to use the alternative term 'problem drinking' to refer to any use of alcohol which is experienced as problematic to offspring and the family group. Velleman & Orford (1999) have described this as a psychosocial definition linked to the idea that the drinking constituted a problem based on the opinion of close family members. As the focus of this study is on ACOPD it was felt that this term was appropriate (Vellman & Orford, 1999).

Therefore, for the purpose of this study I will also use the term 'adult children of problem drinkers' (ACOPD) to define adults who grew up in a home with one or more problem drinking parents, and problem drinking parent (PDP) to define a parent with drinking problems. Other terms which appear in the literature include: 'adult children of alcoholics' (ACOA), 'children of alcoholics (COA) 'children of problem drinkers' (COPD) and 'substance misuse'.

1.2 How I Came to This Study

In light of the importance of reflexivity in qualitative research (Spenser et al, 2006), transparency about how I came to this study is essential. Having never heard of the term 'adult children of alcoholics' it struck me when I first observed it in the title of Dove's 2013 study, which explored the experiences of ACOA. My interest was ignited because I personally identified with the term, having myself grown up in a home with parental problem drinking but not being aware that this group had been defined and was an object of research. The majority of Dove's participants spoke of experiencing difficulties with interpersonal relationships and this revelation made me curious, in particular about exploring what might account for these findings. I am very aware, therefore, that I have come to this study for reasons linked to my own experiences, interests, assumptions and beliefs. This has led me to endeavour to be as transparent as possible by writing in the first person rather than the anonymous third person researcher position which assumes neutrality (Webb, 1992). Maintaining a reflective researcher stance was important throughout the study and I will be returning to a consideration of my own position within the research in both the Method and Discussion chapters.

1.3 Review of the Literature

Electronic searches were conducted on a range of databases and search engines such as SCOPUS, EBSCO, Discovery Science and Psych Info. The google search engine 'google scholar' was also used as were reference lists of relevant books and articles.

The first phase of the literature search yielded studies which were mainly focused within an Attachment paradigm, reflecting its relative dominance within the area. A number of research terms were used in combination during this phase of the search e.g. 'adult children of alcoholics', 'adult children of problem drinkers', 'parental problem drinking', 'relationships', 'attachment', 'interpersonal', 'parental substance misuse' Later searches endeavoured to expand and explore alternative theoretical and clinical perspectives by searching through an over-arching family systems lens. A number of research terms were used in combination during this second phase in the search e.g., 'family members of alcoholics', and 'family relationships' 'family roles' 'codependence'. Studies which were included in the present study focused on the experiences of offspring of PDP and excluded experiences of the PDP as well as other family members such as partners or extended family in keeping with the research question. Both quantative and qualitative studies were selected. As the majority of the literature in this field is quantative, unpublished qualitative studies were also included as it was felt that they were highly relevant to the focus of the study (e.g. Dove, 2013; Bain, 2011; Botha, 2009). Studies were selected for each section of the literature review on the basis that they allowed the reader an overview of the contribution from each theoretical perspective.

In this review of the literature I present an overview of the existing ACOPD literature before going on to discuss the literature specifically linked to ACOPD and relationship functioning. This will begin with a consideration of Family Systems Theory and a review of the literature related to ACOPD and 'sense of self'. A review of the research into ACOPD's relationship functioning related to Attachment Theory follows before a brief discussion of the research related to relationship satisfaction and protective relationships.

1.3.1 Adult Children of PDPs

During the late 1970's and 80's ACOPD became known as a distinct clinical group with particular adjustment outcomes and specific treatment needs (Brown, 1988). ACOPD were said to be at increased risk of a variety of negative psychosocial outcomes including substance abuse, antisocial behaviour, depressive symptoms, anxiety disorders, low self-esteem and difficulties in relationships (Harter, 2000). The majority of the (largely quantitative) research focused on measuring the presence and level of purported negative outcomes leading to the idea of an ACOPD 'syndrome' (Brown, 1988) and creating a largely pathologising picture.

The majority of ACOPD research has focused on a comparison of two groups – individuals who did or did not grow up in a home with PDPs. Results have been largely inconsistent indicating the heterogeneity of this group and their experiences (Mothersead, Kivlighan, &

Wynkoop, 1998). ACOPD, as a result, have been categorised as either negatively affected and 'at risk' or unaffected and 'resilient' (Wolin & Wolin, 1993). This dichotomous distinction has been criticised as overly simplistic with the idea of a more fluid continuum between the positions of risk and resilience being put forward as a more helpful conceptualization of human experience (Palmer, 1997). In her review of the literature in 2000 Harter suggested that ACOPD risk of negative psychosocial adjustment also depended on mediating factors such as dysfunction in the family as a result of parental problem-drinking, co-morbid parental mental health issues, childhood abuse, and other family stressors.

Velleman & Orford (1999) believe that the level of 'family disharmony' is a crucial mediating factor in ACOPD risk of negative outcomes. In a UK based study in 1999 they conducted in-depth detailed interviews with 164 ACOPD and 80 comparison participants (non-ACOPD) and concluded that ACOPD were more likely to have experienced family disharmony. These findings suggested that in the absence of childhood family disharmony, ACOPD were no more likely to experience adverse emotional and relational outcomes than non-ACOPD.

However, in her recent U.K. based study, Dove (2013) identified that it is often difficult to separate these factors particularly if the conflict, disharmony, or other mediating variables such as abuse or domestic violence, only occur in the context of problem drinking. Velleman & Orford (1999) have also highlighted the difficulty of separating family dysfunction from parental problem-drinking.

As previously discussed, a large majority of the literature has been dominated by a quantitative paradigm which has focused on measuring the presence and degree of purported negative outcomes whilst defining ACOPD as either 'at risk' or 'resilient'. Dove (2013) highlights the limitations of this approach and the importance of gaining a more in depth understanding of how ACOPD have *experienced* being raised by parents who have a problem with alcohol and the meaning they have made of their experiences. She highlights that this kind of understanding is crucial to being able to provide adequate support for this group's needs. Through qualitative research which explored the experiences of ACOA, Dove (2013) uncovered themes such as: 'dealing with the loss of connection to parents', 'feeling hopeless and helpless', 'struggling to stay sane' and 'I know who I want to be more than I know who I am'. Dove also found that the majority of her participants spoke about difficulties they experienced in the area of relationships. This finding is in keeping with earlier quantitative research which highlighted 'difficulties in relationships' as one of the negative outcomes for ACOPD (Harter, 2000).

Interpersonal functioning (particularly in intimate relationships) has been highlighted in the literature as a potential area of difficulty for ACOPD (Haverfield & Theiss, 2014). It has been

suggested that due to parental problem-drinking, and the increased likelihood of family stress and disharmony in the family home, parenting practises are likely to be negatively affected, impacting COPD's experiences of family relationships and their sense of self. Existing literature suggests that this can result in negative outcomes for ACOPD in terms of relationship functioning, particularly in relation to attachment styles and capacity for intimacy and interpersonal boundaries (Harter, 2000). Below I discuss the relevant clinical and theoretical literature which falls under Family Systems Theory.

1.3.2 The Family Dance

Problem drinking is often referred to as impacting on the whole family (Ackerman, 1986). In light of this some of the literature has drawn upon Family Systems Theory (Minuchin, 1974) in an attempt to explore how the presence of PDPs can impact the relationship patterns and functioning of ACOPD as well as other family members. The family is perceived as a system in that a change in the functioning in one family member is automatically followed by a compensatory change in other family members (Bowen, 1974). The metaphor of a dance has been used to illustrate Family Systems Theory with members keeping in step and responding to each other's emotional rhythm, making the necessary adjustments and accommodations to maintain a sense of homeostasis and family integrity (Minuchin, 1974). Research by Steinglass et al. (1987) led to a model of the 'Alcoholic Family' informed by systems theory. This model proposed that the balance, regulation and growth of the family system could be profoundly altered by the presence of a problem-drinking member. Steinglass at al. (1987) posits that the family's attempts to accommodate the problem-drinking member can 'invade' and affect family routines and rituals, which are said to be instrumental to the emotional health of family connections and relationships (Steinglass et al. 1987).

1.3.3 Co-dependence

The theory of 'Co-dependence' links Steinglass' systemic ideas concerning the disruptive effect of problem-drinking to relational interactions within the family system (Beatty, 1987). Brown (1988) defines co-dependence as '*becoming submissive, controlled by and reactive to alcohol or the alcoholic as the central organising factor of the family' (p.47)*. In response to PDPs, COPD are said to monitor the family climate and engage in behaviours designed to minimise the conflict and chaos that often characterise the problem-drinking family environment. This is said to lead to rigid controlling behaviours centred around the PDP that interfere with COPD's individual growth and the later formation of healthy relationships (Bepko & Krestan,1985). As a result of these early family relational patterns, ACOPD are said to become *'individuals who organise their lives, decision making, perceptions, beliefs and values around something or someone else'* (Brown, 1988, p. 59). Common

characteristics of co-dependent individuals are said to be a tendency to be caretakers in relationships, a sense of strong dependency on others accompanied by generally weak relational boundaries, low self-worth and a need to control relationships due to a pervasive fear of abandonment (Beatty, 1987). In relationships, ACOPD have been described as tending to be *'placaters, who become caretakers, supressing their own emotional issues and needs to take care of others'* (Haverfield & Theiss, 2014, p.168). Importantly, Brown (1988) points out that dependence on others, and co-dependence, are not inherently negative or dysfunctional but a part of natural human development. The balance between an autonomous development of self and dependence on others is central to human emotional development. However, Brown posits that dependence and co-dependence in problem-drinking family systems can be more extreme and result in dysfunctional relational patterns.

A recent study (Haverfield & Theiss, 2014) conducted a theme analysis of experiences reported by ACOPD in on-line support forums. 'Romantic relationship problems' was one of the themes reported, a recurring aspect of which was a desire to 'fix' their romantic partner and could be linked back to their perceived desire to fix their PDP in childhood. ACOPD also expressed frustration in what they perceived as an inability to control their partners, or the relationship, and often feared that the relationship might end. These findings appear to map onto what has been already termed as co-dependent traits of control, a desire to rescue and a fear of being abandoned (Beatty, 1987).

The assumption that ACOPD develop co-dependency in adulthood was challenged by Fishser and colleagues (1992) who found that they did not differ in level of co-dependency from other adults. There have also been criticisms of the construct of co-dependency from a feminist perspective. Common characteristics associated with co-dependence such as caretaking, self-sacrifice and rescuing have been said to match traditional expectations of feminine behaviour (Hands & Dear, 1994) and, despite men being theoretically able to be categorised as co-dependent, some of the literature alludes to it being more of a female 'disease' (Anderson, 1994). Feminist writers have argued that attributing socially constructed 'feminine' behaviours and characteristics as an inadequacy or a disease is not only demeaning to women but acts to *'distract away from the need for social change'* (Hands & Dear, 1994).

1.3.4 Control in Relationships

The often unpredictable nature of the family environment in problem-drinking family systems has been linked to the importance of feeling 'in control' for ACOPD (Brown, 1988). Through her clinical research, Brown (1988) posits that although the problem-drinker is often the central organising principle in problem-drinking family systems, 'denial' of the problem-

drinking is also ever present in the family system. She suggests that this combination can create an 'illusion of control' which Brown says is juxtaposed against an unacknowledged reality that the PDP, and to some extent the family, is very much out of control. Clinical evidence suggests that PDPs' unsuccessful struggle for control over alcohol becomes internalised by COPD who then believe that they can cope with the family disharmony through controlling themselves and others (Beletis & Brown, 1981).

Brown also acknowledges that ACOPD may also fear replicating their PDPs by a perceived lack of control with the inability to maintain a strong and controlling stance in relationships being associated with weakness, dependence, and the 'abused' position. Woititz (2002) suggests that this results in a desire for control in relationships which can become an obstacle to the development of intimacy, limiting the ability to be authentic, vulnerable and share one's self. Harter (2000) reports that very few studies addressing this link have found differences in ACOPD and non-ACOPD samples, and those that have, have not controlled for potential confounds such as help-seeking status. In 2002 Beesley & Stoltenberg compared ACOPD and non-ACOPD for the need for control in relationships and found that ACOPD reported a significantly higher need for control as well as a significantly lower relationship satisfaction. However, these results ought to be viewed tentatively because, as with many studies in this area, participants were a convenience sample of undergraduate university students with a potential lack of romantic relationship experience.

1.3.5 Relational Roles

The family systems perspective has resulted in the conceptualisation of particular 'dysfunctional' family roles that members of problem-drinking families are said to play. The most prevalent classification of these roles, and those related to COPD, are those proposed by Wegscheider-Cruse (1989): *the family hero, lost child, mascot and scapegoat.* The *family hero* is said to usually take on responsibility for the wellbeing of the family early on. As an adult the *family hero* is said to neglect other areas of their lives, such as self-care and relationships, in pursuit of the values of their parents. The *lost child* is said to be one who withdraws and prefers to be invisible in the family; the needs of a *lost child* tend to be overlooked due to the family's attempts to cope with the PDP. As an adult the *lost child* is likely to maintain both a physical and emotional distance from the rest of the family. The *mascot* is thought to use humour to distract from and cope with family conflict despite his or her own suffering. As an adult the *mascot's* tendency to avoid confrontation of problems can affect interpersonal functioning. The *scapegoat* may frequently get into trouble as a way to distract from the underlying issues in the family as a result of the problem-drinking. As an adult the effects of these patterns of behaviour can manifest in poor academic and vocational performance, legal problems and substance misuse (Vernig, 2011).

Harris & MacQuiddy (1991) suggest that such childhood family roles can influence later adult personality, and the continued attempts to play the same roles in adult relationships can be detrimental to both emotional wellbeing and success of interpersonal relationships. Vernig (2011) suggests that although the roles can be seen to have a degree of face value validity, in that they may seem to fit with media stereotypes, they largely lack solid empirical support and have been conceptualised largely through personal observation and anecdotal evidence. Vernig (2001) suggests that due to the evolving nature of the modern family, as well as cross-cultural differences, being constricted to the rigidity of such roles, in the way we think about a family and work with them, may result in overlooking the complex, multi-faceted way families relate to each other.

1.3.6 Relational Coping Styles

Research in this area has also explored the different ways that ACOPD cope with their relational experiences. Velleman and Orford (1999) identified that one of the most common relational coping strategies used in childhood was 'avoidance'. Participants described coping by trying to physically avoid their PDP and described 'switching-off' as a form of mental avoidance. This detached style of coping was correlated with difficult transitions into adulthood and poorer adult mental health. It has been suggested that emotional defences such as strategies of detachment can be useful in childhood when there can be a sense of vulnerability and relative powerlessness but, carried into adulthood, can result in relationship difficulties (Werner & Johnson, 1999).

Family System Theory perspectives suggest that, due to their childhood roles in a family system being disrupted by parental problem drinking, ACOPD's relationships are inevitably influenced by particular dysfunctional characteristics such as co-dependency, control, and dysfunctional relational roles. However these claims appear to offer a predominantly negative and reductionist view of relational functioning which neglects the inherent fluidity and complexity of human relationships and the experiences and processes which may underpin such findings. Furthermore the possible positive outcomes which can be borne from ACOPD's experiences are also neglected. The following section will explore the possible impact on sense of self that growing up with a PDP can have.

1.3.7 Sense of Self

'Giving up a sense of self, or experiencing a diminished sense of self in reaction to an addiction system' (Black, 1982/2013, p.5-6)

1.3.7.1 A Loss of Self

The way we conceive of ourselves (our sense of self) has major implications on how we function in interpersonal relationships (Bowlby, 1969; Brown, 1988; Domenico and Windle,

1993). The implications of how a PDP might influence one's sense of self is an area which Dove's 2013 study suggests requires more attention. One of Dove's master themes - *'I know who I want to be more than I know who I am'* spoke of participants' sense of self and the feeling that their identity as adults had been influenced both positively and negatively through their relationship with their PDP. However some spoke of struggling to establish a firm sense of self in adulthood. This was particularly apparent in the sub-theme '*I'm still in the process of trying to figure out who I am'* where participants expressed a fragile sense of self and alluded to being still engaged in a process of finding out who they were. The sub-theme '*Needing others for validation'* captured some participants' tendency to refer to others when talking about their sense of self, which reflects what has been described in the theory of co-dependency as a tendency to focus on the 'other' to the detriment of self (Beatty, 1987).

Brown (1988) proposes that a 'loss of self' can occur when COPD spend their time constantly reacting to and focusing on their PDPs rather than having the space and opportunity to follow their own 'inner voice' and develop their own sense of independent identity. In reaction to this dynamic, Brown describes the development of a 'false self', which is bound to the needs and dictates of the PDP, and is often also based on a role reversal and a sense of parental responsibility on the part of the COPD; a phenomenon termed 'parentification' (Stein, Riedel & Rotheram-Borus, 1999).

Brown suggests that this tendency to focus on the 'other' may lead COPD to form their identity around the service they provide for their PDP. This makes it very difficult for them to emotionally separate from their 'alcoholic family' as separating may mean losing an established and important role and identity as a 'rescuer'. Lower 'differentiation of self' (the ability to separate from family attachments and express one's own individuality) was also found in ACOPD compared to non-ACOPD and linked with higher levels of anxiety in a study by Maynard (1997). Brown proposes that this potential emotional failure to separate from family or origin can become a barrier to forming later healthy intimate adult relationships. Brown also suggests that ACOPD may replicate their relationships with their alcoholic parents by choosing dependant or alcoholic partners.

1.3.7.2 Self-Esteem in Relationships

The literature has also indicated that ACOPD are more likely to have low self-esteem and that this is a factor which directly impacts on their relationship functioning. Domenico and Windle (1993) found that it was a negative sense of self in the form of low self-esteem which undermined ACOPD functioning in relationships compared to non-ACOPD. Bush, Ballard & Fremouw (1995) also compared ACOPD with non-ACOPD and found that ACOPD had

significantly lower self-esteem than non-ACOPD. Most participants in Dove's qualitative study also reported low self-esteem (2013).

In 2008 Rangarjan examined what she found to be variable findings in the link between parental problem-drinking and offspring self-esteem. She postulated that this variability may be accounted for by the fact that alcoholism lay on a continuum of seriousness and, therefore, the effects may be mediated by the level of family stressors and dysfunction present. Rangarjan found that the quality of attachment between the PDP and offspring, the level of family stressors, and the quality of open communication in the family all mediated the relationship between parental problem drinking and offspring self-esteem. While much of the earlier studies have focused on the possible negative outcomes related to ACOPD's sense of self, more recent qualitative studies, borne out of ACOPD's experiences, have identified positive aspects of self.

1.3.7.3 Positive Aspects of Self

In a South African qualitative study, Botha (2005) conducted participatory research exploring themes of identity in six female ACOPD. Participants reported feeling that their current identity as mothers had been shaped by their earlier experiences of parentification with their own PDPs. They also reported that their sense of a lost childhood had impacted on their ability to establish appropriate parent-child relationships with their own children. However, all participants also identified positive aspects of themselves and their identity which they attributed to their experiences of being an ACOPD. These qualities included a sense of drive, independence, and empathy for others as well as 'a drive to be better' which was reported to be the most significant and meaningful quality that participants attached to their sense of self over any other (Botha, 2005).

 Linked to this is Bain's (2011) finding that one aspect of self that all ACOPD participants reported developing was 'a striving to be the best that they could in all their endeavours' (Bain, 2011, p.104). Bain's (2011) narrative study examined elements of ACOPD experiences which they felt had contributed to their resilience. *'The Self: An Evolving Being'* was a theme which attributed participants' resilience to gaining a sense of independence. Participants described this allowing them to enter a process where they learnt what they wanted in life while being able to make their own decisions and become confident in their own abilities. Participants described this only being possible through an ability to 'detach' themselves, to a certain extent, from their PDP; this became an important aspect in being able to evolve as a separate being from problem-drinking and their PDP, and an important factor also in their capacity for resilience (Bain, 2011).

The literature has demonstrated that the experiences of ACOPD can result in both positive and negative aspects of self. Factors such as a 'loss of self' (Brown, 1988) and a tendency for low self-esteem (Domenico and Windle, 1993) have been said to influence ACOPD's capacity to maintain positive and healthy relationships. However the ability to detach from a PDP and gain a level of independence has been shown to contribute to positive qualities such as empathy for others, determination, and a drive to be 'better' (Botha, 2005, Bain, 2011).

More recent studies in the area of ACOPD and relationship functioning have focused on Attachment Theory as a framework for understanding this group's interpersonal and emotional outcomes (Bowlby, 1969). The following section will introduce Attachment Theory and discuss some of the related research.

1.3.8 Attachment Theory

The dominant approach in many research studies from the early 90's to the present day has been to examine ACOPD relationship functioning through comparing scores with non-ACOPD on a variety of attachment measures. The focus of the present study is not on attachment or assessing attachment style. However, attachment theory can be a useful model when thinking about relational experiences and is the dominant approach in the existing literature. Therefore, I include an overview of the findings from this perspective.

Attachment theory, conceptualised by John Bowlby (1969), is an overall framework for thinking about relationships and is historically linked to object-relations perspectives (Winnicott, 1971). Bowlby highlighted infants' needs to develop and sustain close relationships and proposed that successful interaction with the caregiver was fundamentally important to provide children with a 'secure base' for exploration and self-development (Lemma, 2006).

Attachment theory suggests that through repeated interactions with primary caregivers infants form internal working models or 'schemas' of self and others in interaction (Bowlby, 1969). An insecure attachment is associated with unresponsive or inconsistent care giving which can result in the child having to develop strategies for managing the perceived unresponsiveness. Infants experiencing an insecure attachment are said to be likely to develop a less coherent sense of self and view themselves as unworthy of love and support and others as unreliable and untrustworthy (Lemma,2006).

As a result of observational research (Ainsworth et al., 1978), two general attachment classifications were proposed: secure and insecure, with the insecure classification being

divided into two sub-categories: avoidant and anxious-ambivalent (see Table 1 for definitions of classifications of adult attachment). These classifications describe different responses to seeking care as well as internal working models that regulate internal experience of self and others in all later relationships (Lemmas, 2006). Attachment style is said to be relatively stable across life (Hazan & Shaver, 1987). Researchers have noted that when changes do occur in attachment classifications from infancy to adulthood, it is usually associated with negative life events experienced within familial, occupational, and interpersonal life domains (Waters et al, 2000 as cited in Resch, 2012).

Table 1. Adult Attachment Styles (based on adaptations by Hazan & Shaver (1987) and Bartholomew (1990))

Attachment Classification	Description
Secure	Finds it relatively easy to get close to others and is comfortable depending on them. Doesn't worry about being abandoned or someone getting too close to them. Doesn't worry about being alone and is comfortable being both autonomous and intimate.
Anxious - Ambivalent	A desire to be completely emotionally intimate, but others often reluctant to get as close as they would like. Is uncomfortable being without close relationships but often worries that others don't value them as much as they value others. Often worries that partners don't really love them or want to stay with them.
Avoidant	Is uncomfortable getting too close to others. Fearful – desires close relationships but finds it difficult to trust and depend on others. Worries will get hurt if allows self to get too close to others. Dismissing – is comfortable without close relationships. It is very important to feel independent and self-sufficient and they prefer not to depend on others or have others depend on them.

1.3.8.1 Attachment and ACOPD

Attachment Theory has been used as a tool to explore the interpersonal and relational problems which have been associated with ACOPD (Jaeger, Hahn, & Weinraub, 2000). It has been argued that growing up in an 'alcoholic family' (Brown, 1988) makes it less likely that COA receive the consistency and nurturance necessary to form secure attachments, placing this group at risk of interpersonal functioning difficulties in adulthood. Jaeger et al (2000) argue that Attachment Theory brings coherence to some of the clinical descriptions of parenting in families where there is parental problem-drinking. That is, a lack of consistency, responsiveness, and nurturance, a denial of children's feelings and needs, parent-child role reversal and, in severe cases, physical and emotional abuse (Brown, 1988). Jaeger et al (2000) identify that these are similar characteristics described by Bowlby as being responsible for insecure attachment relationships. Both Woititz (1983) and Ackermen (1989)

maintain that clinical descriptions of adult outcomes of parental problem drinking, which include feelings of unworthiness, difficulties establishing and maintaining intimate relationships, and increased risk for anxiety and depression, are very similar adult outcomes of insecure attachment (Bowlby, 1980). As attachment measures allow for a measurable psychological construct that could link parental problem-drinking with the development of relational problems, they have been used abundantly within the existing literature. In the next section I will present the outcomes of some of these studies.

1.3.8.2 Attachment Studies

Due to the plethora of studies which have used attachment measures as their focus, I will summarise earlier findings first before detailing more recent studies. Between 1990-2000, research into the relationship functioning of ACOPD generally followed a predictable pattern of comparing attachment classifications for samples of ACOPD and non-ACOPD (Brennan, Shaver & Tobey, 1991; El-Guebaly, West, Maticka-Tyndale & Pool, 1993; Vungkhanching, Sher, Jackson & Para; Jaeger, Hahn, & Weinraub, 2000). Results appeared to unanimously indicate that compared to non-ACOPD, ACOPD were more likely to have an insecure attachment style. However, there were contradictions between studies in terms of specific insecure attachment classifications (e.g. Brennan et al, 1991 & Jaeger et al, 2000). Furthermore many studies relied on convenience samples of undergraduate university students (Brennan et al, 1991; Jaeger et al, 2000) rendering results more difficult to generalise and posing the question as to whether this age group (18-21yrs) have enough relationship experience, or are at an appropriate stage in their development, to be able to provide a coherent picture about their relationships and attachment styles. Some studies also used samples from a help-seeking clinical population (El-Guebaly, 1993), increasing the potential for uncontrolled mediators and moderators which may have accounted for the findings over the ACOPD status alone. Studies also used a variety of different constructs and operational attachment measures (*Adult Attachment Measure (AAM; Hazan & Shaver (1987) AAM Bartholomew (1990)), Reciprocal Attachment Questionnaire (RAQ; West & Sheldon, 1988), Adult Attachment Interview (AAI, Main, 2008)* which makes comparison of results across studies problematic and so paints a confusing picture of findings (Harter, 2000).

In more recent studies, Kelley et al. (2008) looked at female ACOPD and female non-ACOPD and their attachments to both parents using the Parental Attachment Questionnaire (PAQ; Kenny, 1987). They found that female ACOPD affected by maternal problem-drinking reported more negative parental relationships than female non-ACOPD. Interestingly there were no significant differences found in parental relationship quality between female ACOPD with problem drinking fathers and female non-ACOPD. These results appear to support the

idea that attachment outcomes are worse when the PDP is the primary care-giver (usually the mother in western cultures). The fact that having a problem-drinking father did not appear to make a difference to daughter-parent attachment quality suggests that an attachment to a non-problem-drinking primary care-giver could be a protective factor for ACOPD (Werner,1986, cited in Jaeger et al., 2000).

A later study by Kelley et al. in 2010 also examined the gender of the PDP, but in relation to both 'general' and 'romantic' attachment styles of female ACOPD and female non-ACOPD. They used the 'Relationship Scales Questionnaire' (RSQ; Griffin & Bartholomew 1994) to measure general attachment and the 'Experiences in Close Relationships-Revised' (ECR-R; Fraley, Waller, & Brennan, 2000) to measure romantic attachment style. Results indicated no differences between groups in general attachment style. However, consistent with previous literature (e.g., Jaeger et al., 2000; Michelle L. Kelley et al., 2004), when compared to non-ACOPD, ACOPD reported significantly greater insecure attachment styles in romantic relationships. Daughters with problem-drinking mothers reported significantly greater avoidant attachment styles than non-ACOPD. However, when daughters with problem-drinking mothers and daughters with problem-drinking fathers were compared, there were no significant differences in attachment style.

These findings contradict earlier findings (Kelley et al., 2008) that maternal rather than paternal problem drinking is more detrimental to ACOPD later attachment security. It could also, however, indicate that attachment to the non-PDP may not always act as a buffer to attachment security. It has been highlighted that non-PDPs may be preoccupied by their partners' addiction and as a result might have difficulty maintaining an emotionally supportive relationship at home as a result of this (e.g., Miller, Smyth & Mudar, 1999). A recent study (Resch, 2012) had similar results, finding that ACOPD reported more insecure attachment styles, but that no significant differences were found between maternal and paternal problem drinking. Resch described finding both avoidant (fearful and dismissive) and anxious-ambivalent attachment styles.

Generalisability of Kelley et al.'s findings are questionable due to an all-female undergraduate student sample who were mostly heterosexual and un-married. Similarly Resch (2012) used a sample which comprised of undergraduate and graduate university students. It is also possible that the assumed link between early experiences with a PDP and later romantic attachment styles could be moderated by later negative as well as positive relational experiences, which is not taken into account by these studies nor the attachment studies overall.

A recent UK-based qualitative study explored the lived experiences of ACOPD (Dove, 2013). *'Difficulty being close to others in adulthood'* was one of the themes which emerged. Participants described difficulty trusting the opposite sex, difficulty understanding how relationships worked, fear of abandonment, fear of being intimate, low self-worth, difficulty expressing feelings, and an inability to be vulnerable. Out of the six participants in the study, five reported such difficulties were not in a relationship at the time and expressed little hope of being in a relationship in the future. Dove acknowledges that many of the factors reported by participants correlate to insecure attachment styles, supporting the existing attachment-based quantitative research. On the whole, attachment based studies in this area so far have demonstrated inconsistent findings, yet all report that ACOPD are more likely to have an insecure attachment style when compared to non-ACOPD.

However, it is also acknowledged that participants did not report global attachment difficulties and that the complex interactions of these factors could lead to difficulty classifying participants into specific attachment categories as past studies have sought to do. Furthermore, quantitative self-report measures may be limited in how accurately they capture the complexity of relational patterns which, as discovered by Dove (2013), do not always neatly fit into pre-defined categories.

It is important to note that the assessment of attachment in the existing literature is restricted to a category-based model. Criticisms of such an approach include the notion that pre-determined categories may serve to restrict findings, as opposed to a more open and encompassing model of a single continuum measure of emotional security (Cummings, 2003). It has been argued that reliance on categorical assessment of attachment could skew findings as attachment profiles which do not neatly fit into a defined category may be forced into one. A category-based assessment may also fall short in the representation of more dispersed results and so fail to capture a broader picture of attachment possibilities.

In terms of context, Attachment Theory was developed during a time when women were being encouraged to take on a care-taking role at home as opposed to participating in the workforce. This has been linked to what some have suggested are patriarchal under-tones, with the dominant idea that the bond between mother and child was purely biological as opposed to also socially constructed. These ideas minimised the contribution of other care-givers and relationships, placing sole responsibility for the mental wellbeing of an individual on the maternal figure (Franzblau, 1999).

Furthermore potential influences across the lifespan from other important relational experiences and the effects these experiences could have on individuals' internal working models of relationships have not been considered.

1.3.9 Relationship Satisfaction

Attachment theory proposes that relationships can be experienced differently depending on an individual's attachment style, which can in turn affect levels of relationship satisfaction (Mikulincer & Shaver, 2007). Some studies have indicated that ACOPD report less satisfaction in their intimate relationships than non-ACOPD. A study in 2002 found that ACOPD reported significantly lower levels of relationship satisfaction in their then current intimate relationships than non-ACOPD (Beesley & Stoltenberg, 2002). However results from this study, as from the attachment research, capture a score on a measure, a cross-sectional snapshot, which may not do justice to the complex and evolving nature of how we experience relationships, self and others; longitudinal or qualitative-based methods may be more suited to exploring such complexity.

Later Kearns-Bodkin & Leonard (2008) conducted a longitudinal study which utilised a much larger sample to examine the impact of both paternal and maternal problem-drinking on the relationship functioning of couples during their early years of marriage. Results showed a similar picture, that in comparison to non-ACOPD, ACOPD reported lower marital satisfaction and that this impacted most strongly when the PDP was the opposite gender to the participant. Kearns-Bodkin & Leonard suggest that their findings may indicate that offspring look to their opposite-gender parent for information on how to interact with members of the opposite gender in their adult relationships. When this parent is a problem-drinker, the child therefore has an inadequate model for learning how to engage in these opposite gender interactions. Limitations of this study include the fact that the first few years of marriage represent a very specific developmental transition; findings may have been different during a more settled and stable period of the life cycle. Although the study alludes to ACOPD experiencing higher levels of relationship dissatisfaction, there is no indication as to the specific factors which underlie this, something the authors agree is in need of further exploration. A more recent study (Resch, 2012) examined both attachment style and relationship satisfaction of both ACOPD and non-ACOPD in their current intimate relationships and found similarly that ACOPD reported more insecure attachment styles and lower relationship satisfaction than non-ACOPD.

In terms of relationship satisfaction all studies reported very similar findings, however, as with the attachment studies, there appears to be a limit to what these results are actually able to tell us about how ACOPD experience relationships. While quantitative studies such as these are very apt at reporting and contrasting differing levels of particular constructs in contrasting samples (such as attachment and relationship satisfaction), they stop short of exploring the more complex factors which may underlie these results. ACOPD literature has

also acknowledged the significance of positive and protective relationships for this group and the next section will explore this.

1.3.10 Protective relationships

The role of non-PDPs has been found to be an important factor affecting outcomes for ACOPD relationship functioning (Haverfield & Theiss, 2014). The neglect often experienced from a PDP can be exacerbated if a non-PDP become completely focused on their partners' needs (Reich, Earls & Powell, 1988). However, if the COPD relationship with the non-PDP is stable, warm, and supportive and provides monitoring, this has been found to be a strong protective factor for COPD (Molina, Donovan & Belendiuk, 2010).

Relationships that ACOPD have experienced throughout their lives as offering support, connection and protection is a theme which has emerged in the literature. Some recent qualitative studies have cited the maintenance of some positive relationships for both COPD and ACOPD as significant protective factors which contribute to this group's resilience (Bain, 2011; Hall, 2008). In a qualitative study, Hall (2008) interviewed 32 self-identified Black American ACOPD to examine whether other significant family or non-family relationships in their lives had affected their experiences as ACOPD. Experiences of poor communication and emotional unavailability had led them to seek and develop supportive relationships with adults other than their parents. Hall's study highlighted the way in which supportive adult relationships served to benefit and buffer COPD from the possible negative outcomes they felt they were likely to face (Hall, 2008). In a later narrative study, Bain (2011) sought to explore factors which ACOPD felt helped them cultivate resilience. One of the major themes she found was titled *'Support Systems'* in which participants spoke of the importance of feeling connected to others throughout their life through relationships with family, friends, and other sources of support. Participants described these supportive relationships as being ones in which they felt they could freely express feelings, receive positive responses, develop feelings of worthiness, and a sense of connection (Bain, 2011). It appears that for ACOPD supportive protective relationships outside their relationship with their PDP is an important protective factor.

1.4 Conclusion and Rationale for the Study

Existing research shows that ACOPD experience difficulties in interpersonal relationship functioning when compared to non-ACOPD. The literature claims that these difficulties have their roots in the development of problematic attachment styles and dysfunctional family roles. However, many studies have utilised samples from which findings are difficult to generalise and both attachment theory and theories of co-dependence and dysfunctional

family roles have been criticised for offering a predominantly negative and category-based view of this group's relationship functioning.

So far, research studies and clinical literature in the area of ACOPD and interpersonal relationship functioning has also been predominantly quantitative in nature, utilising various assessment measures to operationalise relational processes such as attachment styles, relationship satisfaction and pre-defined relational roles. Existing research has been very theory-dominated, as opposed to participant-led, possibly restricting findings by limiting the representation of participants' experiences. Furthermore, the literature seems to be limited in what it actually informs us about this group's relational processes. We learn that ACOPD are more likely to be more insecurely attached (Kelly et al, 2010), more likely to experience less relationship satisfaction (Beesley & Stoltenberg, 2002), and more likely to operate within particular dysfunctional roles (Wegscheider-Cruse, 1989). However, these findings stop short of exploring the relational experiences and processes which may underlie these findings and so do not attempt to help us to understand how we can best support this group.

As a result, the literature in this area seems to neglect the inherent fluidity and complexity of human relationships. This dominant approach also neglects that relationships are interpersonal and contextual processes which cannot easily be reduced to static scores of individual characteristics (Knudson-Martin, 2012) and, when they are, the data seem to lose relevance and utility. Qualitative methods are concerned with exploring the complexities and nuances involved in human relational processes with an openness to the possibility of novel data emerging, something which is restricted by quantitative methods.

Dove's qualitative research into the lived experience of ACOPD was an opportunity for ACOPD to give voice to their experiences. Part of what participants chose to talk about was their experiences of relationships, both with their PDP as well as other relationships in their life. Most participants in Dove's study spoke of negative experiences of adult romantic relationships and linked this to their childhood family relational experiences. Participants also alluded to a fragile sense of self which, given its relevance to relationship functioning, Dove suggests requires further research. These results appeared to, in part, support earlier quantitative findings. If Dove's findings are to be taken seriously, then it would be important to understand in greater depth what may underlie them, especially due to the link between quality of relationship functioning and mental health issues.

It is widely clinically accepted that the ability to develop and maintain close positive relationships is an important protective factor for general mental health (Dominico & Windle, 1993), rendering this group vulnerable to possible mental-health problems. However, current available services for ACOPD and COPD do not reflect this. Generally, services have tended

to focus on the individual problem-drinker over the specific needs of family members. Current NICE guidance (2011) for family and carers of problem-drinkers advises a carer's assessment be offered followed by the provision of information on how best to support the problem-drinker. If needed, one session of guided self-help is suggested. If this is not deemed sufficient, then family sessions may be 'considered' which comprise a maximum of five sessions focusing mainly on the needs of the family (NICE, 2011). Positive relational experiences are also an important promoter of resilience in this group (Bain, 2011). Given the lack of treatment and services aimed specifically at this group, further research into this area might inform interventions and support for both COPD and ACOPD.

There has been a lack of qualitative research into this area and a historic dominance of quantitative research driven by theoretically informed categories and concepts. An exploratory qualitative approach would allow ADOPD to give voice to their experiences of relationships and would be important in helping us to gain a more nuanced insight into this group's experience of relationships. It is therefore the aim of this study to explore ACOPD's experiences of relationships, and their sense of self in these relationships, through the following research questions:

- **What are adult children of problem-drinking parents' experiences of relationships?**

- **How have adult children of problem-drinking parents' experiences of relationships shaped their sense of self?**

2.0 Methodology

In this section I will introduce Interpretative Phenomenological Analysis (IPA), the chosen methodology for this study. I will go on to describe my position within the research. This will be followed by a description of the process of recruitment, sample demographics, ethical considerations, data collection and analysis as well as issues of quality in qualitative research. Given the qualitative nature of this study it was felt that beginning with a discussion of the 'design' before 'participants' would allow for a more logical flow of ideas, despite this structure going against APA guidelines. As IPA's sampling procedures are very much related to it's idiographic theoretical underpinnings it was felt that an understanding of this would be relevant before describing the process of recruitment and sampling.

2.1 A Qualitative Approach

As discussed in the previous chapter,the majority of studies in the area of ACOPD and relationship functioning to date have relied heavily on quantitative methods, reducing individuals' experiences to numerical scores and categories on a variety of measures. In contrast, qualitative methods, which rely on naturalistic verbal reports, allow for a more detailed and exploratory analysis of the personal and social experiences of individuals (Smith, Flowers & Larkin, 2009). Qualitative research allows for 'experience to be expressed in its own terms, rather than according to predefined category systems' (Smith et al, 2009, p.32). Nomothetic quantitative approaches are concerned with the statistical analysis of numerical data to arrive at generalized laws of human behaviour (Yardley, 2008) while qualitative methods are able to retrieve, analyse and capture the lived experience of the individuals who provided the statistical data in the first place (Smith et al, 2009). Being exploratory in nature (Barker, Pistrang & Elliot, 2002) and with an aim to capture in-depth, rich, descriptive accounts of individuals' experiences of relationships, I feel that this research, which is concerned with exploring ACOPD lived experience of relationships, is best suited to a qualitative approach.

2.2 Interpretative Phenomenological Analysis (IPA)

IPA was considered the best suited qualitative methodology for the present research. The theoretical and philosophical foundations of IPA will be discussed followed by the rationale for choosing IPA for this study.

IPA is an approach primarily concerned with the detailed examination of an individual's subjective lived experience, and how individuals make sense of their experience (Smith, 2011). Within this paradigm it is held that there is a connection between embodied experience, talk about that experience, and an individual's making sense of, and emotional reaction to, that experience (Smith, 1996). IPA has its theoretical roots in phenomenology, hermeneutics and idiography.

Phenomenology is a philosophical approach to the careful examination of subjective human experience in its own right. However, IPA does more than just describe experience, it realises that there is no direct route to another's subjective experience and that this requires a level of engagement and interpretation on the part of the researcher. This links to IPA's hermeneutic aspect. Hermeneutics is the theory of interpretation and recognises that access to subjective experience is always reliant on what participants tell us about their experiences, and that getting 'experience close' requires the researcher to actively interpret and engage with an individual's account of their experience (Smith, 2011, p.10). Smith makes reference to a 'double hermeneutic' within IPA, whereby the researcher is trying to make sense of the participant trying to make sense of their experiences (Smith, 2011). The idea of co-construction is acknowledged within the qualitative paradigm where the researcher will inevitably bring their own experiences, values, beliefs and biases to the interpretative process. The ability to be transparent about this through being reflexive is a central tenant within the IPA methodology and this is achieved through endeavouring to 'bracket' one's own experiences as far as is possible (Ahern, 1999).

IPA's concern for the 'particular' and its commitment to case by case in-depth analysis over making more generalised claims at the group or population level denotes its ideographical leaning (Smith et al, 2009). IPA is not unconcerned with generalisations, however it arrives at these from the starting point of the particular. 'The particular eternally underlies the general; the general eternally has to comply with the particular' (Hermans, 1988, p.785). IPA then is committed to the understanding of particular individual experience, in a particular context through delving into the particular; it is believed that this allows us insight into the essence of human experience, and is a means of getting closer to the universal (Smith et al, 2009). This commitment to idiography explains the purposive sampling and small sample sizes which are characteristic of IPA.

Narrative analysis was considered alongside IPA as a possible method for the study as it shares IPA's commitment to meaning-making (Smith et al, 2009). Narrative analysis is concerned with the stories people tell about themselves over time, and in particular how these stories are constructed, organised and presented, as well as how they may link to

broader societal contexts and discourses (Riessman, 1993). While the temporal aspect of the Narrative method would have been useful in exploring ACOPD experiences of relationships over time, it was felt that it wasn't suitable. IPA's commitment to capturing an insider perspective on participants' lived experiences and on how they make sense of their experiences is more in line with the research aims and focuses less on the sequential events of an individual's story and how this may link to broader societal discourses as Narrative analysis does (Riessman, 1993). Furthermore IPA is a method which, due to its relative structure and guidelines, offers containment which appeals to a novice researcher (Smith et al, 2009). It was important to me that my research was exploratory with the focus not limited to existing knowledge, but instead open to new and unanticipated data being allowed to emerge; IPA allowed for this approach.

2.3 Reflexivity

A strength of qualitative research is that it engages with individuals' subjectivity and this makes it important for the researcher to be transparent about their own subjectivity and position; to enable readers to make judgements on the interaction of this with the research process (Carter & Little, 2007). 'Reflexivity' refers to an awareness of how the researcher's personal experiences, values, assumptions and beliefs may influence a study (Spenser et al.2006). In the introduction chapter I explained how I came to be personally interested in this study. Being a self-identified ACOPD, and therefore an 'insider researcher' questions of reflexivity, objectivity and authenticity are even more important (Kanuha, 2000) as it could be argued that I am too close to, or too similar to those being studied. I am a 36 year old white Scottish-Lebanese middle-class female who was born in the south of England where I grew up before spending some of my childhood in Lebanon and Scotland. My father has been a problem-drinker for as long as I can remember and I feel that this was a factor which significantly influenced my up-bringing, family life, sense of myself and my experiences of family relationships.

Throughout the research process I remained aware of my status as an 'inside researcher' and attempted to bracket my experiences through the use of a reflective diary and regular supervision. However, I also became aware that this position could offer something positive and creative. It may have helped me to step into my participants' shoes and get close to trying to understand their lived experiences; a position which is in keeping with the theoretical underpinnings of IPA (Smith et al. 2009). Epistemologically I approached and conducted this research with an awareness that in many ways the data I obtained were co-created with my participants. I am aware that my own experiences, interests, and the

questions that I asked may have influenced the data. I am also aware that the interview data captured one moment in time, and that any differences in time or place may have resulted in some differences in the data. However, despite this I did feel that during each interview a space was created which allowed participants to clearly and uncompromisingly tell their story. I felt strongly that each participant had a story to tell and that they endeavoured to communicate it to me in a way which was authentic and true to their own experiences and perspective.

2.4 Participants

2.4.1 Recruitment

In line with IPA's idiographic approach, which is concerned with gaining an understanding of particular phenomena, in particular contexts, a 'purposive' sampling procedure was followed to recruit participants for the study (Smith et al, 2009). Purposive sampling involves accessing and selecting participants based on their ability to share a perspective on a particular experience under study. In this respect the purposive sample represents a 'perspective' rather than a general 'population' and sample sizes are small to enable a detailed case-by-case analysis (Smith et al, 2009).

Initially, I planned to recruit through relevant support organisations such as Al-Anon and Adult Children of Alcoholics (ACA). However on reflection it was felt that focusing on a non-help-seeking population would be more beneficial for the study (Harter, 2000).

Adverts for the study along with my contact details were placed on 'Study net' - the University of Hertfordshire's intranet (appendix 1). The opportunity was taken to advertise the study through social media: the social networking sites 'Twitter' (appendix 2) and 'Facebook' (appendix 3). Twitter produced two interested participants, one of whom participated in the study. Facebook produced three interested participants all of whom went on to participate in the study. An e-mail (appendix 4) with an advert for the study attached (appendix 5) was also snowballed to a list of contacts which produced three interested contacts, one of whom participated in the study.

Participants who expressed interest were sent a participant information sheet (appendix 6) and after reading it were asked to contact me if they still wished to participate. At this point a conversation was held with potential participants to confirm that they met the inclusion criteria and as an opportunity to answer any questions or concerns. If appropriate, an interview was arranged at a location which was chosen by the participant. Before interviews commenced participants were given the opportunity to ask questions, ethical procedures were reviewed with them and they were asked to sign a consent form (appendix 7).

2.4.2 Inclusion Criteria

In order to participate in the study participants were required to be over the age of 18 years and to have experienced growing up in a family home with a least one parent who had a drinking problem. Being 'self-identified' indicated that participants had reported experiencing parental drinking as a 'problem' for them within the family home and this method of selection was used as it was more in keeping with the phenomenological subjective approach in contrast to the CAST measure which many previous quantitative studies have previously used.

2.4.3 Exclusion Criteria

Participants were unable to participate if they were currently residing with their problem-drinking parent, were currently problem-drinkers themselves, had experienced physical or sexual abuse, were currently experiencing severe mental health difficulties, were deemed vulnerable or who were not English speaking.

2.4.4 The Sample

The final sample consisted of six self-identified adult children of problem-drinkers. Interviews lasted for one and a half hours on average and were very rich. This appeared to do justice to participant's stories. As a result of the richness of the data, and in light of the scope of the study, it was felt that six interviews would be sufficient for the analysis (Smith et al., 2009). The sample consisted of four females and two males. Two of the six participants described themselves as White British, two as White Other/Mixed and one was British-Chinese. All of the participants were in long-term committed relationships with five married and one engaged. All participants were aged between 33-40 years old with one exception at 55 years of age. Three participants identified their father as the problem-drinker while two identified their mother as the problem-drinker. One participants identified both parents as problem drinkers. Table 1 provides participant demographic information

Table 1: Participant Demographics and Context

Name (pseudo)	Age	Gender	Ethnicity and socio-economic status	Parent identified as problem-drinker	Context
Gabi	40	Female	White Other movement from working to middle-class	Mother	Lived with mother and brother, and for a period, step-father. Is currently Married with a young child.

Dave	55	Male	White British middle-class	Mother and Father	Lived with mother and father as a child, is the youngest sibling so spent a lot of time alone with parents at home. Is currently married with two older children
Tessa	36	Female	White British middle-class	Mother	Parents divorced so lived on her own with mother as a child as was youngest sibling. Is currently married with two children.
Lisa	38	Female	White Scottish working class	Father (with mother sometimes drinking with father)	Lived with both parents and two sisters. Is currently married with 3 children.
Tani	33	Female	British-Chinese working/middle class	Father (started problem-drinking when Tani was a teenager)	Lived with both parents and sisters. Is currently married.
Glen	35	Male	White Mixed middle-class	Father	Lived with both parents and two siblings, was the eldest sibling. Is currently engaged to be married.

2.5 Ethical Considerations

Ethical approval for the study was granted by the University of Hertfordshire Research Ethics Committee (appendix 8). This research also complies with the British Psychological Association (BPS) Code of Conduct, Ethical Principles and Guidelines (2009).

2.5.1 Informed Consent

All participants were provided with written and verbal information about the study and given the opportunity to ask questions either via e-mail, phone or in person. The participant information sheet provided key information about the study including its purpose, method and confidentiality procedures. Participants were also informed of their right to withdraw from the study at any point and without consequence. Informed consent was also insured by confirming that participants had read the information sheet and by reviewing the consent form with the participant before they signed it and proceeded with the interview.

2.5.2 Confidentiality

Participants were informed of issues of confidentiality and its limits through the participant information sheet. This was also discussed in more detail prior to the interview while reviewing the consent form. Participants were made aware that any identifying information such as names and places would be changed for the purpose of anonymity. Participants were also made aware that demographic information would be kept separately from the interview recordings and that recordings and transcripts would be kept securely and confidentially. Participants were informed that the interview would be transcribed, and where a transcription service was used that this would be a reputable one who would be bound by a confidentiality agreement (appendix 9).

2.5.3 Potential Distress

Due to the sensitive nature of the research topic, it was acknowledged that participants may potentially experience distress by reflecting on difficult memories and feelings as a result of the research interview. In order to minimise potential distress to participants, the semi-structured interview schedule was piloted with one of the aims being to gain feedback on the sensitivity of the questions. The potential for distress was also documented in the participant information sheet and spoken about with the participant prior to the interview. Participants were informed of their right to stop the interview at any time or request a break. A time for debrief was provided on conclusion of the interview where participants were given some space to reflect on the personal impact of the interview. In addition they were given a debrief form which provided a list of contact details for support services should they feel they required further assistance (appendix 10).

2.6 Data Collection

2.6.1 Semi-Structured Interview Development

A semi-structured interview schedule was developed based on the aims of the study and in consultation with research supervisors. Guidance on IPA interview schedule development was also sought (Smith, 2007).

2.6.2 Pilot Interview & Service User Involvement

A pilot interview was conducted in order to elicit a service user perspective (Szmukler, Stanley & Kabir, 2001) through feedback on the appropriateness and usefulness of the questions and structure of the interview. As a result of this and in line with IPA methodology, particular questions were amended as they were felt to be too abstract and explicit in nature. Questions were amended to be initially more open and general, followed by more explicitly framed prompts if needed (Smith, 2007). Please see appendix 11 for examples of how questions were changed and refer to appendix 12 for the final interview schedule.

2.6.3 Interviews

Participants chose where they would like the interview to take place based on where they felt most at ease. Two participants chose to be interviewed at home, one at their work location, two chose independent locations and one by Skype video link due to their geographical location. The first 5-10 minutes of the interview was used to reiterate the aims of the study, how I came to the study, confidentiality and consent issues and check if participants had any questions before proceeding. Participants were also asked some demographic questions prior to the interview.

The Interview schedule was used flexibly to allow for a detailed participant-led exploration of experiences and a space for novel avenues to arise (Smith et al, 2009). Interviews lasted between 80-90 minutes. Following the interview, participants were debriefed and given a debrief sheet. Reflective notes, including process issues, initial impressions and thoughts were recorded directly proceeding the interviews to aid with reflexivity during the data analysis stage (see appendix 13 for examples).

2.7 Data Analysis

Interviews were audio recorded and transcribed. Although interview questions were slightly modified after the pilot interview, this interview was included in the sample as it was felt that the data were relevant to the research question. One interview was transcribed by the researcher and five by a transcription service. Interviews were analysed using IPA and

following the procedure described by Smith et al. (2009). The analysis process was also informed by supervision and peer supervision.

2.7.1 Individual Case Analysis

Given the idiographic nature of IPA, the first stage of the analysis involved analysing each transcript individually. Transcripts were transferred into a table which consisted of four columns. The first was a space for reflective comments, the second contained the interview data, the third a space for exploratory comments and initial codes and the final a space for emergent themes. The first step of the analysis involved 'immersing' myself in the data through active engagement with each participant's life world; this was followed by a more interpretative stage, bringing my own interpretation to participants' experiences (Smith et al, 2009).

I did this by listening to the recordings and then reading and re-reading while making initial notes to the right of the transcript about what was interesting or significant about the data. This was followed by making more detailed notes on successive readings and coding the data for associations and connections, the semantic content and the use of language, similarities, differences, contradictions and preliminary interpretations. The next stage involved moving to a higher level of interpretation and abstraction by transforming the initial notes into emerging themes and noting these in the right hand column. Smith et al (2009) notes that this stage involves an intricate balance of capturing the essential quality of what was found in the data while staying close enough to the text to be able to link emerging themes back to the actual words of participants. Participants' actual words were used as far as possible to name emerging themes which is in line with IPA's phenomenological stance.

Emergent themes were then listed chronologically, analysed for their connections, and drawn together to reflect the most interesting aspects of participants' accounts. This was a creative and fluid endeavour which, although not prescriptive, was also in part guided by Smith's suggested processes of abstraction and polarization (Smith et al, 2009). Emerging themes were drawn together into 'clusters' defined by a 'super-ordinate' theme that best captured their essence and meaning. In order to ensure that themes were grounded in the text, extracts from the data were chosen to represent each theme and this was presented in a table.

2.7.2 Cross-Case Analysis

This stage involved looking at themes across all participants for patterns, connections, convergences and divergences. Clustered themes across all six interviews were combined and reduced in order to reflect themes at the group level. A final table of master themes, subordinate themes and extracts from the transcript provided a framework for understanding

ACOPD experiences of relationships; this was used as the basis for writing up the results of the study. In the results section participants' verbatim extracts have been used to illuminate and illustrate master themes from the analysis. For an example of the full analytic process / audit trail please see (appendix 14).

2.8 Quality in Qualitative Research

It has been acknowledged that traditional criteria for evaluating the reliability and validity of quantitative research do not easily apply to qualitative methods (Barker et al. 2002) due to their fundamental epistemological differences. A number of alternative guidelines and criteria for evaluating quality in qualitative research have been developed (Elliot, Fischer & Rennie, 1999; Yardley, 2000; 2008; Spenser, Ritchie, Lewis & Dillon, 2003). Yardley's (2008) four broad principles: *Sensitivity to context, Commitment and rigour, Coherence and transparency & Impact and importance* were chosen to evaluate the present study.

2.8.1 Sensitivity to Context

Sensitivity to the overall context of a study, through taking into account the relevant theoretical and empirical literature, is important in the process of formulating a research question which addresses a relevant gap in current knowledge (Yardley, 2008). In the present study, a detailed review of the literature culminated in the identification of a gap in understanding which then assisted in the formulation of a relevant research question. The literature reviewed was not limited to the discipline of Clinical Psychology, but included varied relevant disciplines such as Health and Social care, allowing for triangulation of knowledge from different fields in the literature. Yardley (2008) states that good qualitative research must also show that it is sensitive to the perspective and socio-cultural context of participants, as the way that researchers engage with participants can potentially influence the data. Conducting a pilot interview assessed the relevance and sensitivity of the questions, while using open-ended questions ensured sensitivity to participants' perspectives by allowing participants to respond freely about what was important to them. The flexibility of this approach encouraged new topics to emerge (Yardley, 2008).

In considering the possible impact on participants of researcher characteristics and settings for the interview, participants were given the choice of location for the interview in order that the setting was one which felt comfortable. I also chose to disclose my ACOPD status when describing how I came to the study as I felt that this reflexivity may put participants at ease and dispel the possible barriers posed by more of a distant professional / academic status. Sensitivity to the data at the analysis stage was ensured through IPA's idiographic approach (Smith et al. 2009) which considers each transcript in isolation as well as recognising

previous emergent themes. This allowed the data to be open to different interpretations, and complexities, and disconfirming instances to be recognised instead of the imposition of my own categories and meanings (Yardley, 2008). Sensitivity to context was also ensured through grounding analytic claims in the data through the use of verbatim text extracts (Smith et al., 2009).

2.8.2 Commitment and Rigour

Yardley (2008) describes this principle as comparable to the quantitative idea of 'validity' – the importance of demonstrating that an analysis has had sufficient breadth and depth to be able to deliver additional insight into the topic of research. The use of semi-structured interviews with open questions allowed the freedom and flexibility for new ideas to be explored. A rigorous in-depth process of analysis was undertaken by careful study and adherence to the model outlined by Smith et al. (2009) as well as on-going supervision, attendance at formal IPA peer supervision groups and frequent informal peer supervision. Triangulation was possible through discussion of themes in supervision and IPA peer supervision groups. Two transcripts were read by my supervisor who was in general agreement with the emergent themes. The breadth of data analysis was demonstrated by an analysed sample transcript and audit trail.

Methodological competence was ensured through attending speciality lectures on IPA, consulting a range of relevant literature as well as regular attendance at a university-based IPA support group consisting of three other trainee Clinical Psychologists and a very experienced IPA researcher. An additional IPA peer support group was attended at the Tavistock Clinic. In-depth engagement with the literature as well as my relevant personal and professional experiences have sustained my engagement with the research topic. I was also able to bracket my level of engagement with the topic to ensure that my own experiences and assumptions did not prevent participants' voices being heard. I also kept a reflective diary throughout the process of data collection and analysis to aid in the process of bracketing. See appendix 15 for an excerpt from my reflective diary during the analysis stage.

2.8.3 Coherence and Transparency

The coherence of a study refers to the extent that it makes sense as a consistent whole (Yardley, 2008) and demonstrates internal consistency between epistemology, methodology and method (Carter & Little, 2007). In the present study the introduction and literature review provides a sound rationale for the study and its qualitative nature. This is then followed with an outline of the theoretical underpinnings of IPA along with a thorough consideration of why IPA was chosen for this study.

The transparency of a study relates to both the presence of a clear and coherent argument as well as clearly presenting to the reader what was done in a study and why (Yardley, 2008). The process of IPA analysis, and the audit trail of the analysis provided in appendix 11, demonstrates transparency for the reader. Included in the audit trail are tables of themes which are matched with their corresponding transcript extracts, also used frequently in the write up to illustrate and explain theoretical interpretations. This allows the reader to assess the fit between interpretations made and the actual data. The continued use of a reflective diary during the data collection, analysis and discussion stages also aided in the transparency of this study.

2.8.4 Impact and Importance

Yardley (2008) points out that ultimately ensuring that a study meets certain quality criteria is only meaningful if the study can be useful in some way and have an impact. A strong argument for the rationale of the present research was documented in the Introduction and Literature Review sections. Suggestions will also be made in light of the findings as to how this study can contribute to clinical practice in a way that is helpful for clients.

3.0 Results

In this section findings from the Interpretative Phenomenological Analysis (IPA) of the six interviews which sought to explore adult children of problem drinkers' experiences of relationships, will be presented. Four master themes emerged from the analysis:

1. Moving from 'bewilderment' to seeking clarity and stability in relationships.
2. Remembering feeling unsafe and finding safety in relationships.
3. Moving from invisibility towards finding a sense of myself.
4. Making a choice to change my relationships.

Details of the corresponding subordinate-themes are summarised in the table below:

Master Themes	Subordinate-themes
Moving from 'bewilderment' to seeking clarity and stability in relationships.	- Remembering feeling 'bewildered' 'Second-guessing' myself - Experiencing 'moments of love' makes it difficult to be 'black and white' - Valuing stability and clarity in relationships
Remembering feeling unsafe and finding safety in relationships.	- Remembering feeling unsafe 'Sitting on a volcano' 'Cut-off' to 'Stay Safe' - Finding safety
Moving from invisibility towards finding a sense of myself.	- Feeling invisible - Moving towards my 'self' - Moving towards a stronger sense of self made intimacy possible
Making a choice to change my relationships.	- Finding opportunities for growth in new relationships - Choosing to do things differently in relationships - Relationships are good now

3.1 Moving from 'bewilderment' to seeking clarity and stability in relationships

This master theme reflects the sense of confusion and bewilderment that many participants experienced in relationship with their PDPs. This confusion was linked to childhood lack of understanding about the effects of alcohol on behaviour and a problem-drinking 'amnesia' experienced by parents, which served to invalidate participants' experiences of reality. This led some to question and blame themselves. Furthermore this 'amnesia' contributed to a parental relationship which was experienced as fragmented in nature. As well as confusion within the dyadic child-PDP relationship, participants also spoke about confusing and uncomfortable family dynamics which arose as a result of the problem-drinking.

A complex and ambivalent relationship with their PDPs due to their changeable personalities and the 'moments of love' experienced amidst the pain was also mentioned. As a possible reaction against the 'bewilderment' and complexity of earlier family relationships, many participants described valuing a different approach to adult relationships, and being drawn to relationships which could provide stability, honesty and clarity.

3.1.1 Remembering feeling 'bewildered'

This theme speaks of a sense of confusion, distress and fragmentation that many participants spoke of experiencing in their relationship with their PDP. This was in part due to a lack of childhood understanding about the effect of alcohol on their parents' behaviour, and was compounded by their PDPs sometimes being unable to recall their own behaviour, or being in denial about it. As a result most participants described a distressing sense of 'bewilderment' and complexity, and were only able to gain a more enlightened perspective as they got older, often only naming the difficulty as problem-drinking retrospectively.

> *"It wasn't until I was about 24 that I suddenly realised 'ahhh ok, I think I understand this now, she has a problem with alcohol'. (Gabi)*

> *"Looking back on them as an adult, you know, there's a different perspective. But you don't know everything that's going on when you're a little kid…you're wondering what the hell is going on." (Dave)*

By expressing a delayed realisation about their parents' problem-drinking, Dave and Gabi alluded to the fact that they will have spent time as a child where this link was not explicit. This experience was expanded on by participants Tessa and Gabi who described a sense of desperate confusion and distress due to their PDPs' behaviour:

> *"Always when she would be drinking … she would say lots of crazy things and do lots of crazy things and you'd say the next day like 'you've done this'. 'No no no, you did it to me'. You know, it was always like 'no no no no no, this happened because of you'. And you're like no it happened because of you. And I, because at that age I*

didn't drink, I didn't, you don't know how alcohol affects you so you, you're kind of like why are you saying this, like how can you not remember, it's like you did this to me, you did this to me. And she just was like, "no no it's like that." (Tessa)

Describing her problem-drinking mother's behaviour as *'crazy'*, indicates that, as a child, Tessa did not comprehend the reasons for her mother's behaviour. Tessa goes on to describe her confusion at having her own experience invalidated by her mother who insisted on a conflicting account of her reality. This sense of bewilderment and distress is echoed by Gabi when she describes her experiences with her problem-drinking mother as a child:

"Suddenly something would bug her and she'd get me out of bed…and er….accuse me of something…there was a lot of paranoia and it might be that I'd talked to the neighbours, or that I'd said something bad about her...or I hadn't changed my knickers the day before, or... I hadn't had a bath, so she'd get me up to have another bath……weird, you know and as a child I couldn't fathom what it was but she would go round and round the same circle and her language was very repetitive and I couldn't, I didn't, it was, it was bewildering, I didn't know how to shut her up and it wasn't until I cried….she got what she needed and then it would somehow stop, miraculous thing.." (Gabi)

The words *'weird'* and *'miraculous thing'* as well as Gabi's fragmented speech *'and I couldn't, it didn't, it was'* seems to mirror Gabi's sense of confusion, distress and feeling overwhelmed by her mother's behaviour. She goes on to talk about a sense of discontinuity she experienced because *"When she (her mother) was abusive she wouldn't remember that."* It appears that the 'amnesia' suffered by Gabi's mother as a result of her problem-drinking, and the resulting lack of acknowledgement of her behaviour, meant that part of Gabi's experience was 'blacked out', forgotten and therefore, invalidated.

"Maybe if my mother had of made reparation after she had been mean, but there was never any reparation, there was never any acknowledgement of it, so presumably she blacked out" (Gabi)

Gabi spoke later in her interview about how this experience had affected how she experienced her later adult relationships:

"And fundamentally…..I've never had that 'sorry' from my mother and I think that when I don't get that from other people, it actually destroys relationships."(Gabi)

Tani also expressed a sense of exasperation and confusion due to experiencing some of her problem-drinking father's behaviour:

"I was just so upset, so upset, not because I thought yeah what you're saying is true cos I didn't. You know it was because of, why are you saying stuff like that?" (Tani)

Although Tani's statement *'why are you saying stuff like that?'* seems to express confusion, she also states clearly that she was aware that what her father was saying wasn't true. This makes her experience of confusion qualitatively different to Tessa's and Gabi's. Tani, unlike the other participants, didn't experience her father's problem-drinking as a child, but only

later on as a teenager and adult, and therefore, unlike Tessa, Gabi, Glen and Dave, she possessed the cognitive capacity to understand what was influencing her father's behaviour. This awareness did not necessarily make Tani's experience less distressing, in fact she demonstrated her distress by frequently becoming tearful during the interview. However, it does appear that the kind of 'bewilderment' and confusion experienced as a child, who does not possess this awareness, may add another layer to the sense of confusion experienced, and therefore compound the distress of having one's experience invalidated and not understanding why.

Glen also referred to experiencing his problem-drinking father's 'amnesia':

> *"Yeah but if you're drunk all the time you don't understand that you were doing this or that yesterday." (Glen)*

For Glen, his father's 'amnesia' affected his ability to have a continuous and meaningful relationship with him. Instead it became a series of disconnected fragmented episodes; a relationship only able to exist in the present instead of a seamless story of connected experiences allowing Glen and his story to be 'held in mind':

> *"But it will always be more of like some guy you knew rather than you know, somebody that you were really close with who you could say in a conversation like "oh is this because of that thing you did last year", because he wouldn't remember what you did last year. He was constantly living in the moment." (Glen)*

This theme captures participants' sense of confusion and distress in response to their PDPs' behaviour, and how, for some of them, a childhood lack of awareness about the effects of alcohol compounded this. It highlights the invalidation participants experienced as a result of their PDPs' 'amnesia' and 'denial', and also the sense of discontinuity and fragmentation which coloured some of their relationships. Having one's experiences continually invalidated and contradicted, and not being held in mind due to a fragmented relationship, raises questions about the capacity for participants' to develop a coherent and stable sense of self.

3.1.2 'Second-guessing' myself

Continuing from the previous theme, many participants spoke of the confusion and invalidation they experienced which led them to question themselves and their own experiences of reality. This theme also reflects a sense of blame and responsibility that many participants reported feeling as a result of these confusing and contradictory experiences; for some, this sense of blame and questioning of self has persisted into adulthood. Tessa communicates the confusion she felt when her problem-drinking mother would repeatedly skew her experiences by *'turning'* them around, and by so doing, invalidating her perspective. Her words *'you can't really make sense of it'* speak of her sense of confusion which ultimately leads her to question her own experience:

> *"You know she was always turning it and as a small child you sort of think well maybe I am, you know, maybe I do this. Maybe it was all my fault, you know like as a very small child, it's so confusing when your own parent says that to you. You can't really make sense of it." (Tessa)*

In her interview, Tessa repeatedly spoke of a sense of guilt and blame that colours her relationships to this day:

> *"I always felt guilty, I always did feel like it was sort of my fault. I dunno, you know. And I feel guilty that I can't, I don't do more." (Tessa)*

Tessa's use of both the past and present tense to speak about her sense of guilt indicates that it is something which she may have carried with her. Dave echoes Tessa's sense of guilt when he speaks about his own experience of feeling to blame in his relationship with his PDPs:

> *"Part of the difficulty with my dad and with my mum to an extent was that sense of blame. So I think as a very young child, I think it's very easy to feel that you're responsible for what's going on." (Dave)*

Other participants identified a tendency to question themselves in a different way, yet it was one which was still linked to their experiences of their relationships with their PDPs. Both Gabi and Glen described 'second-guessing' themselves:

> *"Because my mother was so paranoid, even when she wasn't there I felt like she was there. 4-5 years ago I couldn't have this conversation with you because I'd be so paranoid that she could hear and that there would be retribution…I think maybe I spent a lot of time second guessing myself…I still do second guess myself a lot.." (Gabi)*

In this excerpt, Gabi alludes to carrying a sense of guilt and fear in the shape of her problem-drinking mother and the paranoid and erratic behaviour she exhibited when drinking. Her notion of *'second-guessing'* herself seems to relate to a fear of saying something which might have upset her mother and receiving *'retribution'* as a result. Gabi repeatedly spoke about a sense of current guilt in relation to her relationships. In the following except, she expresses her belief that it was her fault when any of her relationships failed:

> *"Or if I hadn't have made that mistake, maybe um, or even if I'd made a mistake, maybe if I was a bit more forgiving in the fact that ok she had a go at me but just get over it, just don't worry about it. Why do I need a sorry, why do I need like someone to be, if I wasn't so rigid. I could have done it different." (Gabi)*

The phrase *"I could have done it different"* shifts all the responsibility and blame for the friendship break-down onto Gabi, reflecting her belief. Glen also spoke of *'second-guessing'* himself, but in a way that contrasted to Gabi's experience. Glen's fear of conducting his relationships in any way similar to his problem-drinking father, led to him becoming 'hyper-vigilant' of his own relational behaviour:

"Because, it makes me question everything, you know. Quite a lot of people just go through life doing things without second-guessing themselves all the time. Without trying to sit down at night and going over the behaviour of the day of the week of the month before that and thinking am I developing bad habits, am I getting into patterns of behaviours." (Glen)

For some participants, the extent of the contradiction and invalidation could take a more serious turn, resulting in a confusing family dance:

"If she doesn't want my dad to know about something she'll concoct this story and she'll make us tell my dad this story ....she insists on it and that puts a strain on all three of us as well because all three of us then need to coordinate with each other that we've all got the same story and things like that. You know and it becomes this horrible lie and it's just, so on both sides it's quite challenging. (Tani)

Tani recalls the muddled family relational dynamics which could arise due to her non-PDP endeavouring to construct a particular reality around her problem-drinking husband. Tani spoke of experiencing these dynamics as a *'strain'*, and *'a horrible lie'* which she and her siblings appeared to find *'challenging'* to co-ordinate. Glen's experience of family relationships seems to echo a similar sense of pretence and confusion:

"The maternal figure would you know be validating this behaviour, not going what the fuck are you doing, you're a lunatic. Like you can't go out just drinking all night disappearing, staying God knows where…. ignored by the children, um just accepted by my mother, just as oh that's the way things are sort of thing." (Glen)

Glen speaks of his confusion and anger at his non-PDP's apparent denial and acceptance of his father's problem-drinking, which he evaluated very differently. Tessa's experiences seem to take on a more sinister turn:

"And she would say things to me like I hate them all I just love you, you know, she'd always do that, kind of like they're all bad, you're the only good one or the only one I've got." (Tessa)

Tessa spoke of the confusion and discomfort she felt when her problem-drinking mother would manipulate the family relationships in a way which placed her in a double-bind[2], leaving her in a position where the options available to her: either siding with her mother or her siblings, both resulted in potential relational conflict with one or more family members.

This theme speaks of participants' experiences of questioning themselves and their perception of reality, as a result of having their experiences contradicted and invalidated in

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[2] A **double bind** is an emotionally distressing dilemma in which an individual receives two or more conflicting messages, and one message negates the other. This creates a situation in which a successful response to one message results in a failed response to the other (and vice versa), so that the person will automatically be wrong regardless of response. Double bind theory was first described by Gregory Bateson (1956).

their relationships with their PDPs. For some participants, this also led to a sense of blame and guilt which has persisted, currently influencing their perception of some relationships and leading them to 'second-guess' themselves. Other participants also described experiences which led to a confusing family dance where relationships were manipulated in a way that they experienced as confusing and uncomfortable.

The experience of having to question one's perception of reality, as a result of being repeatedly invalidated, may have influenced the extent to which participants' felt they could trust themselves, possibly impacting on their sense of self. Many participants reported confusion, invalidation and sometimes blaming behaviour, alongside a chaotic environment which wasn't explained; an experience which makes the sense of blame and guilt described by many participants an understandable outcome.

3.1.3 Experiencing 'moments of love' makes it difficult to be 'black and white'

This theme captures the complexity, and sometimes, ambivalence that many participants reported experiencing in their relationships with their PDPs. This was partly due to being exposed to contrasting sides of their PDPs' personality. Also at play for many participants, was the unbearable dilemma of experiencing a parent whom they love and depend on, as negative and abusive. All participants spoke about their PDPs' changeable characters, due to whether they had been drinking or were sober. The experience of a positive side, as well as a more challenging side, to their parents' characters, resulted in participants describing a struggle between both love and hate of their PDPs. Tessa captures this in a statement which conveys the complex paradox that many participants seemed to grapple with:

> *"You don't really want to hate them even though you do" (Tessa)*

Many participants explicitly described the contrasting characters they experienced with their PDP:

> *"He was just chilled out and mellow and everything was calmer and quiet. You know whereas when he's drinking everything's loud and angry." (Tani)*

> *"Her personality would change when she drank and she would get much more angry and difficult to deal with, she was quite relaxed when she was sober." (Dave)*

> *"He was such a great person when he wasn't like drinking and then he would be drinking and then it would be like, be like falling about drunk and sleeping for days and all that kind of thing." (Lisa)*

Glen presented a perspective which contrasted with the others. He described never having experienced his problem-drinking father sober as he *'would always be drinking'*. In this sense, Glen only experienced one side of his father and knew nothing else:

> *"He would always be drinking. It would start off with a glass of wine in the morning at seven or eight o'clock and he would always be drinking. There would be no point in which he wouldn't be wouldn't be drinking." (Glen)*

Participants spoke of their PDPs' changeable characters in terms of extremes with a sense that there was little middle ground:

> *"She was either drunk going out and feeling happy or she was silent …and it didn't seem, there wasn't really anything else" (Gabi).*

When PDPs were drinking they were generally described negatively:

> *'loud and angry' (Tani)*

> *'drunk and sleeping' (Lisa)*

> *'angry' (Dave).*

In contrast, PDPs were attributed very positive qualities when not drinking. However, Gabi's account contradicted this in that she described her mother positively when she was drinking *'going out and feeling happy' (Gabi),* in contrast with *'silence – which I interpreted as a mood' (Gabi).* Lisa spoke of her father as *"such a great person"* when not drinking, and in her interview describes being able to connect and spend quality time with her father when he was sober. In contrast, there was a sense of complete loss of this relationship and this person when her father did drink – he seems to disappear *''drunk and sleeping for days" (Lisa).* Similarly, Tani described being able to connect with her father when he was sober, but lost this connection and relationship when he drank. It is apparent that Tani experienced this loss of relationship with her father as very painful. In the following excerpt she describes a time when her father stopped drinking, but goes on to say that he did start drinking again afterwards:

> *"I literally sat in front of him and said I'm so happy that you've stopped drinking and I started crying. And he said what are you crying for? I said I'm just really happy, this drink is not good for you." (Tani)*

Many participants expressed a complex relationship characterised by feelings and experiences of love, as well as the negative emotions and impacts of their PDPs' behaviour. Tessa alludes to this complexity:

> *"It's very complicated, you know. Cos there were moments of love, you know, definitely."(Tessa)*

And goes on to describe the struggle she felt in relation to this as a child:

> *"It would get really violent, dad would always be called to come. But I always wanted to go back to my mum. I al… cos I still loved her, you know, she was my mum and I*

didn't know any different. So she was a really key kind of carer and you know, obviously these things would happen but then she was also my mum so there was, when she wasn't drinking it wasn't sort of that bad, she was pretty, together and she could hold it together and she was really good."(Tessa)

Tessa describes a sense of tentative ambivalence and contradiction experienced by a child who, despite witnessing abusive behaviour from their parent due to their drinking, cannot dismiss the fact that they are still their *'key carer',* someone they love and rely on for their basic needs:

"*Obviously these things would happen but then she was also my mum*" *(Tessa)*

The excerpt also reflects the dilemma experienced by witnessing the two contrasting sides of her PDP:

'*When she wasn't drinking it wasn't sort of that bad, she was pretty, together…..she was really good' (Tessa)*

Tani also shows this complexity when she speaks about the love she still feels for her problem-drinking father:

"Oh I loved him so much you know, it's not that I don't love him now I, it's different. You know cos he used to say he used to tell me to come to him, he used to put me on his lap and he used to give me a big kiss and he used to tell me to give him a big kiss back and it was very affectionate. You know there was a lot of affection there, a lot of love...it's not the same." (Tani)

The use of the phrases *'it's different'* and *'it's not the same'* allude to the fact that, although Tani still expresses love for her father, something seems to have been lost; the love in the past tense possesses a different quality to the love in the present: *"I loved him so much you know, it's not that I don't love him now I, it's different".* Because Tani's father started problem-drinking later than other participants, when she was in her teens, her struggle appears to be between the memory of a past non-drinking father with whom she had a close loving bond, and a father who is now 'different' due to his problem drinking.

"It's hard because, nothing's black and white, nothing's like 'oh wow we will never speak to him again because his drinking is so awful and the way he behaves is so terrible.' Um because it's not when you're with him. It's the aggregate of behaviour that is poor." (Glen)

Glen captures the struggle and complexity of relationship expressed by many participants when he refers to the fact that his experience of his father cannot be *'black* or *white'.* What is particularly interesting is the apparent contradiction in what Glen is saying. Previously, Glen had spoken of his father as *'always'* being drunk, and as a result, he only experienced this side of his character. Despite this, Glen is still able to reflect on the complexity of his

relationship with his father, demonstrating that the same complexity can exist even with an apparent one-dimensional personality, which *'would always be drinking'*.

The complexity experienced by many participants in their relationship with their PDPs was also exhibited by a sense of ambivalence in the way participants tended to switch between describing the challenges and negative feelings they experienced because of their PDPs, while in the same breath also ardently defending them:

> *"But then I did at times also feel really like oh God like you know, she, she's really kind of… no I didn't. Actually I didn't. I remember her caring for me and caring for me really well."(Tessa)*

The way in which Tessa abruptly switches from complaining about her problem-drinking mother to defending her, captures the conflict and resulting ambivalence that some participants seemed to unconsciously express when speaking about their PDPs. Following a discussion about Gabi's problem-drinking mother's destructive behaviour, Gabi quickly follows this with a defence of her mother, something she does on a few occasions during the interview:

> *"You know, it wasn't like she was irresponsible completely you know..." (Gabi)*

> *"And I know she was just doing her best, and she was really really trying to be a good mum in lots of ways" (Gabi)*

This sense of ambivalence and conflict between presenting some 'good' as well as 'bad' representations of their PDP was particularly present for Gabi and Tessa. It is interesting to note that Gabi and Tessa were the only participants to have grown up in the sole care of a problem-drinking mother, something which may have had some influence on their need to preserve a positive view of their mothers and the ambivalence inherent in this.

This theme reflects the complexity inherent in many participants' experiences of their relationships with their PDPs, and an ambivalence which also sometimes arose from this. The changeable characters experienced by participants seemed to result in a fragmented relational dance in which PDPs were repeatedly lost and found, and their personalities were experienced as extreme, with a lack of middle ground. The *'moments of love'* experienced by participants from their PDPs, amidst the pain and abuse, added to the complexity of their relational experiences, as did the tentative ambivalence and contradiction which was also sometimes present for some participants.

3.1.4 Valuing stability and clarity in relationships

> *"I'm just comfortable with say it like it is." (Glen)*

This sub-theme reflects a tendency for many participants to value and be drawn towards relationships and partners which offer them stability, clarity and an element of *'say it like it is'*. Gabi makes this preference explicit, and contrasts it to her habitual experience of feeling *'confused'* in her relationship with her PDP:

> *"I would always kind of be really confused about things and my aunt was so different to that. We talked about everything, she had a good memory for detail" (Gabi)*

Gabi also goes on to talk about her non PDP:

> *"It was quite complicated with my father because he was quite a complicated man….but my stepfather he turned out to be a really good dad, like a really fantastic dad, not complicated just very loving." (Gabi)*

By contrasting her father with her stepfather using the word *'complicated'*, Gaby implicitly communicates a personal construct (Kelly, 1955), which positions being *'complicated'* versus being *'good / fantastic',* implying that, for Gabi, experiences of confusion and complication in relationships are best avoided. Many participants also expressed being with current partners who were characterised by a sense of clarity and stability, and represented a direct opposite to the complexity and confusion of their earlier relationships:

> *"XXXX's (Dave's wife) very honest and says what she thinks and didn't mess about when she saw things going on she didn't like……she is very direct, still, never changed. Never in the 20 years we've been together, so yeah so she does come out with it if she's got something to say. Um yeah and that didn't play too well with my mum". (Dave)*

By stating that his wife's honesty and directness didn't *"play too well with my mum"* Dave alludes to the idea that the clarity and stability found in his current partner contrasted with the confusion and bewilderment experienced in relationships with his PDPs. Tessa also talks about a sense of stability she has found with her current partner:

> *"Bless him, he's really stable. He's really [laughter] you know it's not like he doesn't have his issues but like literally his life could not be more stable, his parents are very lovely." (Tessa)*

Tessa's laughter seems to allude to what she feels was a contrast between her own experience and her partner's, positioning her partner as *'really stable'* suggests that she had experienced less 'stable' relationships. Glen talks about a pattern he has recognised which seems to draw him to long-term relationships, in a plight to seek a sense of stability:

> *"Serial monogamy….. I was never one for one night stands, sleeping around um even though I could sort of see that behaviour in my friends. I think I preferred a bit more stability you know from anywhere." (Glen)*

Glen speaks of seeking *'stability'* from *'anywhere'*. The use of the word *'anywhere'* seems to imply that, for Glen, achieving a sense of 'stability' through his romantic relationships was so important, that the source of this stability may have become less important.

Many participants described a movement from the complex and confusing relationships of their earlier life, towards clearer, more stable current romantic relationships with boundaries.

This was a strong master theme for all participants, and revealed the level of emotional distress and invalidation which can be experienced in relationships with PDPs, as a direct result of the confusion, invalidation and ultimate questioning of self.

3.2 Remembering feeling unsafe and finding safety in relationships

This master theme speaks of the sense of unsafety that participants experienced in their early relationships. Participants spoke of experiencing both physical and emotional unsafety. In response to this, all participants reported cutting-off or distancing themselves from their PDP, and for some participants, this was a strategy which was also transported to other relationships and into adulthood. Most participants also described important protective relationships which were there for them, and carried them through times which were difficult.

3.2.1 Remembering feeling unsafe

> *"When I was four my dad had took me down to my auntie's house and we got run over by a car……he was drunk" (Lisa)*

This theme describes the sense of unsafety that many participants reported, in relation to their experiences with their PDPs. Lisa began her interview by recounting a significant event in her life, which she felt had impacted on her sense of security and self-esteem throughout her childhood. She described being hit by a car on a busy motorway, at age 4, while in the care of her problem-drinking father who she said was drunk at the time. Lisa went on to recount how she was thrown into some bushes, and later being told that the only thing that saved her life was *"because I had so much clothes on. It was winter so I had on like my big woolly jumper and a duffle coat".* Lisa also speaks about living with a pervasive sense of danger at home as a child:

> *"I would get up during the night and my mum and dad were fighting with a knife. .and I remember like one night I had woken up, and I smelt smoke and went downstairs and, somebody had tried to light a paper off the gas fire and it fell on the carpet and was making fire." (Lisa)*

Feeling unsafe at home was echoed by Tani when she spoke about her concerns about her problem-drinking father's behaviour:

"He has literally burnt the house down before as well. He's left things on the stove and gone out! Only to find the fire service at the house." (Tani)

Gabi also explicitly states that her mother would drive while drunk with her in the car, which she said made her feel unsafe:

"We'd mostly travel in the car on weekends, on weekends she would have drunk, you know…..so it didn't always feel like a safe journey." (Gabi)

Tessa described living with domestic violence as a result of her mother's problem drinking which left her feeling both physically and emotionally unsafe as a child:

"I sort of watched them really fight with her and it would be very kind of violent and lots of horrible fights and battles." (Tessa)

Here, Tessa expressed the lack of safety she experienced as a spectator of domestic violence; however in the following excerpt, this sense of unsafety is intensified as she becomes the direct victim of domestic violence perpetrated by her problem-drinking mother:

"She'd bitten me all down the side of my arm really badly and I actually ran out and called the police 'cos it was all really badly infected."

Many participants spoke of feeling physically unsafe in their relationship with their PDPs. This was specifically linked to the danger posed through drunken behaviour, which resulted in accidents as well as domestic violence. As a result, some participants also appeared to take on an element of early responsibility for maintaining a level of safety both in the home and to protect themselves.

3.2.2 'Sitting on a volcano'

This theme conveys the sense of emotional unsafety and insecurity which many participants spoke about in relation to their PDP and which Dave expressed as '*sitting on a volcano*'. Dave's metaphor captures the pervasive fear, worry and hyper-vigilance which many participants described as characterising how they felt in their relationship with their PDPs.

"What I kind of remember as a little kid was, without being able to name it, being quite scared a lot of the time…You know just feeling very insecure…. and not being able to explain that or know what to do about it, or be able to say anything about it." (Dave)

Dave described feeling fearful and insecure; the fact that he was unable to *"name it…. explain…or know what to do about it"* at the time, communicates a sense of feeling very alone with this fear as a child.

"It was like an insecure worry thing even if it was like the Monday then you would still worry about the weekend whether it was going to happen at the weekend." (Lisa)

The pervasive nature of this sense of worry is captured in this excerpt from Lisa, who describes a persistent lingering worry about what may happen in the future, and the unpredictable nature of her parents' behaviour; just as in Dave's metaphor, volcano eruptions tend to be unpredictable.

"You know it's that vigilance isn't it you know. When am I going to be woken up"
(Gabi)

Gabi expresses the hyper-vigilance she experienced due to her problem-drinking mother's erratic behaviour, alongside the unpredictability of never knowing when it might happen. The sense of receiving an unwanted shock is also referred to by Tani as a '*knee-jerk'* reaction and *'a massive explosion'* ; language which also reflects the unpredictability and unpleasantness of these surprises, and fits in well with Dave's volcano metaphor:

"It would be a massive explosion, an instant knee-jerk reaction." (Tani)

Both Lisa and Tessa conveyed a sense of responsibility which accompanied their worry and vigilance:

"But when both of them (were drinking), I had to make sure things were safe." (Lisa)

"Yeah so always tense and worried and watching her and we were always worried about her." (Tessa)

And for Tessa, this tendency to worry has followed her into adulthood:

"I still do worry a lot." (Tessa)

Further contributing to the sense of emotional unsafety that many participants spoke of experiencing in their relationships with their PDPs, was the frequent verbal abuse that participants reported:

 "Well his nastiness. You know, when drunk." (Dave)

"Yeah it's the hurtful things that he says." (Tani)

"I felt like the 'kick bag' really.. my role was the one she would have a go at, you know when she was drunk." (Gabi)

"When am I going to be woken up to be told that I'm you know, a loser or fat or you know like that." (Gabi)

"I was her 'punchbag' ….and if I don't look after her or if I question her in any way she turns on me, you know." (Tessa)

This theme speaks of the emotional unsafety participants experienced in their early relationships, due to the unpredictability of their PDPs' behaviour, and the pervasive worry and sense of insecurity this seemed to generate. It also highlights the emotionally abusive experiences many participants reported, which contributed to their sense of emotional unsafety.

3.2.3 'Cut-off' to 'Stay safe'

This theme reflects what all participants described as a tendency to *'cut-off'*, or distance themselves from others in relationships, as a way to protect themselves and *'stay safe'*.

> *"The strategy being just to avoid him, you know, cos that was quite safe, one easy way to survive was just to kind of disengage from stuff. Um so it was too expensive to have feelings at times." (Dave)*

Dave describes having to *'disengage'* from his problem-drinking father in order to *'survive'* and maintain safety as a child. His phrase '*it was too expensive to have feelings at times'* alludes to the possibility that there may have been a price to pay if Dave was emotionally present – the solution to which was to completely withdraw and become invisible. Gabi and Tessa also describe this withdrawal from their problem-drinking mothers, to preserve their own emotional and physical safety.

> *"I just came to the conclusion that it was actually just too emotionally unsafe to be with her that I decided that that I would not see her anymore." (Gabi)*

> *"So I felt like the only thing I could do was just walk away and leave her 'cos it was just getting so destructive - the relationship - that I left." (Tessa)*

Tani describes her need to both cut-off from her problem-drinking father physically by '*removing herself'* and emotionally through '*mentally distancing'*, to protect herself:

> *"If I've been around him too long, I know that he's going to start to upset me, so I just remove myself from that situation before it happens….and then after that I just kind of, suppose mentally distanced myself from him." (Tani)*

By describing leaving home as '*finally breaking out'*, Glen seems to express having had a strong desire to escape and distance himself from family relationships:

> *"Finally broken out of um the living at home part of things." (Glen)*

He goes on to describe a time when he felt a strong necessity to maintain a distance from family relationships and alludes to the idea that, for him, a strong sense of self was first necessary to be able to cope with these relationships.

> *"I can't be, I can't move back to my family, I'm not ready for, you know, that. I can sort of handle them in smaller doses but didn't feel strong enough in character to really do that again yet." (Glen)*

Many participants also expressed a tendency to cut-off and distance themselves in other relationships. When asked about other relationships in her life, Gabi frequently spoke of *'switching-off'*, as in abruptly cutting-off, sometimes very important and meaningful relationships. Gabi often spoke of this in her interview in a way which was very emotionally cut-off:

> *"The dad that I loved, I really did love him, was my stepdad, but my mum is no longer with him and he re-married so I don't have a relationship with him anymore….. It was my decision." (Gabi)*

This excerpt presents an uneasy paradox where Gabi begins by expressing the significance and importance of her relationship with her step-father, followed by a sense of being able to disengage from it with apparent ease. It is possible that Gabi could have been trying to protect herself from what she may have perceived as abandonment from her step-father. Gabi went on to talk about this tendency to *'switch off'* from relationships:

"I can be very very detached and I switch off really quickly." (Gabi)

"I can be present in a, in a relationship and then just I don't care anymore, or I'm cut off, mentally gone, emotionally gone, it's when I feel angry or trapped or something like in a muddle, overwhelmed, frustrated or like er…you're not getting me, I'm not getting you…what's the point" (Gabi)

Gabi admits to cutting off emotionally when she feels threatened in some way '*trapped, overwhelmed, in a muddle'* and seems to be her way of withdrawing and staying safe. Gabi spoke of her current partner and the fact that her tendency to *'switch off'* still affects this relationship*:*

> *"Yeah, XXXX (current partner) can feel it when it happens and erm….she's usually crying erm…it's only happened twice in our relationship, she's usually crying and kind of begging…erm….'come back please come back'" (Gabi)*

Lisa also expresses a similar tendency to keep other relationships in her life at a distance:

> *"I always felt that I kept people at arms- length. I didn't let them get close to me to be able to let me down so I was sort of protecting myself, I was always closed. Kept everything closed." (Lisa)*

his theme captures a strong pattern in the way all participants described trying to maintain a sense of emotional safety, when they felt unsafe. 'Cut off' to 'stay safe' was employed both with PDPs, and within other relationships.

3.2.4 Finding safety

Although all participants described feeling unsafe in their relationship with their PDP; many also spoke about finding safety in other relationships, which seemed to sustain and protect them. Both Dave and Lisa were able to look back on protective family relationships which offered Lisa a *'safe haven'* and allowed Dave to feel supported and fought for:

> *"But what was nice was that other members of the family were kind of trying to stick up for me and trying to put things right." (Dave)*

> *"I had a good relationship with my sister, which was quite positive……she gave me a sort of safe haven if you know what I mean, because her and her husband were, they didn't drink." (Lisa)*

In the excerpt below Gabi describes her protective family relationships as her '*sanity*', alluding to the idea that other relationships drove her to insanity. She describes the pain of having this important relationship torn away from her:

> *"It broke my heart not to be able to have contact with my aunt. I think she was the one, when I was a child I used to phone every day, she was my sanity." (Gabi)*

Tessa and Gabi spoke of individuals outside their family, whose kindness and availability played an important part in their story, and ultimately their resilience:

> *"A teacher who, a social studies teacher, took me under her wing." (Gabi)*

Gabi frequently described being 'taken under the wing' of individuals whom she perceived as rescuing her. The idea of being taken under someone's wing invokes a powerful image of vulnerability, yet also protection and hope.

> *"I was always waiting to be rescued. But we weren't rescued apart from when my step dad came along." (Gabi)*

Tessa looked back on a school-friend's mother, who she described almost as an omnipotent presence, which made her feel nurtured and cared-for:

> *"She watched me, I know she watched me and I know she kept an eye on me and I know she fed me."(Tessa)*

For both Dave and Tessa it was a therapeutic relationship which played a significant part in their sense of safety and healing. Dave speaks about the male therapist, with whom he feels, a therapeutic relationship allowed him to '*shift*' his perspective on relationships:

> *"He was able to stand up to it. So he became the rock that wouldn't move against all that rage and you know my theory about relationships with older men, kind of had to shift because I was faced with a really different reality." (Dave)*

Dave's assertion that his therapist was '*able to stand up to*' his '*rage*' is completely different to the idea he presented of himself as a child, having to withdraw his feelings from his father because showing them may have incurred an expensive cost. In contrast, Dave described his relationship with his therapist as '*the rock that wouldn't move*' – a rich metaphor which suggests that this relationship provided Dave with a secure and immovable base from which he could explore himself, and challenge his experiences of relationships.

Tessa described an equally significant and enduring relationship with her therapist, with whom she shares a connection to this day:

> *"She used to say things like I'm really proud of you, I'm really proud of how you are and how you've changed…… yeah she's the mum I wish I'd had….but she loves me…….You know I know she loved me." (Tessa)*

The words *'she's the mum I wish I'd had'* captures well the essence of Tessa's therapeutic relationship. Tessa alludes to, and also spoke openly about, her relationship with her therapist as being something which she feels both saved her, and allowed her to learn how to have a successful romantic relationship with her current partner:

> *"That was a real moment for me of like 'ok I really love this person so I need to make it work'. And that's when I started getting therapy 'cos I also didn't want him to be the one to sort me out, I wanted to sort myself out." (Tessa).*

It is important to note that not all participants spoke of such protective relationships. In contrast to many participants' experiences, Tani did not speak about protective relationships. It is possible that, since she was a teenager when her father's drinking became a problem, that protective relationships may not have been as relevant or important as it seems to have been for those who grew up as young children with parental problem drinking. However, Glen grew up with his father as a problem-drinker and also did not speak explicitly about protective relationships. For Glen, the relationships he described were destructive more than protective:

> *"I'd go out with people and party and you know end up in a park at like three in the morning drinking cider, five in the morning I did this from age thirteen to eighteen/nineteen still. Until basically going to university really helped to pull away from it. Um and start to see it from outside, you know". (Glen)*

In contrast to other participants, who described protective relationships with particular individuals, Glen described the transition of going to university as, in a sense, having been protective for him, as something which helped him to *'pull away'* from his more destructive relationships and behaviour.

This theme captures how many participants reported finding safety in protective and nurturing relationships, through which they could develop resilience. However, participants found these relationships in different ways.

3.3 Moving from invisibility towards finding a sense of myself

This master theme captures the invisibility experienced by participants in relation to their parents' overwhelming self-focus. Linked to this, participants also spoke of experiencing their PDPs as emotionally unavailable, and as a result felt unacknowledged and invisible. This, as well as the verbal abuse experienced by participants, seemed to impact on participants' self-esteem and sense of self.

3.3.1 Feeling invisible

"The nameless um urchin in the workhouse. Just looking for a little bit of recognition." (Glen)

This theme speaks of a sense of invisibility that many participants described feeling in their relationship with their PDPs. Many participants referred to their PDPs as being very much focused on themselves. This seemed to result in participants' concerns, needs and sense of themselves being metaphorically 'swallowed up' in a relationship where there was little space to *'exist'*. When asked about how he usually felt with his problem-drinking father as a child, Glen alluded to the *"Oliver[3] metaphor, 'Please sir, can I have some more?'"*. He went on to describe himself as a '*nameless urchin*' - the use of the word '*nameless*' speaks clearly to his sense of invisibility and the resulting weak sense of self.

> *"He would never ask me how things were going, in a way that actually he would then listen to the answers. It was a sort of any of those questions would just immediately lead into him then telling me things about him." (Glen)*

Glen describes a tendency for all conversations with his father to be magnetically drawn back to his father's own concerns, and away from his own. This same experience is echoed by Dave:

> *"She was very very difficult to be with, because she had no interest in anything but herself. Everything was about her, so any conversation you opened came round to what she thought, what she wanted, you know what she was going to do next, and how she felt. And it was never about 'oh how are you, or what's going on for you, or, there was no kind of give and take at all." (Dave)*

Dave describes a lack of reciprocity in his relationship with his PDPs, and so alludes to a relationship which was very one-sided; his parents doing a lot of taking, but no giving.

Tani describes her father as being *"in this bubble"*: a phrase which reflects the idea that, for many participants, their PDPs appeared to be cut-off from their children's existence. All that seemed to matter was what was going on inside their own '*bubble*':

> *"He doesn't think about anybody else but himself cos he's just in this bubble, you know. He doesn't have the capability to think about anybody else and the impact about what he's doing or saying, you know. That filter's gone." (Tani)*

The idea that, as a child of a PDP, one's very existence is called into question is clearly described by Dave:

> *"I mean I think it's their self obsession really. Total and utter kind of sense that the only thing that matters in the world is them and the next drink… and there's no space there, there's no space for you to exist yourself." (Dave)*

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[3] **Oliver Twist** is a Charles Dickens novel (1838) which has been adapted into a popular film about an orphan boy who makes the journey from rags to riches. There is an iconic scene in the film when Oliver askes the House master for a second helping of gruel ("Please sir, I want some more") and gets punished as a result.

The phrase *" there's no space for you to exist yourself"* powerfully captures what many participants alluded to as a situation where, due to their PDPs' '*self obsession*', their own personality, their perspective and their sense of self seemed to be pushed out, neither attended to nor held in mind by their PDPs. This idea is encapsulated by both Dave and Glen's description of feeling 'unknown', both by their PDPs, and, ultimately, themselves:

> *"Understanding. That's it. You know that's what it really comes down to. This idea of understanding who I was, for him to understand who I am." (Glen)*

> *"You know and I didn't really know who I was, or what I was. I didn't have a sense of what that meant." (Dave)*

This theme also emerged from the way some participants answered questions in their interviews (Lumsden, 2013). Questions asked about personal experiences and feelings were sometimes answered by Tessa and Glen in a way which avoided reflecting on themselves, in favour of filling a lot of space talking about their PDP, putting them centre stage. It appeared to me that this tendency to speak in a way which discounted the self and was 'selfless', seemed to ultimately result in participants literally being left 'self-less', and clearly mirrored the essence of the theme of invisibility.

Tessa spoke with incredulity about her mother's tendency, to this day, to put her own needs before hers, even when this reached levels of absurdity:

> *"When I had my son I'd had a seventy-two hour labour, I'd had a second degree tear which meant that I had stitches, my mum rang me up the day after and said oh I'm in hospital can you go and clean my house… [laughter] and it was just like err..." (Tessa)*

This sense of invisibility, experienced by most, led to an emotional disconnection in the relationship, adding a further layer to the experience of feeling invisible for participants.

"Her hugs were SO... vacant, like she wasn't really there." (Gabi)

"I suppose it was lack of communication, lack of warmth really, there was, there was just nothing….we just never…never connected." (Gabi)

Gabi's use of the words *'vacant'* and *'nothing'*, in the excerpts above, seems to communicate that she experienced an emotional unavailability from her problem-drinking mother; there is *'nothing'* present for her to be emotionally connected to, even in the physical connection of a hug. This could be seen as paradoxical in light of the idea of PDPs *'taking up all the space'* mentioned before. However, participants described this 'space' as predominantly filled with their PDP's own story and own needs; therefore, in response to participants' needs, PDPs were experienced as emotionally absent and unavailable:

"And quite kind of distant you know not really able to be spoken to….the sense of being able to kind of communicate with the person just often wasn't there." (Dave)

Dave's words "*the person just often wasn't there*" seem to echo Gabi's sense of having nothing present to connect with emotionally. Glen also alludes to this sense of absence and lack of meaningful connection with his PD father:

"It's not like every conversation you have should be a profound meeting of souls where you know or like where 'ah I love you dad, I love you son'. You know obviously not. But when none of them are, that's when it starts to be not good."

Glen's highlights that "*none*" of his conversations with his PD father have felt connected and meaningful, further echoing the paucity of connection experienced by participants. Furthermore, Glen suggests that, while understanding "*not every*" conversation can be "*I love you dad, I love you son*", he would have liked some to have been meaningful.

Experiencing their PDPs as disconnected and emotionally unavailable seemed to result in a complete lack of reciprocity in their relationships. The fact that PDPs were experienced as not *'really there'* led to participants also feeling emotionally invisible, as they were not having themselves and their emotions reflected back to them by their parents. This theme was a strong one amongst participants. As a result of feeling that there was '*no space to exist*' due to what was described as their PDPs' *'self-obsession'*, participants seemed to struggle with finding a sense of self.

3.3.2 Moving towards my 'self'

This theme captures participants' experiences of transformation from a weak sense of self as a child and young adult, towards a stronger, more accepted sense of identity as an adult. Many participants described having low self-esteem while growing up, and attributed this to their relationship with their PDP:

> *"I mean we're all pretty damaged in some way you know……you think there is something that's wrong with you 'cos someone, your mother's told you there is." (Tessa)*

Tessa refers to herself and her siblings when she describes herself as '*damaged*'. Tessa used this term more than once to describe herself during her interview, and in the extract above she makes it clear that she perceived her sense of '*damage*' as being due to what her PDP had told her about herself. Gabi echoes Tessa's experience, alluding to the fact that her mother just had to look at her to make her feel like '*the scum of the earth.*'

> *"I think a lot of the negative things that I felt about myself, I developed because of how my mum was with me, you know the things that she would call me, my sense of identity, um..I don't think there was anything positive that she, she said about me…just she had a way of looking at me that made me feel like I was the scum of the earth." (Gabi)*

Gabi also speaks explicitly about her negative sense of self:

> *"I had no sense of self-esteem at all, I hated myself."* (Gabi)

Tessa describes internalising what she perceived as her problem-drinking mother's hatred of herself:

> *"I was very negative about myself as a child, as a teenager and a young adult. Yeah I just hated myself you know. You internalise it, so you kind of, you internalise their hatred of themselves and you take it on and so you hate yourself."* (Tessa)

Both Tessa and Gabi appeared to experience quite severe issues with their self-esteem in comparison to other participants, and as mentioned previously, this difference could be due to having grown up with problem-drinking mothers as their sole carers, without another parent positioned as a possible protective factor, able to mediate the negative messages. Other participants, such as Tani, spoke of experiencing issues with her confidence and self-esteem in relation to her sense of self-efficacy at work:

> *" I would say where it has affected me is maybe my confidence in my ability to do things because of things that my dad said to me when I was growing up about being a failure and you know not achieving."* (Tani)

Tani clearly attributes her level of self-esteem to certain aspects of her relationship with her problem-drinking father, which she seems to have internalised. In contrast, Dave did not speak explicitly about low self-esteem, but described a pervasive sense of loss of self and knowing himself, which he also attributes to feeling invisible in his relationship with his PDPs.

> *"I didn't really know who I was, or what I was. I didn't have a sense of what that meant."* (Dave)

Participants went on to describe experiencing a moving towards their sense of self and identity. For some participants, the values and purpose of a meaningful vocation helped to shape their sense of self and self-esteem:

> *"I had to really claw back what my values were and I suppose it was those values that I got from social work I suppose that have kinda......yeah I tell you it's my relationship with a profession that was the most significant rather than through a person."* (Gabi)

Gabi describes *'clawing back'* her values, a phrase which alludes to the idea that she was, in a sense, re-claiming something which was both hard work, yet of great importance to her and her sense of who she was. Gabi talks about her relationship with the values of social work being the most significant factor in the shaping and finding of her sense of self, even over a relationship with a person. Similarly, Lisa speaks of going to college and starting her own business as a real turning point for her, and that it was a sense of *'purpose'* that this gave her which allowed her to grow in self- knowledge and self-confidence:

> *"So I went to college and I always see that as being a change. I got this sort of new found confidence for myself….. finding a purpose."* (Lisa)

> *"Pushing my career that I had started in XXXXX (place of work).... and then my confidence just grew from then." (Lisa)*

Lisa uses the word 'grew' when she speaks of her sense of self, and also attributes this growth to the positive acknowledgement and value she received from others:

> *"That's when I started caring for people and I came across a lot of people who liked me who valued me and then I think I just grew from there." (Lisa)*

Dave similarly described becoming aware of his qualities and the person he is through others' validations and in relation to his career. In the excerpt below, he demonstrates this by describing how a work colleague perceived him:

> *"I overheard her say 'you've got to come to Dave's workshop tomorrow 'cos he's quite charismatic.......and later I said 'what on earth did you say that for?' And she said 'well you are', and I remember really stopping, you know completely dumb struck by that bit of feedback." (Dave)*

The strong sense of surprise that Dave described alludes to the fact that he saw himself very differently to his colleague. However, it appears that Dave was able to slowly internalise these external validations of who he is over time, until he reached a place where he was able to notice changes, developments and positive qualities in himself, allowing him to experience a different, stronger sense of self:

> *".....and then a couple of weeks later I thought 'that was a really healthy self-confident decision'. I wouldn't have done that before. You know I'd have felt trapped in that relationship." (Dave)*

Glen spoke of a particular time in his life at university where he felt he had the time and space to learn about himself, his values and what was important to him:

> *"So there were lots of revelations um and obviously with the space I started to look again at the kind of person that I was, that the things I valued and the way that I understood value and the things that er I would decide were important and how to emphasise the good things" (Glen)*

However, this sense of finding confidence was not there for all. In contrast to most participants, Tessa appeared to struggle both to speak and think about her current sense of self:

> *"I dunno. I dunno it's really hard, it's really hard to kind of say how I see myself....(Tessa)*

> *".... but the question was about me... and I'm err, I don't know." (Tessa)*

> *"Um I, you know, I find yeah, I find these hard these questions, it's really hard....I just don't know myself .....??" (Tessa)*

Tessa's fragmented language, and sense of feeling uncomfortable *"I find these questions, it's really hard"* seemed to reflect a possible fragmented sense of self, which to this day is a

challenge to conceptualise into language. Tessa demonstrated an awareness of her on-going struggle in this area, but also acknowledged that her experience of long-term therapy had been extremely valuable and that things were a lot better for her now:

"I'm happy, I am happy. And I love life and it's, yeah, I think that's really important you know." (Tessa)

Tani also differed in that she did not speak about a journey towards a stronger sense of self, as most other participants did. It is possible that being a teenager when her father started his problem-drinking, meant that she was able to more easily develop her sense of self and identity as a child.

While many participants spoke of experiencing difficulties with their self-esteem and sense of self as a result of early experiences of feeling invisible, many also described an experience of re-discovering themselves through their values, achievements and validations from others. This ultimately enabled them to strengthen their sense of themselves and so experience intimacy more easily in their relationships.

3.3.3 Moving towards a stronger sense of self made intimacy possible

Some participants went on to link their new found ability to be intimate with others and maintain a positive relationship with the experience of improved self-esteem and moving towards a stronger sense of themselves:

> *"And it's that kind of self-possession and knowing who you are and what you want and being willing to be honest and take risks and be articulate and say what you're thinking and show your feelings and make yourself vulnerable. You know it's all of those things that contribute to a good relationship. Um if you have no self-confidence you can't do any of those things." (Dave)*

Dave's use of the term "*self- possession"* to describe what he felt was essential to have a *"good relationship"* alludes to a sense of owning oneself, *"knowing who you are"* for which he feels self-esteem is crucial. Similarly, Glen alludes to the importance of the link between first knowing yourself before you can really know someone else, in the context of an intimate relationship:

> *"It's taken me a long time to work out who I want to be and then to find somebody who I want to be with." (Glen)*

Lisa also described a transformation in the way she was able to operate more openly in relationships once she felt she had more self-esteem and confidence to draw on:

> *"It was like as soon as anybody like betrayed me or done anything wrong it was just like wooosh barriers up, but now I'm like right let's talk about this, we can sort this out and it doesn't need to be like this anymore." (Lisa)*

Many participants' movement towards a sense of themselves, the development of their identities and level of self-esteem involved *'clawing back'* their values, as well as realising their potential and the experience of a positive therapeutic relationship. As a result of this process, participants reported being more able to find intimacy and maintain positive healthy relationships.

3.4 Making a choice to change my relationships

This master theme describes the sense of change and transformation that many participants spoke of in terms of their experiences of relationships. Most participants spoke of learning through their early and on-going relationships, as well as having made an explicit choice to take control and change the way they experienced their relationships. Some participants also described using what they had gained from their more difficult, early relational experiences, to give back something positive to others. All participants referred to their current relationships as having improved in comparison to their earlier ones, and spoke explicitly of feeling happy, contented and their relationships being 'better'.

3.4.1 Finding opportunities for growth in new relationships

"I've really struggled with the concept of love over the years." (Gabi)

All participants, except Tani, spoke about a process of learning and changing through their experiences of relationships. For some, a new awareness was reached about how they behaved in relationships and what they wanted to change, and for others, like Gabi, learning how to love was a turning point after '*struggling*' with the concept of love for a long time. During her interview, Gabi movingly described a time in her life when she was a 24-hour carer for someone who totally depended on her. She spoke of the intimacy and beauty of this experience as something which changed both herself, and how she was able to experience relationships:

> *"It was the first time that I actually learnt to care for somebody…..just the idea that I could stick with somebody through a very difficult time in their life ….it was really real, you can't get away from it like you're there every day…… it was so authentic...there was no place to hide not at all it - changed everything in me, it softened me." (Gabi)*

For Tessa and Dave there was also a realisation that things could be different in relationships. Dave's experience of his therapist as a *'rock that wouldn't move'* seemed to force him to see that his relationships could be different from what he had experienced:

> *"It was that thing about he behaved really differently to how my father had and therefore I had to see that things could be different." (Dave)*

Having had the opportunity to experience both positive and negative experiences of relationships, allowed Dave to appreciate the *'good'* and helped him to put effort into making his relationships *'good'*:

> *"I think you know good relationships matter a lot, to me. Cos I've experienced it not being good, you know, and I know which one I prefer. So I'm kind of willing to try and work at that a bit." (Dave)*

Tessa spoke of learning something positive about the way she positioned herself in relationships through a rejection of what she saw as unhelpful in her mother's relational beliefs:

> *"And another thing that my mother always used to say like, it was her mantra, was 'we're victims of victims'.........And I remember thinking I'm not a victim, I don't feel like a victim, yes it was quite hard but I'm not a victim and I have good memories like it kind of has to stop here, like there are no victims of victims." (Tessa)*

Lisa talked about being able to start to do things differently in relationships by taking risks, which was a direct challenge to her previous mantra of *'stay safe'*:

> *"So I think it was more to do with like I'm taking a risk if I let my feelings out here.......so obviously you have to, you've got to take risks in life, but um so I just probably threw my feelings to the wind and see what I got." (Lisa)*

While Glen indicated that he had been able to learn about his own behaviour in relationships through remaining mindful of his experience with his problem-drinking father:

"People say to me 'oh you're so funny and oh this is good. Um but it doesn't leave a lot of room for other people and I don't want to get into the situation that I feel that he's got into with me where you always just output output output, you don't start to understand about what another person's motivations are." (Glen)

Most participants spoke about a progressive, positive change in the way they functioned in their relationships. Tani didn't express a change, and this may be due to the difference in her experiences compared to other participants, as previously discussed.

3.4.2 Choosing to do things differently in relationships

Most participants communicated a strong sense, at some point in their life, of wanting to do things differently in their relationships, and making an explicit choice to change so that their relationships could be more positive:

> *"And I remember thinking, after that experience, well I'm not doing that again. It really matters to me to have a healthy relationship, and I thought well what can I do about that, well I need some help" (Dave).*

> *"That was a real moment for me of like ok I really love this person so I need to make it work. And that's when I started getting therapy 'cos I also didn't want him to be the one to sort me out, I wanted to sort myself out."(Tessa)*

Both Dave and Tessa describe moments in their lives where they make a decision to take responsibility for changing something about how they manage relationships. They both achieve this through choosing to engage in long-term therapeutic relationships. Many participants also felt strongly about wanting to change in terms of giving their children a different relational experience to what they had:

> *"Like what I lived through as a kid. I couldn't in any way imagine inflicting the same things on my children, so I wanted to be quite sure that it wasn't going to be like that, you know and it hasn't been, it's been absolutely great." (Dave)*

> "*This is my story it's not theirs. I don't want to pass them onto them so I want my children to have a good relationship with her (PDP) and sort of have a very positive relationship" (Tessa)*

> *"It was like I never ever wanted to create for them what I had." (Lisa)*

After admitting to spending his youth mirroring his problem-drinking father's behaviour, Glen expressed a strong desire to change by wanting to conduct his relationships in a way that was the complete opposite to his father:

> *"I'll be as different to him as possible. I don't want to be like him, I don't want my relationships to be like him, don't want my lifestyle to be like his."(Glen)*

Dave and Lisa reflected on how they had turned around their experiences and used them to give back to others:

> *"It's a big part of my identity, actually, and not in a bad way…. in a way it's a gift. My life wouldn't be what it was if what happened hadn't happened you know it was very influential and remains very influential and has created a lot of the values that I think are really important." (Dave)*

By describing his difficult early relational experiences as "a gift" Dave powerfully communicates what he perceives as a transformation of adversity into "a gift" for others, as well as an important factor in shaping his sense of self and his values *"it's a big part of my identity"*.

> *"I'm very observant and that's why I feel like I can work with kids because I watch them first and I watch what they're like and watch what they don't like you know, try and look at what's caused behaviours and it sort of comes to me quite natural." (Lisa)*

Similarly, Lisa demonstrates how she has transformed her hyper-vigilance and worry about keeping herself and others safe into the '*natural*' gift of being *'very observant'* with the learning-disabled children she now works with.

This theme encapsulates the strength of will and responsibility that most participants demonstrated in actively seeking to change the way they conducted their relationships,

compared to their earlier experiences. For some, this has influenced their sense of self and identity and what they feel able to give back to others.

3.4.3 Relationships are good now

"Relationships are much better now." (Lisa)

The last theme speaks of the experience of almost all participants of improved quality of relationships. Only Tani differed to other participants, as she was experiencing relationship difficulties with her problem-drinking father at the point of her interview. However, unlike other participants, Tani didn't express difficulties in her other relationships:

> *"I don't think it's affected my relationship with my husband, um you know I don't think it has affected any other relationships… no I don't think that it really has affected that much of relationships with other people." (Tani)*

As mentioned previously, Tani's experience was different to other participants' in that her father's drinking only became problematic when she was a teenager. It is possible that the absence of an early-life experience of her father's problem-drinking may have been protective for Tani in terms of her global relationship-functioning.

Other participants expressed a change and improvement in their current relationships in comparison to those earlier in their lives:

> *"I've been with XXXX (partner) for 4 years erm…and I would say I love her with every fibre of my being… Mmm, it's taken time" (Gabi)*

> *I'm actually really very happy. I'm the happiest I've ever been in my life… (Gabi)*

> *"I know that I feel very lucky and blessed actually with my life. Um and um you know I feel like we've got a good family now that it is strong and stable." (Tessa)*

> *"We've got a great relationship because we've been through everything possible. He totally adores me, there's absolutely no doubt about that. And we've got a really strong relationship." (Lisa)*

> *"We have a fantastic relationship, talk every day, um do stuff together and enjoy each other's company." (Dave)*

> *"It's taken me a long time to work out who I want to be and then to find somebody who I want to be with." (Glen)*

Participants overwhelmingly reported that their experiences of relationships had improved, and that their current relationships were positive and satisfying. This finding will be explored further in the Discussion section.

During their interviews participants spoke of a wide range of relational experiences. The themes which were revealed across the interviews have been presented. Overall, participants spoke of a contrast in how they experienced their early compared to their current relationships, with mediating relationships offering an opportunity for learning and growth.

Participants reported that earlier relationships were characterised by a lack of safety, confusion and a perception of themselves as 'invisible'. However, participants went on to reflect on subsequent relationships and how these had impacted on their relational experiences, as well as how they had made clear decisions to make changes to their relationships which have resulted in positive current relationships for all participants. In the next section, these results will be discussed in relation to the study's research questions and other relevant literature.

4.0 Discussion

In the following section, results from the study will be discussed in relation to the research questions as well as existing research, clinical literature and theory. This will be followed by a consideration of clinical implications, methodological issues and suggestions for further research.

What are adult children of problem-drinking parents' experiences of relationships, and how has this shaped their sense of self?

4.1 Moving from 'bewilderment' to seeking clarity and stability in relationships

Some participants spoke of childhood experiences characterised by confusion and distress, which were linked to their relationship with their PDP. Participants in Dove's (2013) study echoed similar experiences in the theme: *'Trying to address my childhood confusion'*. In keeping with the findings of the present study, Dove (2013) acknowledges that the retrospective struggle to make sense of their PDPs' behaviour was linked to participants' lack of childhood understanding concerning the influence that alcohol could have on their parents' behaviour. In their qualitative study, Velleman & Orford (1999) found large discrepancies between the ages that young people realised their PDP had a problem with alcohol; however, apart from this there has been little research into this specific area of meaning-making for ACOP (Dove, 2013). In the present study there appeared to be a process of meaning-making, which allowed participants to retrospectively make sense of the confusion they witnessed in childhood. A Belgium-based qualitative study, which explored the experiences of young adults who grew up with a depressed parent, appears to reflect a similar process. The theme '*Growing awareness of parental depression and own emotions'* tells of how the gradual discovery of information about depression helped young adults of depressed parents make sense of their parent's behaviour, and allowed them to make new meaning of what they had once perceived as a normal daily reality (Van Parys, Bonnewyn, Hooghe, De Mol & Rober, 2011). In response to these findings, Dove highlights the importance of providing children with education about problem-drinking, especially as this is also something that COPD have particularly requested (Adamson & Templeton, 2012).

Existing research in this area has defined the confusion experienced by COPD as: witnessing behaviour which appears 'odd' and 'different' without an understanding of why (Orford, 1999), and living with a sense of 'uncertainty' (Dove, 2013). While participants in the present study acknowledged this 'uncertainty', they also revealed further complex layers of confusion which influenced how they made sense of their experiences. Some participants

spoke of witnessing their PDPs' amnesia, and sometimes denial, of particular events. This then led them to question their own sense of reality and perspective; a 'bewilderment' which culminated in a pervasive sense of guilt and blame, which some carried on into adult relationships. Both Gabi and Tessa spoke of a tendency to blame themselves for any difficulty or break-down in their current relationships. Brown (1988) has linked themes of parental denial to a tendency for self-blame in COPD, suggesting that this can also impact on ACOPD's relationships and sense of self.

Furthermore, for Gabi, her PDP's amnesia and denial resulted in a repeated lack of acknowledgement and reparation in relation to her distress. Gabi reported having struggled with this lack of reparation from her PDP and spoke of this being a factor in the break-down of their relationship, as well as continuing to influence her current adult relationships. Gabi illustrated this when she expressed that the *'absence of a sorry'* had the power to *'destroy'* relationships. In her recent qualitative study, Bain (2011) found that forgiveness through reparation from PDPs was an important factor in the cultivation of resilience for ACOPD. This was indeed significant for Gabi, as she expressed the repeated lack of reparation as a painful loss which continues to have a detrimental effect on her current relationships.

While other participants, such as Dave and Glen, also spoke of a sense of blame and guilt characterising their childhood relationships with their PDPs, it was Tessa and Gabi for whom this seemed the most significant, and whose later adult relationships were affected. It is of note that Tessa and Gabi were the only participants to have grown up with problem-drinking mothers, also single parents due to marital breakdowns. It is possible that having PDPs as their primary carers, without the support or influence of a second caregiver or extended family, may have impacted more significantly on the quality of their attachment relationships in terms of consistency and stability (Bowlby, 1969) . Furthermore, Brown (1988) posits that pervasive feelings of blame and guilt can be linked to early childhood experiences dominated by a reactive and defensive stance towards the PDP. A defence utilised by most children in reaction to experiences which could undermine the essential belief that their parents are *good* and will take care of them, is a repositioning of self as *bad* in order to maintain a positive parental position. This is said to lead to feelings of responsibility, guilt and blame in the child (Brown, 1988). This possible early childhood dilemma also seemed to be reflected in the way that both Gabi and Tessa often fluctuated ambivalently between complaining about, and then ardently defending their PDPs during their interviews.

Many participants described a complex relational struggle between their love of their PDP, and the painful experiences they were forced to endure as a consequence of their problem-drinking. Tani, Lisa and Glen all alluded to the fragmentation which characterised their

relationship with their PDP. For Tani and Lisa this was due to the losses they experienced when their PDP drank, which they contrasted to the positive relationships they could experience when their PDP was sober. Wilson & Orford (1978) found that COPD made clear distinctions between their relationships with their PDPs when they were drunk and sober. For participants in the present study, part of the complexity they experienced in their relationship with their PDP seemed to be linked to witnessing very contrasting positive and negative sides of their PDPs.

A further layer of complexity arose when Tessa and Tani spoke of the *'moments of love'* and connection, which were interspersed alongside the pain in their relationship with their PDP. It was the complexity of this struggle which made it difficult for participants to conceive of their relationships with their PDPs as either *'black or white'.* This struggle and complexity is captured by Barry Mason's (2004) idea that within relationships there are always moments that 'the pain' can't touch. For some participants, there were moments of love and connection shared with their PDPs that the problem-drinking, confusion and chaos could not engulf, and so it could never be completely lost. While the dominant narrative reflected in current literature presents a largely negative picture of the relationship patterns between PDPs and their children (Brown, 1988; Beesley & Stoltenberg, 2002; Domenico and Windle, 1993); the present study, due to its qualitative nature, allowed for the inherent complexity of human relationships to emerge through the analysis of lived experience. For many participants, the positive times as well as the *'moments of love'* and connection they experienced with their PDPs, contrast with the black and white nature of the existing literature, and highlights the importance of finding a way to increase the times that 'the pain' can't touch for COPD (Mason, 2004).

The theory of co-dependency (Beatty, 1987) states that ACOPD tend to take on caretaking roles in relationships, often with partners whom they feel they need to 'fix' and often to the detriment of their own needs (Haverfield & Theiss, 2014). It has also been suggested that ACOPD are more likely than non-ACOPD to be drawn towards romantic partners who are problem-drinkers or problematic and in need of rescuing (Brown, 1988). However, most participants in the present study spoke of being settled with long-term partners who they described as offering them a sense of stability and clarity – qualities in direct contrast to the confusion and complexity of their early relationships with their PDPs.

The bewilderment and confusion that Gabi experienced in her relationship with her PDP appeared to influence the value she placed on her subsequent relationships. By grading her relationships according to their level of 'complication and confusion', Gabi communicates a personal construct (Kelly, 1955) which positions being 'complicated' versus being 'good',

implying that for Gabi relationships of value were those which were free of complication and confusion. It is possible that, due to their relational experiences of complication and confusion in childhood, other participants may have developed similar relational constructs which drew them to the opposite – stable, clear and uncomplicated relationships and partners (Kelly, 1955). Furthermore, it has been posited that the need for attachment continues throughout life, leading individuals to continually seek sources of nurturing (Holmes, 1996). It is possible that the lack of a secure base, consistency and clarity which appeared to characterise many participants' early relationships with their PDPs, may have led them to continue to seek this security and stability elsewhere, eventually being drawn to and finding it in romantic partners.

Many participants described early relationships with their PDPs as characterised by complex layers of confusion. For some participants, the resulting repeated invalidation of their experiences led them to questioning of 'self'. This, ultimately culminated in a sense of blame and guilt, which for some participants, still affect their current sense of self and relationships. However, these early confusing and complex relational experiences may have led participants to value alternative qualities in relationships, ultimately drawing them to long-term adult relationships with partners who offer clarity, stability and honesty.

4.2 Remembering feeling unsafe and finding safety

All participants except Glen explicitly spoke of feeling both physically and emotionally unsafe in their relationship with their PDP. Of particular salience was Lisa's account of being run over on a busy motorway while in the care of her intoxicated father. Both Lisa and Tani alluded to the constant threat of serious accidents in the home because of their PDPs' negligence as a result of being intoxicated. Although existing literature recognises that increased likelihood of violence and aggression can lead to COPD feeling unsafe (Velleman & Orford, 1999), it has neglected alternative sources of danger, which participants reported in this study, such as life-threatening accidents and incidents.

Feeling both physically unsafe and often *'bewildered',* contributed to participants also feeling emotionally unsafe in their relationships with their PDP. Furthermore, nearly all participants reported being verbally abused by their PDP, a finding which correlates to Kroll's (2004) review of the COPD literature. It was noteworthy that many participants in this study linked the pervasive sense of worry and fear to feeling unsafe. Dave's metaphor '*sitting on a volcano'* captured the sense of insecurity and unpredictability that participants seemed to carry with them on a day-to-day basis. Brown (1988) has referred to this as a hyper-vigilant stance common to COPD which can carry over to adulthood and become a way of life. Kroll

(2004) found that COPD reported living with a pervasive sense of fear and worry which was mainly due to a threat of violence in the home. However, in this study participants spoke of the same ubiquitous fear, yet linked it to both physical and emotional factors. Some participants also spoke of carrying this sense of worry into adulthood (Brown, 1988)

Glen and Tani did not report this pervasive fear and worry. It is important to note that Glen and Tani were the only participants who grew up with a problem-drinking father, and had a mother present in the home who was not a problem-drinker. Therefore, it is possible that, as some studies have suggested (e.g. Molinal et al, 2010), growing up with a non-problem-drinking parent could have been a buffer to the experiences of unsafety experienced by other participants. Attachment Theory (Bowlby, 1969) posits that both Glen and Tani would have been able to find a sense of safety in their non- problem drinking primary care-giver figure. In contrast, other participants experienced either problem-drinking fathers (with mothers who would sometimes drink also) or single-parent mothers as problem-drinkers. For these participants, in particular Tessa and Gabi, their 'secure base' may have also been experienced as an object of fear and unpredictability.

In response to the lack of safety experienced in their parental relationships, both Lisa and Tessa spoke of taking on roles of responsibility in the family. Theories of parentification (Burnett, 2006) have spoken of COPD experiencing a role-reversal due to a shift in responsibilities in families affected by parental problem-drinking. Lisa spoke of feeling a responsibility to *'keep safe'* when both of her parents were drinking, while Tessa took on the responsibility of keeping herself safe by contacting the police in response to the domestic violence she experienced from her PDP. In line with Dove's (2013) findings, the development of roles of responsibility by participants seemed to primarily serve the function of meeting their own needs for safety, rather than putting their PDPs' needs before their own, as has been described by the theory of co-dependence and linked to the concept of role-reversal (Brown, 1988).

All participants described coping with feeling unsafe as children and young people, by both physically and emotionally detaching from their PDPs. The concept of COPD coping through detaching and 'withdrawing' has been supported in the literature (Orford, Velleman, Copello, Templeton & Ibanga, 2010). Velleman & Orford (1999) found that COPD used 'detached ways of coping' with PDPs and termed this 'switching-off'. A more recent Finnish qualitative study into COPD's ways of coping, noted that the majority of children reported coping through 'avoidance' (Holmila, Itapuisto & Ilva, 2011). Participants in the present study seemed to cope in a similar way to the children of parents with mental health problems in a study by Mordoch & Hall (2008). They 'maintained the frame' in childhood through keeping a

safe distance from their parents and employing methods of avoidance until, for some, this became too much to endure and they were forced to completely 'opt out' and disconnect from their relationship with their PDP. Both Tessa and Gabi reported having to totally 'opt out' to be able to survive and maintain safety for themselves, with Gabi describing that it was just *'too emotionally unsafe'* to remain connected.

According to Attachment Theory and related studies (Brennan, Shaver & Tobey, 1991; El-Guebaly, West, Maticka-Tyndale & Pool, 1993; Vungkhanching, Sher, Jackson & Para; Jaeger, Hahn, & Weinraub, 2000), COPD who employed strategies of avoidance as a form of self- protection, are said to develop an insecure fearful-avoidant adult attachment style characterised by feeling uncomfortable getting close to, trusting or depending on others due to a fear of getting hurt (Bartholomew 1990). While both Gabi and Lisa did explicitly describe avoidant characteristics which they felt had challenged some of their adult relationships and which fit with a fearful-avoidant adult attachment style (Bartholomew, 1990) they also spoke of having surmounted these relational styles and tendencies to an extent which has allowed them to engage in stable long-term romantic relationships. This questions the assumption that attachment styles are said to be relatively stable across life (Hazan & Shaver, 1987), and that ACOPD are more likely to maintain insecure adult attachments styles (Kelly et al 2008;2010).

In the theme: 'Keeping sane through distance and distraction', participants in Dove's study also spoke of trying to maintain distance from their PDP in order to cope. Dove's participants spoke of using physical distance and distracting cognitive strategies to 'stay sane'. However, participants in the present study spoke with more urgency about the necessity to 'cut-off' to ensure their own emotional safety. Dove's theme: 'Booting up the defences to protect from pain', speaks of participants defending against their own emotional pain, while in the current study participants spoke about the need to maintain distance as a defence and protection from their PDP as opposed to their own emotions. For participants in the present study, cutting-off and detaching from their PDPs appeared to be a necessary strategy for their emotional survival.

Despite most participants feeling unsafe in their relationships with their PDPs, many participants reported finding safety in other adult relationships: extended family, step-parents, siblings and teachers. Tessa also felt that her friends at boarding school offered her the most meaningful support. Recent research by Holmila et al. (2011) found that 'same-age friends' were the main source of support reported by COPD. Many qualitative studies have highlighted the importance of supportive relationships for COPD (Velleman & Orford, 1999; Templeton & Velleman, 2009; Bain, 2011). Hall's qualitative study (2008) revealed that

experiences of poor communication and emotional unavailability in their PDPs led young people to develop supportive relationships with other adults. Most participants in the current study spoke of the value and importance of their supportive relationships. Neither Glen nor Tani shared this experience of protective relationships, however, but as previously mentioned, they both grew up with a non-problem-drinking mother who may have offered the support and protection that other participants were not able to find at home (Haverfield & Theiss, 2014).

The fact that participants who may have lacked the experience of a 'good enough' parental attachment relationship were able to find aspects of this experience through a variety of other supportive adults, peers and professionals, supports existing research which highlights the importance of protective relationships for this group (Velleman & Orford, 1999; Templeton & Velleman, 2009; Hall, 2008; Bain, 2011). A longitudinal qualitative study based on a Hawaiian population analysed data over a 30-year period to explore how COPD coped with growing up with a PDP (Werner & Johnson, 2004). They found that individuals, who relied on a significantly larger number of sources of support in their youth, coped the most effectively and became competent adults. Those ACOPD who did not, later developed coping problems in adulthood. This study demonstrates the importance of other supportive relationships if a parent is perceived as unavailable or unsafe. A criticism of Attachment Theory and the studies linked to it: is the over-emphasis upon a maternal primary-care giver to provide for all the child's needs and be solely responsible for their mental wellbeing. This minimises the valuable contribution of other caregivers and other relationships (Franzblau, 1999). It is possible that cultures which place more value on relationships within the extended family and community, and are less dependent solely on the nuclear family, may allow more opportunity for ACOPD to access a variety of nurturing relationships instead of having to depend on one or two parental relationships for all their needs.

Many participants described their early relationships as feeling unsafe, fearful and insecure due to their PDPs' behaviour. For some, a sense of worry has persisted into adulthood. Many participants reported the restorative aspects of significant protective relationships. Feeling unsafe led some participants to detach and avoid their PDPs to *'stay safe'.* However, these early defensive relational strategies of detachment did not endure to affect participants' current adult relationships.

4.3 Moving from invisibility towards finding a sense of myself

Feeling invisible due to the perceived *'self-obsession'* of their PDPs was an experience that many participants felt had impacted on their sense of self in childhood. This supports the

process of co-dependence which Brown posits results in a 'loss of self' for COPD due to the centrality of PDPs in the family system (Steinglass,1987). However, while participants spoke of a sense of invisibility due to the overwhelming dominance of their PDPs' needs, this did not seem to result in the development of a 'false self' dedicated to the needs of their PDP, as Brown suggests (1988). Instead, participants highlighted a resulting lack of reciprocity in their relationship with their PDP, with all exchanges dominated by their PDPs' needs, leaving them feeling unseen and unheard.

The apparent self-centredness of PDPs as experienced by COPD, is said to be the result of their parents nurturing a primary attachment to alcohol rather than their children Kroll (2004). Vygotsky (1982) reminds us that an individual's sense of self can only exist in relation to others, and this is demonstrated through the central relational processes of attunement and reciprocity in Attachment Theory (Bowlby, 1969). These relational processes between caregiver and offspring are said to be fundamental to the development of a coherent sense of self. Bowlby (1969) suggests that the responsiveness of caregivers to their children, particularly in reflecting back and mirroring their emotions through a reciprocal attuned relationship, are important processes through which the child learns to recognise and internalise their own emotions, and so can begin to construct a sense of themselves and others. The very definite lack of reciprocity experienced in relationship with their PDP left participants feeling as though they did not exist, as there was *'no space to exist'*. A relational dynamic which suggests that the important attachment processes of attunement and reciprocity inherent in the healthy development of a coherent sense of self may have been absent for many participants (Bowlby, 1969).

Tani described her PDP as being in his own *'bubble'*, reflecting the sense of disconnection and emotional unavailability participants reported experiencing as a result of their PDPs' self-obsession. A similar sense of loss and disconnection was also alluded to by participants in Dove's study (2013). The theme: *'Dealing with the loss of connection to parents'* speaks of participants' experiences of a gradual emotional absence from their PDPs. In both studies participants expressed a sense of sadness and regret for the loss of this relationship and a desire for a different relational experience (Kroll, 2004).

Many participants also spoke of experiencing a weak sense of self as a child and young person, in terms of their levels of self-esteem, linking this to their PDPs' behaviour and in particular the verbal abuse received. A similar theme also emerged for participants in Dove's (2013) study who described feeling *'damaged'* and *'scarred'* by their experiences. ACOPD have often been found to have significantly lower levels of self-esteem compared to non-ACOPD (Bush et al, 1995; Dove 2013). Dominico & Windle, (1993) found that it was a

negative sense of self in the form of low-self-esteem which undermined ACOPD functioning in relationships compared to non-ACOPD. Despite the fact that most participants in the present study reported low self-esteem and a weak sense of self as children and young people, many went on to describe a process of experiencing a stronger sense of self and identity, which then enabled them to achieve greater intimacy in adult relationships.

For some participants, this move towards a more coherent sense of self was linked to a sense of drive and motivation to pursue particular vocations and careers linked to their personal values. Such a path, gave them a sense of purpose and independence and were often linked to working closely in a supportive relationship with others. Positive themes of identity highlighted by ACOPD in Botha's study (2005) included a sense of drive, independence and empathy for others. Linked to this, Bain (2011) found that an important theme relating to sense of self for ACOPD was gaining a sense of independence. Participants in Bain's study spoke of the independence gained which allowed them to have some control over their lives, and become increasingly confident in their own abilities as a result. Many participants in the present study appeared to share the positive attributes related to sense of identity and resilience for ACOPD (Botha, 2005; Bain, 2011) in terms of their independence, drive and vocations which were based on empathy for others.

Participants in Bain's study spoke of the necessity of being able to 'detach' from their PDP to a certain extent, in order to maintain their independence and sense of self, and this also impacted on their resilience. Most participants in the present study described a process of detachment from their PDP which began in childhood. It is possible that the ability to avoid and detach from their PDP, which was initially due to a necessity to *'keep safe'*, may have been a catalyst for participants' later capacity to gain the independence and autonomy required to pursue their own lives and interests. Such a process appears to have been fundamental in the enhancement of their self-esteem and the shaping of their sense of self (Botha, 2005; Bain, 2011). The strategies of detachment employed by participants in this study could be translated as an 'avoidant' attachment style in Attachment Theory (Ainsworth, 1878). However the present study, as well as Bain's (2011), have demonstrated that strategies of detachment can also be seen in a positive light, as a means to constructing a healthy sense of self as well as resilience.

Although Tessa reported having been able to detach from her PDP, both physically and mentally to a certain extent, she was the only participant to struggle when she spoke of her current sense of self. The fragmentation of her speech appeared to mirror her description of her experiences. Cook at al. (2005) speaks of how neglectful or abusive parenting or childhood trauma can lead to a detached and fragmented awareness of one's emotions and

'self'. Tessa's experiences of neglect and domestic violence from her PDP, which were not reported by any other participant to the same extent, may have accounted for the difficulty she seemed to experience conceptualising her sense of self in language. Participants in Dove's study spoke of similar struggles in the theme: *'I'm still in the process of trying to figure out who I am'.* Some participants spoke of uncertainty about *'who they were'* and expressed still being in a process of discovering who they wanted to be. Although unsure of themselves, Dove's participants were able to verbally express this uncertainty, while Tessa struggled to verbalise anything which was directly linked to her sense of self. It is also possible that the repeated invalidation and confusion that Tessa experienced in relation to the theme: '*Moving from bewilderment to seeking clarity and stability in relationships'* may have also impacted on her sense of self. Follette (1994) suggests that individuals who experienced frequent childhood invalidation of their emotions can have difficulty making sense of their internal experiences in adulthood.

Some participants alluded to the link between the development of a stronger sense of self and the capacity for intimate relationships. For most, this took the form of both a development of self-esteem and self-knowledge. Attachment Theory supports this by suggesting that a coherent sense of self and the capacity for autonomy is an essential prerequisite for intimacy with others (Holmes, 1997). Healthy and secure attachments are said to be characterised by a capacity to move flexibly between both autonomy and intimacy (Holmes, 1997). While most participants reported low self-esteem and a fragile sense of self in childhood, most were able to develop and build a stronger sense of self and identity through later experiences in their life, allowing them to engage in positive intimate and 'secure' relationships. This opposes attachment-based studies which posit that ACOPD are more likely than non-ACOPD to carry insecure attachment styles from childhood to adulthood relationships and that such attachment styles remain stable throughout life (Hazan & Shaver, 1987). While most participants in this study did experience parental practices which led them to detach and distance from their PDP, this relational style was not experienced as static but evolved and changed, enabling participants to engage in secure and intimate romantic relationships later in life.

4.4 Making a choice to change my relationships

All participants except Tani spoke explicitly about the learning and growth they had experienced through significant adult relational experiences in their lives. It is of note that Tani had very different experiences to the other participants. This was largely due to the fact that, unlike other participants, she was not looking back retrospectively at the difficulties and

pain in her relationship with her PDP, instead this was still current for her at the time of interview. Since Tani was at a very different stage to other participants, she did not reflect as much of the restorative themes that others shared. Dave and Tessa both reported on making very clear decisions to work on how they managed their intimate relationships through engaging in a therapeutic relationship. They spoke of the re-parenting they felt they had experienced through a significant therapeutic relationship, which is in line with more psychodynamic ideas of the therapeutic relationship as an analysis and re-writing of past attachment patterns (Lemma, 2006). Similarly, Gabi spoke movingly about an equally therapeutic relationship, through which she appeared to experience a re-enactment of the raw intimacy, vulnerability and closeness of an early attachment relationship, in her role as a 24-hour carer for a patient who had very severe physical needs. For Lisa and Glen it was the experimentation and learning they experienced through some of their adult relationships which they felt contributed to their growth and knowledge of themselves.

While protective relationships offered many participants the sense of safety and connection they needed to survive in childhood (Hall, 2008), these later significant relational experiences seemed to offer participants a chance to review and re-write their relational scripts (Byng-Hall, 2008), allowing them to experience subsequent relationships differently. The way in which participants made sense of and learnt from these experiences, seems to challenge dominant ideas in the existing literature, which assume a permanent and causal link between early family relational experiences and later adult relationship functioning. Furthermore, the categorisation of individuals in the form of attachment style, co-dependency, or dysfunctional roles, assumes that early relational experiences result in static and inevitable outcomes. This discounts the inherent fluidity and complexity of human interaction and relationships which this study has helped to reveal (Knudson-Martin, 2012).

All participants except Tani spoke of making explicit choices at certain points in their lives to change the way they experienced relationships. The desire to do things 'better' than they had experienced in early relationships, was also a strong theme for participants in this study. For some, it was a desire to ensure their children had better family relationships than they had experienced through endeavouring to correct their own family scripts (Byng-Hall, 2008). For others, it was an explicit decision to improve themselves through engaging in long-term therapy. Others spoke strongly of wanting to behave in a way that was the complete opposite to their PDP. In the absence of positive parental role models, individuals are said to use parents as a model of what not to be (Guidano & Liotti, 1983 cited in Dove, 2013). The theme: *'I don't want to end up like that, striving to be better'* in Dove's study (2013), reflected participants expressed desires not only to be very different to their PDPs, but to be *'better'*.

Participants spoke of possessing a certain *'drive and determination'* to engage in active attempts to better themselves, one of which was through therapy.

Two studies which explored the experiences of family members of problem-drinkers (Bennett, Wolin & Reiss, 1988), and adult outcomes for children in care (Rutter, Quinton & Hill,1990), found that qualities in participants termed 'planning' and 'deliberateness', which appeared to evolve from experiences of childhood adversity, were protective factors for later adult outcomes. These qualities were related to individuals being able to make clear decisions about their lives, which enabled them to step outside their adverse circumstances in a way that was deliberate and required independence (Velleman & Orford, 1999). Tessa captured many participants' experiences of deliberately making a choice to step out of a cycle of adversity, when she spoke of making a decision to reject her PDP's mantra: *'We are all victims of victims'.* Both Botha's (2005), and Bain's (2011) studies also capture the striving to be better that nearly all participants spoke of. *'A drive to be better'* was the most meaningful and significant quality that participants related to their sense of identity over any other, while *'striving to be the best'* that they could in all their endeavours, was an aspect of self which all participants identified and related to their own resilience in Bain's study (2011).

Dave, Lisa and Gabi all spoke of harnessing the qualities they felt they had acquired through their adverse early relational experiences, in order to give back to others through their choice of vocation. Participants spoke of qualities such as sensitivity, care and being able to use their hyper-vigilance in a way which allowed them to be observant of others' needs. Participants expressed that this was not only a factor which reflected their core values in life, but that it was also a valued part of their identity and sense of self, with Dave describing it as *'a gift'.* Participants in Dove's study (2013), spoke of similar experiences of harnessing traits developed through their experiences of being COPD, such as independence, sensitivity and awareness, and using them to drive career choices which were characterised by helping others.

The current literature suggests that compared to non-ACOPD, ACOPD report less satisfaction in their intimate relationships (Beesley & Stoltenberg, 2002). Kearns-Bodkin & Leonard's (2008) found that ACOPD reported lower marital satisfaction than non-ACOPD, and particularly when the PDP was the opposite gender to the participant. These findings were supported by Dove (2013), who reported that five out of six of her participants were not in current long-term relationships, and spoke of having little hope of being so in the future; indeed these participants' PDPs were of the opposite gender.

Findings from the present study seem to offer an alternative and expand these findings, with all participants in this study expressing an improvement in their current relationships

compared to their earlier relationships. All participants in the present study were in stable long-term relationships and all expressed relationship satisfaction. These findings also show exceptions to the theory of co-dependency, which states that ACOPD tend to be drawn to unstable partners who they feel they need to 'fix' (Beatty, 1987).

As previously mentioned, much of the current literature has focused on university-age (18-21 years) samples resulting in a cross-sectional snap-shot of ACOPD inter-personal functioning at this specific period of development. In contrast, the present study was able to chronical participants' relational experiences and, in doing so, offer a perspective from a more advanced developmental stage (with participants ranging between 33-55 years of age). Erikson's Lifespan model of self development (1950, 1968) involves the successful advancement through particular psychosocial stages. 'Intimacy vs Isolation' is the stage linked to the period of young adulthood (18-40 years) and is primarily concerned with the successful establishment of intimate relationships. Findings from current literature have been limited to capturing only the earlier part of this developmental stage, while the present study has allowed for the later part of this stage to also be captured, and as a result a very different perspective has been allowed to emerge.

As previously mentioned the ability to detach from their PDPs allowed Bain's participants a level of independence and control over their lives which increased their confidence, allowing them to achieve educational and career success (2011). All participants in the current study reported a similar experience which, in turn, allowed them to develop a stronger and more coherent sense of self; a self more able to function in intimate relationships. It is possible that these contextual factors, which are also linked to resilience in this group, influenced the findings of this study. Another possible contributing factor to the present findings may be the quality of stability that many participants linked to their current partners. In their study Velleman & Orford (1999) found that despite many of their participants having experienced severe relational difficulties in their childhood and early adulthood, most had achieved some measure of stability by the time they were interviewed. Velleman & Orford (1999) attributed this to what they termed 'stabilising factors', of which included educational success and career success, but most significantly, participants attributed their stability explicitly to a partner who was stable, calm or supportive. A strong theme for participants in the present study was indeed the presence of a long-term partner, who offered the stability and clarity that appeared to be in direct contrast to earlier relationships with their PDPs.

Participant

The findings of the present study reveal the complexities of this group's relational experiences and sense of self and enrich our understanding of such. In contrast to much of

the existing literature, it appears that ACOPD are not necessarily more likely to experience relationships characterised by insecure attachments, co-dependency and dysfunctional roles. Rather than the idea that there is a direct causal link between having a PDP and dysfunctional adult relationships, this study allows us to move away from fixed predictions towards considering other possible mediating experiences which can enhance resilience in ACOPs. An individual's context, ability to detach from unsafe relationships, draw on protective and supportive relationships, strategies of coping, level of independence, own determination and drive, education and career achievements are all possible mediating experiences which can allow for the development of a more stable sense of self, leading to more stable, caring and enduring relationships which can ultimately be restorative. This study offers a new perspective through recounting the journeys of a highly resilient group of ACOPDs and the ways in which they have been able to evolve and develop through their experiences, and as a result lead more fulfilled lives.

4.5 Clinical Implications

While participants in this study demonstrated resilience through their ability to eventually maintain long-term, stable and satisfying relationships, they also spoke of their early relationships being characterised by feeling unsafe, confused and by a weak sense of self and low self-esteem. Findings from this study reveal that a major contributing factor to participants' resilience were the protective and supportive relationships they experienced throughout their lives. This seemed to influence their development of self, ability to make choices and take control of their lives, as well as the deliberate choices to be 'better'; qualities which have all been linked to resilience (Velleman & Templeton, 2007). In terms of interventions for this group, it has been suggested that practitioners should work with COPDs and their families to promote such resilience (Velleman & Templeton, 2007). There has also been a recent movement away from involving family members in interventions solely in aid of the problem-drinker's recovery, towards working directly with families to address their needs through educational and psychosocial programmes such as M-PACT (Copello, Velleman & Templeton, 2005; Templeton, 2012).

However, such clinic-based interventions require active engagement from COPDs and their families which, given the suggested denial, shame and secrecy in families where there is problem-drinking, remains a challenge (Brown, 1988). Participants in the current study spoke overwhelmingly of not finding services helpful while growing up. Some expressed dissatisfaction at the complete absence of support, while others spoke of the stigma and shame of feeling like a *'problem child'* as well as the fear of consequences if they did seek

help. In a study which asked children about their experiences of support (Holmila et al, 2011), children similarly spoke of the stigma and fear associated with seeking help from professionals.

Protective and supportive relationships, both from within and outside of the family, were an important factor in developing participants' resilience in this study; while participants reported facing challenges engaging in more formal professional relationships for support. Consequently, it may be more useful to focus on indirect interventions aimed at identifying and supporting key adults in COPDs' lives who could offer protective relationships and build the resilience of this group. Velleman & Templeton (2007) suggest that one way to do this is through indirect intervention with other possible key adult-figures who could provide a stabilising influence for COPDs. A study in Scotland (Barnard, 2003 as cited in Velleman & Templeton, 2007) found that extended family involvement with COPDs was pivotal to their wellbeing. Therefore, it may be more helpful for intervention to move away from the current traditional direct clinic-based approach in favour of a community psychology approach which may help to promote, build and support protective relationships in the extended family, school, community and other related systems.

Findings from this study also gave an insight into the extent and complexity of the confusion experienced by ACOPD and how this can lead to a tendency for self-blame and questioning of self in relationships. Education and information about the effects of problem-drinking has been said to aid understanding in COPDs, helping to reduce self-blame and guilt in this group (Emshoff & Price, 1999 as cited in Dove, 2013). Furthermore, when asked what would be helpful for them, children and teenagers in the study by Holmila et al (2011) requested information to help them understand the complex problems they were living with, and indicated that both school and the internet (The National Association for Children of Alcoholics, 2015) would be the most readily available sources of help. Given the findings of this study, it would be important for information about the effects of problem-drinking on PDPs' behaviour to include the concepts of both amnesia and denial; enabling COPDs make sense of their experiences in an attempt to reduce their potential for self-blame.

While some participants spoke of school being an important source of protective relationships in terms of connections to peers and teachers, others spoke of feeling blamed and punished at school instead of supported and understood. Given that school is a place where COPDs can escape their home environments, it provides an ideal opportunity for supportive relationships. Therefore, it would be imperitive that teachers and educational professionals were well-informed about the possible range of experiences of COPDs, how to best support them, and in so doing, offer them an alternative relational experience to

promote their resilience. A suggestion for support made by COPD was that '*Teachers could be on the watch as to how the child behaves at school, and could the bad situation at home be the reason for the bad behaviour'* (Holmila et al., p.184, 2011), highlighting the importance of school as an opportunity to support COPD.

Some participants in this study also spoke of the importance of a long-term therapeutic relationship, which they described as pivotal in their lives in terms of being re-parented, and as a result, being able to function more effectively in their adult relationships. Therapeutic support groups exist for ACOPDs (e.g. Al-Anon, ACA), and many people benefit from being able to share their experiences and the knowledge that they are not alone. However, many participants in Dove's study who reported using support groups, still reported significant difficulties linked to their capacity for intimate relationships. Findings from this study suggest that a long-term in-depth therapeutic relationship can be extremely beneficial in addressing the often difficult early relational experiences of this group. While more short-term cognitive behavioural therapies (CBT) are currently favoured within the NHS, long-term therapy, which fits more with the psychodynamic paradigm, appears to have been very effective in enhancing the resilience for some participants in this study. Furthermore, while the participants were able to maintain current stable and satisfying relationships, many other ACOPD continue to experience difficulties in this area (Dove, 2013). The current findings related to the resilience of this group, such as supportive relationships and the importance of personal values, could be drawn upon to inform clinical interventions with ACOPD.

4.6 Suggestions for further research

The qualitative nature of this study allowed for further complexities to emerge in the ways that participants made sense of their relational experiences with their PDPs, in particular their experiences of confusion and bewilderment. Existing literature about the experiences of children of parents with mental health difficulties have come to similar conclusions about the importance of children being able to make sense of their often bewildering experiences (Walsh, 2009; Mordoch, 2010). Further research could consider comparing COPD to children of parents with serious mental health difficulties, such as psychosis, to explore the similarities and differences in how they experience and make sense of confusion and uncertainty. This may promote further insight into this group's specific needs for information and support.

Given that all participants in this study demonstrated a level of resilience through being in current long-term stable and satisfying relationships. It would be interesting to further explore the relationship between PDPs and offspring. Focusing on a similar sample of resilient

ACOPD may allow for further exploration of the contextual factors which contribute towards resilience for this group.

In this study many participants described developing a sense of themselves in adulthood through achieving independence, made possible by a certain level of detachment from their PDPs. This sense of independence coupled with a drive and determination to *'be better'* led many participants to link their new sense of self and identity with their academic and career achievements. Gabi explicitly described that it was her '*relationship with a profession'* which shaped her sense of self '*more than with a person'*. Western culture can be said to particularly value qualities such as independence, autonomy and career development. Given that this was a western-based study with predominantly western participants, it would be interesting for future research to explore the experiences of ACOPD from different cultural backgrounds in order to discover whether cultural values have an influence on how participants experienced their sense of self and identity. And, furthermore, if cultures which place more value on extended family and community relationships, offer different relational experience for ACOPD.

Participants in this study appeared to demonstrate resilience, which was reflected in their later adult relationship functioning. Most participants described having educational and career opportunities as well as personal financial resources, e.g. allowing them to engage in long term private therapy. Such qualities may indicate that the current sample were predominantly from a similar socio-economic background, which could have influenced their resourcefulness and resilience. Future research could explore whether similar outcomes of resilience, allowing for stable relationships in adult life, are also present for participants from less privileged socio-economic backgrounds.

4.7 Methodological Considerations

Due to IPA being an idiographic approach, it is not the purpose of this study to generalise findings over a wider population, nor seek definitive answers. IPA is also an interpretative approach and, despite the analysis being rigorous, it is possible that others may have interpreted the data differently than I have. In line with IPA methodology, this study's aim was to privilege lived experience. However it is acknowledged that, given the retrospective nature of the study, a temporality was implicit in the data. However, IPA allows for this through a focus on the current experiences of those past events.

At the time of interviews, all participants were in long-term, stable and satisfying relationships. These findings offer something different to most of the existing literature, including Dove's recent qualitative study, in which five of the six participants were not in

relationships and expressed little hope of this changing in the future (2013). It is possible that some of the processes of recruitment may have impacted on the nature of this sample, in particular its levels of resilience. Some participants commented on the use of the term 'problem drinker' in this study, expressing that they felt it minimised the meaning they attributed to the more familiar and preferred term 'alcoholic'. In light of this, it is possible that using the term 'problem drinker' in recruitment material may have had a potential selection bias. Some potential participants may have felt that the term 'problem drinker' was unfamiliar to them and did not fit with the severity of their experiences or their relational outcomes. Furthermore, the fact that the study's title specifically mentions experiences of 'relationships' could have impacted the potential sample by deterring those who were not in current romantic relationships, and so may have thought the study irrelevant to them. It is also possible that this may have deterred individuals with less positive relational outcomes, who may have found talking about their experiences too difficult. The resilience of this sample could also be explained by the fact that they were not drawn from a help-seeking population (Harter, 2000).

During their interviews, two of the participants in this study alluded to their PDPs having further difficulties in the areas of mental health and socio-economic hardships, which they felt had impacted on their emotional wellbeing. While some would view these as co-morbidities which have the potential to affect findings (Harter, 2000); the nature of problem-drinking is such that it is often used to cope with adversity and distress in people's lives (Bolton, Robinson & Sareen, 2009), and so cannot easily be separated from other human problems. Problem drinking seldom exists in isolation, but is frequently accompanied by *'unhappiness'* and human emotional distress. This complex combination could be said to place COPDs in an even more vulnerable position, as participants pointed out, there were already existing problems, which they felt the problem-drinking intensified.

4.8 Reflexivity

As previously mentioned, reflexivity is crucial to the quality of qualitative research and is concerned with ways in which the researchers own interests, values and assumptions could influence the research process and outcomes (Yardley, 2008). In light of this, I endeavoured to maintain a reflective stance throughout the process, aided by entries in a reflective journal, as well as frequent discussion with supervisors and in peer supervision.

Many of the challenges I faced were linked to the interview process and the analysis. As a novice researcher, this new role was at times a challenge, as it sometimes conflicted with my more established role as a therapist. This challenge was further compounded by the often

sensitive and emotive nature of the experiences which participants were sharing with me. I was very aware that participants were sharing highly personal and important stories with me, someone they had just met, and I often felt uncomfortable and unsure of how to maintain the role of researcher, as well as remain respectful to their story. This often led to interviews lasting more than the 60 minutes recommended by Smith et al. (2009). Reflecting on this and discussing it in supervision, helped me remain aware of my tendency to slip into a therapist role. On listening back to the recordings of the interviews, I noticed that as the interviews progressed I was able to bracket this role and increasingly take on more of a researcher position.

I made a decision to disclose my identity as an ACOPD prior to commencing the interview, and as part of adding context to the story of how I came to the research. I made this decision firstly, because I felt that it may have aided in levelling the potential power imbalance incurred through the professional status of 'researcher'. Furthermore, I was influenced by a more senior researcher's experience in which he had witnessed that disclosing his status as an 'inside researcher' (Kanuha, 2000), had been a catalyst for participants to open up and feel more comfortable sharing their experiences with a stranger. It was my sense that participants did feel more comfortable and able to be open about their experiences on knowing my status; a fact which was confirmed spontaneously by two participants.

After each interview I recorded my initial responses and reflections in a reflective journal. This helped me to reflect on how the interview had made me feel and the possible reasons, and why I may have felt more or less connected with particular participants, or certain parts of their interviews, over others. Doing this allowed me to become more aware of my own personal story, and which parts may become stirred or connected with my participants. This awareness helped me to recognise, and so bracket my own experiences, values and assumptions, as much as possible, during both the interview and analysis process.

4.9 Conclusion

The aim of this study was to explore ACOPDs experiences of relationships and the ways in which these experiences may have shaped their sense of self. All participants in this study were able to describe and reflect on both childhood and adulthood experiences of relationships. Many participants' experiences supported the existing literature, while the way in which participants made sense of their experiences also allowed alternative perspectives and possibilities to emerge. Participants' early relational experiences were influenced by confusion and uncertainty, supporting the existing literature. However, the ways in which participants made sense of these *'bewildering'* experiences added further layers of

complexity, enhancing our understanding of the sense of guilt and blame which some participants carried into adult relationships. These early *'bewildering'* relational experiences also seemed to have the effect of drawing some participants towards contrasting later intimate relationships, characterised by clarity and stability; a finding which enriches and offers an alternative to the current literature. Feeling unsafe, experiencing a 'loss of self', and using strategies of detachment and avoidance due to early relational experiences with their PDPs, were experiences which were also supported by the existing literature. However, participants were also able to draw support from protective relationships, and subsequently these early relational patterns did not endure into adulthood and affect participants' current adult relationships. Alternatively, the ability to detach from their PDPs seemed to be a catalyst for a sense of adulthood independence, motivating a sense of drive, determination and desire to be better, culminating in achievements which helped to shape and build participants' sense of self. Participants also described being able to develop their sense of self through other supportive adult relationships which offered them an opportunity to see that things could be different, and offered them a sense of self-validation. Through the development of their sense of self in adulthood, participants spoke of being able to engage in intimate relationships more easily.

This study has allowed for the experiences of a resilient group of participants to be heard,and offered an alternative perspective on the relationship functioning of ACOPDs. The findings of this study allow us to move away from the fixed predictions and direct causal links between being a COPD and the quality of later adult relationships, as proposed by the majority of the existing literature. Instead, the findings from this study have highlighted that other mediating contextual factors: the ability to maintain independence, protective relationships, one's own drive and determination, education and career, and different experiences of adult relationships which offer a healthier alternative to childhood experiences, are all aspects of resilience which led participants to experience more hopeful outcomes.

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Appendices

Appendix 1: Recruitment advert – Studynet

While you were growing up did either of your parents have a problem with alcohol?

I am a third year student on the Clinical Psychology Doctorate and as part of my thesis research I am interested in talking to people who grew up in homes where at least one parent experienced a problem with their drinking. I am interested in hearing these people's stories about their experiences of relationships throughout their lives so far. Current research and practice often neglects the needs and experiences of the families of problem drinkers and it is hoped that this research might raise more awareness and contribute to future therapeutic intervention with this group.

If you are interested in finding out more then click on my participant information sheet or contact me on: s.nasr2@herts.ac.uk

(Study approved by the Psychology Ethics Committee at the University of Hertfordshire (Protocol number aLMS/PG/UH/00277)

Appendix 2: Recruitment advert – 'Twitter'

Did you grow up with a parent who had a drinking problem? Would you like to contribute to my research? email s.nasr2@herts.ac.uk

Appendix 3: Recruitment advert – 'Facebook'

Did you grow up with a parent who had a drinking problem? Would you like to find out more about contributing to my research? Follow the link or e-mail s.nasr2@herts.ac.uk

Link:

Participants needed for a Doctoral Research study: '**Adult Children of Problem Drinkers: Experiences of Relationships'.**

Did you grow up with a parent who had a drinking problem? How did these experiences affect you and your relationships? I am interested in the stories of adult children of problem drinkers. This research will inform my thesis as part of a Doctorate in Clinical Psychology.

Aim of the Study

I would like to speak to people who grew up with at least one problem drinking parent to explore how this may have affected their sense of self, others and their relationships throughout their life.

Current research and practice has tended to neglect the experiences and needs of the family around the problem drinker and it is hoped that the current research will contribute towards raising awareness into both the effects and possible support for adult children of problem drinkers.

What is involved?

A face to face informal interview which will last between 1-1 ½ hours.

I will ask you to share your stories and experiences of relationships throughout your life and may ask questions about your early and current relationships. This interview will be audio recorded and then transcribed.

Who can take part?

You must have grown up in a home where at least one of your parents had a drinking problem and be over 18 years old.

Why take part?

Many people find talking and reflecting on their experiences to be beneficial. This research will explore how people's experiences of living with a problem drinking parent may have impacted on their sense of self, others and relationships. This research may also help in the development of appropriate support for adults and children affected by parental problem drinking.

Want to know more?

Please contact me for further information on s.nasr2@herts.ac.uk

(Study approved by the Psychology Ethics Committee at the University of Hertfordshire (Protocol number aLMS/PG/UH/00277)

Appendix 4: Recruitment advert – E-mail

Dear all,

I am e-mailing to ask for assistance in finding participants for my Doctoral Research Project.

As some of you may know, I am interested in the experiences of people who have grown up in a home where at least one of their parents had a drinking problem. I am particularly interested in these people's experiences of relationships throughout their life.

I have attached a leaflet with some more information about the study and would be grateful if you could pass it on to anyone who you think might be interested in taking part. Taking part would involve meeting and talking to me about their experiences as part of an informal interview at their home, my University or a location which was convenient for them. I can send more information to anyone who is interested.

Many thanks for your help!

Best wishes,

Soad

(Study approved by the Psychology Ethics Committee at the University of Hertfordshire (Protocol number aLMS/PG/UH/00277)

Appendix 5: Recruitment advert – Email attachment

Did you grow up with a parent who had a drinking problem?

As part of my Doctoral thesis research I am interested in hearing the stories of people who grew up in a home where at least one of their parents had a drinking problem. I am particularly interested in hearing about their experiences of relationships and the meaning they may have made of their experiences.

This research is part of my Clinical Psychology Doctoral thesis at the University of Hertfordshire. Currently, services and support for the family of problem drinkers are limited in comparison to services for the individual problem drinkers. It is hoped that research such as mine might contribute to changing this through promoting awareness and understanding into the experiences of the family around the problem drinker and what their needs may be.

If you consider yourself to be an adult child of a problem drinker and you may be interested in sharing your experiences for the purpose of my research, or you would just like to find out more, then please contact me and I can provide you with further details about what the study would involve.

Thank you

Soad Nasr

Trainee Clinical Psychologist

07896241336

s.nasr2@herts.ac.uk

(Study approved by the Psychology Ethics Committee at the University of Hertfordshire (Protocol number aLMS/PG/UH/00277)

Appendix 6: Participant Information Sheet

Participant Information Sheet

Project Title: Adult Children of Problem Drinkers: Experiences of Relationships

I am a third year Clinical Psychology Doctoral student at the University of Hertfordshire and I am looking for participants to help me explore the experiences that adult children of problem drinkers have had of relationships during their lives.

Aim of the Study

The purpose of this study is to explore what relationships were like for someone growing up in a home where at least one parent experienced drinking problems and how these experiences may have influenced later relationships.

Why Take Part?

Support, services and treatment are currently lacking for those who have been affected by parental problem drinking. Research has shown that one area affected by this experience is interpersonal functioning and relationships. If you participate in this study you will be contributing to a better understanding of how offspring can be affected by the problem drinking of their parents and how this might impact on the meaning they make around relationships both in childhood and adulthood. It is hoped that a better understanding of this area may inform more intervention, support and services for this group.

What is Involved?

If you agree to take part in this study you will be asked to take part in an informal interview with me which will last up to 1- 1 ½ hours. I will ask you to tell me about your experiences of relationships over your life. This may involve talking about your relationship with your birth family, own family, friends as well as past and current romantic relationships.

The interview will be recorded and then transcribed by me. In the event that I use a transcription service I will ensure to use a reputable service that will have to sign a confidentiality agreement.

I will then analyse the data. I will use a method of analysis which will involve using direct quotes from your interview, however all names will be changed and all identifiable information will be removed to ensure confidentiality.

Who can Take Part?

To take part in this study participants must be over 18 years old and have grown up in a home where at least one of their parents experienced drinking problems. Participants should not be currently living with their problem drinking parent or be experiencing problems with alcohol or drugs themselves. Participants should not have experienced physical or sexual abuse from the problem drinking parent.

Are there any risks involved in taking part?

Many people find it beneficial to talk about their experiences, however sometimes talking about past and present relationships can evoke difficult feelings, particularly if these experiences were negative. It is advisable that you consider how it may feel to share your experiences before taking part.

If during our interview you disclose anything which gives me concern for your welfare or the welfare of others I will have a duty to seek support from appropriate services, however I would always discuss this with you first.

Voluntary participation

Participation in this study is entirely voluntary, which means that you have the right to withdraw your participation at any time and you do not have to give a reason.

Confidentiality

Any data you give as a result of this research will remain confidential and anonymous and will be used only for the purposes of this study. All data will be anonymised and kept in secure storage in accordance with the University of Hertfordshire's data storage policy.

What will happen to the results of this study?

The data collected in this study will be used in a third year Doctoral Psychology project at the University of Hertfordshire. In the event that the results of the study are published participants names will not be used and all identifiable information will be removed.

Who has reviewed this study?

The project has been approved by the Psychology Ethics Committee at the University of Hertfordshire (protocol number aLMS/PG/UH/00277).

I'd like further information

For further information about this research please contact Soad Nasr, Trainee Clinical Psychologist on 07896241336 or at s.nasr2@herts.ac.uk or my supervisor Dr Lizette Nolte, Clinical Psychologist, University of Hertfordshire on 01707 284767 or at l.nolte@herts.ac.uk

Appendix 7: Participant Consent Form

Participant Consent Form

Title of Research Project:
Adult Children of Problem Drinkers: Experiences of Relationships

Statement by Participant:
I have read and understood the information sheet provided about the study.

I fully understand what my involvement will entail and I have had any questions I have about my participation answered and am satisfied with this.

I am aware that my participation in this study is voluntary and that if I decide I would like to withdraw from the study I can do so at any time without judgement or having to give a reason.

I understand that if I do not wish to answer a question or discuss a topic that I have the right to refuse to do so without judgement or having to give a reason.

I have been made aware that all information I provide will be anonymised and securely stored in order to protect my confidentiality

I have agreed for my interview to be recorded, transcribed and analysed.

I understand that the data gathered from my interview may be published as part of a piece of academic research and should that happen my identity will be anonymised.

I have been provided with the relevant contact details should I have any questions, need any further information or need any clarification about the study or my involvement.

Participant's name …………………………………………..

Participant's signature ………………………………............. Date……………………

Statement by Investigator
I have explained this study and the possible implications of participation in it to this participant without bias and I believe that the consent is informed and that they understand the implications of participation

Investigator's Name ………………………………….

Investigator's Signature ………………………………… Date …………………………

(Study approved by the Psychology Ethics Committee at the University of Hertfordshire   (Protocol number aLMS/PG/UH/00277)

Appendix 8: Ethical Approval

UNIVERSITY OF HERTFORDSHIRE
HEALTH & HUMAN SCIENCES

ETHICS APPROVAL NOTIFICATION

TO   Soad Nasr

CC   Dr Nick Wood

FROM   Dr Richard Southern, Health and Human Sciences ECDA Chairman

DATE   22/10/14

Protocol number: **aLMS/PG/UH/00277**

Title of study: Adult Children of Problem Drinkers: Narratives of Relationships

Your application to modify the existing protocol LMS/PG/UH/00277 as detailed below has been accepted and approved by the ECDA for your school.

Modification: Interview questions changed to better access stories around relationships and alcohol use in the family of origin

This approval is valid:

From: 22/10/14

To: 31/07/15

Please note:

Any conditions relating to the original protocol approval remain and must be complied with.

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1 or as detailed in the EC2 request. Should you amend any further aspect of your research, or wish to apply for an extension to your study, you will need your supervisor's approval and must complete and submit a further EC2 request. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1 may need to be completed prior to the study being undertaken.

Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately. Failure to report adverse circumstance/s would be considered misconduct.

Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Students must include this Approval Notification with their submission.

Appendix 9: Confidentiality agreement

University of
Hertfordshire
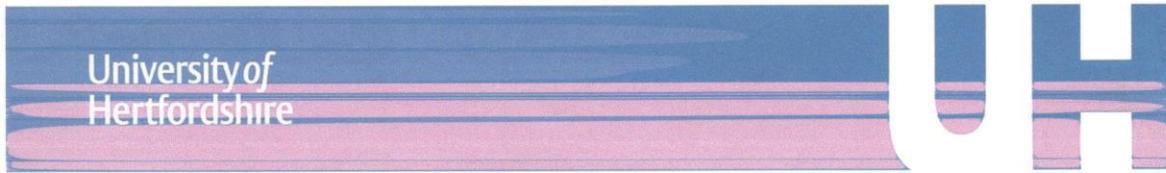
Transcription Agreement

Doctorate in Clinical Psychology

University of Hertfordshire

Transcription confidentiality/ non-disclosure agreement

Researcher: Soad Nasr

This non-disclosure agreement is in reference to the following parties:

Soad Nasr

And

Alltypes-secretarial.co.uk (Lesley Beadsley)

The recipient agrees to not divulge any information to a third party with regards to the transcription of audio recordings, as recorded by the discloser. The information shared will therefore remain confidential.

The recipient agrees to store all information in a safe and secure way.

The recipient also agrees to destroy the transcripts as soon as they have been provided to the discloser.

The recipient agrees to return and or destroy any copies of the recordings they were able to access provided by the discloser.

Signed: _Beadsly_

Name: LESLEY BEADSLEY.

Date: 18.12.14

Major Research Proposal   Student No: 12240008

1.

Appendix 10: Participant Debrief form

Debrief Form

Project Title: Adult Children of Problem Drinkers: Experiences of Relationships

Thank you for Participating in my study.

The purpose of this study was to explore how relationships are experienced by adults who grew up in a home with one or more problem-drinking parents. Current research shows that growing up in a home with a problem drinking parent can have an impact on interpersonal relationships. It is hoped that this research will allow for a more in-depth understanding of adult children of problem drinkers experiences of relationships throughout their life and the meaning they have made of their experiences.

The ability to maintain healthy interpersonal relationships is an important factor in the maintenance of good mental health. It is hoped that this study will provide researchers and clinicians with more of an understanding of the possible effects on relationship functioning for adult children of problem drinkers. Given the current lack of treatment and services aimed specifically at adult children of problem drinkers, I hope that this study will contribute towards understanding this group's needs in a way which might inform relevant and helpful

Intervention and services.

What was your experience of taking part in this study?

Would you like to be informed of the outcome of this study?

Do you have any further questions?

If you have experienced any distress as a result of talking about your experiences and feel that you may benefit from further support, please speak to your GP about possible options for counselling.

You may also find the following contacts helpful:

Al-anon; Confidential Hotline 0207 4030888

The Samaritans; Confidential Hotline 08457 909090

Adfam: www.adfam.org.uk

Alternatively do contact me if you would like to discuss your needs and I will endeavour to signpost or refer you to an appropriate source of support. If you have any other questions or concerns you may contact us on:

Researcher: Soad Nasr, Trainee Clinical Psychologist. 07896241336, s.nasr2@herts.ac.uk

Supervisors: Dr Lizette Nolte, Clinical Psychologist, University of Hertfordshire. 01707 284767, l.nolte@herts.ac.uk

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

(Study approved by the Psychology Ethics Committee at the University of Hertfordshire (Protocol number aLMS/PG/UH/00277)

Appendix 11: Examples of changes made to interview questions as result of Pilot interview

Initial question in Pilot interview:

Can you tell me about your family relationships at home when you were younger and if/how they have shaped / influenced you?

Changed to:

Who were they key people in your family when you were growing up?

➤ What was your experience of (that) relationship?
➤ *When you think back to (that) relationship what comes to mind?*

It was felt that the initial question was too explicit and the pilot interviewee found the latter part quite abstract and difficult to answer. Therefore the question was amended and simplified, opened-up and re- phrased in a way which was more in line with the IPA methodology of the study and allowed participants to speak freely about their experiences so that these could later be interpreted and ways in which relationships 'shaped and influenced' then implicitly drawn from the data.

Initial question in Pilot interview:

Has your experience of growing up with problem drinking parent / your relationship with your problem drinking parent shaped / influenced the way you view yourself? If so how?

Changed to:

Sense of Self

    (a) How do you see yourself as a person? How do you feel about yourself?

    (b) How do other people see you? (*If different…*Why different to how see self?)

    (c) Would this have been different if I had asked you when you were growing up with your PDP? In what way?

    (d) How do you feel that your experiences growing up with a PDP have influenced how you see yourself / your personality /your identity?

    (e) Do you think you would be any different if your parent had not been a problem drinker?

    (f) Is there anything in your relationship with your PDP that you feel has had a positive / negative effect on how you see yourself?

Again it was felt that the initial question may have been too explicit and the pilot interviewee found it quite abstract and difficult to answer. In response the question was amended through breaking it down into smaller clearer chunks, and making them more in line with IPA methodology. This allowed participants to explore their experiences step by step, and relied on the later interpretative IPA data analysis as the vehicle to elicit participant's sense of self instead of asking about it too explicitly.

Appendix 12: Semi-structured Interview schedule

Study: Adult Children of Problem Drinkers: Experiences of Relationships

<u>Demographic Information</u>

Name …………………………………………

Age……………………………………………

Gender…………………………………………..

Ethnic background……………………………

<u>Practicalities</u>

Who did you grow up with? (who lived in the family home?)

Which parent was problem drinker?

How long for? (and how long did you live with the parent who was a problem drinker)

I've chosen to use the term 'Problem Drinker' for my Study, what term do you use to refer to your parent's drinking?

What made your parent's drinking problematic? For you / for others?

Semi-Structured Interview Schedule   (PDP = Problem Drinking Parent)

EARLY LIFE

1. Who were they key people in your family when you were growing up?

(a) What was your experience of (that) relationship?
When you think back to (that) relationship what comes to mind?

Can you give me an example of / tell me a story of what happened?

(b) If you had to look back now and describe the relationship with your PDP what would come to mind? (words or images, examples, stories?)
EXPAND:

> ➤ Any prominent memories / stories that come to mind
> ➤ What feelings does it evoke for you
> ➤ How did you make sense of / understand your parents drinking
> ➤ What were the things which affected (upset) you the most about your parents drinking?

(c) How is this similar or different to your relationship with your other parent

Prompts

- Siblings
- Other significant family relationships, extended family
- 'Roles' with PDP and in family
- Family Environment

Attachment Prompts

- Looking back to when you were growing up – do you feel your needs were met? (emotional and physical)
- Would you say that you felt secure and safe when you were growing up?
- If you were upset or anxious what did you tend to do about it?
- If you were to think back to when you were growing up – did you feel 'understood' in your relationship with your (Problem drinking) parent(s)
  - ➤ Were your parents aware of how you were feeling?

➢ Were emotions and feelings spoken about in your family?
➢ Were you aware of how others were feeling?

- If you had to describe how you usually felt when you were with your PDP while growing up how would you? (words, images)

2. Were there any other key people for you outside your family when you were growing up?

(a) What was your experience of (that) relationship?
When you think back to (that) relationship what comes to mind?

Can you give me an example of / tell me a story of what happened?

(b) Are there any words or images which come to mind when you think of this relationship?

Prompts

- Friends
- Teachers
- Mentors

CURRENT / LATER LIFE

4. Who are the key people in your family for you currently?

(a) What is your experience of this relationship?
How did you come to have this relationship?

Can you give me an example of / tell me a story of what happened?

(b) When you think about your relationship with your (PDP) now what comes to mind? (words, images) **EXPAND**

(c) How is this similar or different to your relationship with your other parent?

(d) How is your current relationship with your PDP / family the same or different to how it was when you were growing up? **EXPAND**

5. Are there any other key people for you outside your family currently?

(a) What is your experience of this relationship?
How did you come to have this relationship?

Can you give me an example of / tell me a story of what happened?

(b) Are there any words or images which come to mind when you think of this relationship?

(c) How do you feel about your relationships with other people? (partners/friends)

(d) Do you feel that having a PDP has influenced your relationships with others? In what way? **EXPAND**

➢ How you function in relationships, current relationships?

Attachment Prompts

- Thinking back over your relationships and including your current relationships, do you feel that you have developed any beliefs / patterns / recurring feelings about relationships
- Would you say you have any expectations about how others will treat you in relationships (roles they will take)?
- Would you say you tend to behave in any particular ways / take on any particular roles in relationships?

- Do you find it easy to get close to people in relationships? (give me an example, tell me a story..)
- Have you had any experiences of being singe or having to separate from a relationship, how did you manage this?

6. If not mentioned spontaneously prompt for (Lydia's previous findings):

- Trust issues (trusting opposite sex)
- 'Difficulties understanding how relationships work'

- 'Fear of abandonment'
- 'Fear of being let-down'
- 'Fear of being intimate'
- 'Inability to be vulnerable'

(a) When you think about your current relationships, or relationships throughout your life is there anything you feel that you have particularly struggled with or found difficult to negotiate in relationships?

(b) Do you know why you may have struggled with these things?

Can you give me an example? Tell me a story about that

(c) Is there anything which you feel has gone well or that you have gained from the relationships you have had?

Can you give me an example? Tell me a story about that?

7. Sense of Self

(a) How do you see yourself as a person? How do you feel about yourself?

(b) How do other people see you? (*If different…*Why different to how see self?)

(c) Would this have been different if I had asked you when you were growing up with your PDP? In what way?

(d) How do you feel that your experiences growing up with a PDP have influenced how you see yourself / your personality /your identity?

(e) Do you think you would be any different if your parent had not been a problem drinker?

(f) Is there anything in your relationship with your PDP that you feel has had a positive / negative effect on how you see yourself?

8. Support

(a) When you were growing up was there any kind of support available to your PDP, you or your family?

(b) Did you feel you needed/wanted support?

(c) What would have been helpful? If you could have advised services what do you think they could have done at the time?

(d) Do you have any ideas about what kind of support would be helpful as an adult child of a Problem drinker?

9. The Future

(a) How do you see yourself in the future?

(b) How is this similar or different to how you saw yourself when you were growing up with your PDP?

(c) How do you see the future in terms of your relationships? Hopes / fears?

10. Drawing interview to a close

(a) What was the experience of this interview like for you?

(b) Is there anything you have not said which you feel you would like to add?

(c) Is there anything you expected to be asked but wasn't

(d) Is there anything you would like to ask?

Appendix 13: Extracts from Reflective Diary (after interviews)

[GC   Thoughts after interview]

He was late — so ate into time.

It felt like a difficult interview. He
seemed to perform, talk a lot + I
find   go off on tangents + into
          long stories about context
          that wasn't relevant to
          my data — but that I feel
I couldn't cut-short easily — as I
could see that he wanted to tell me
+ I could sense some vulnerability.

Afresh! A lot of what he said, I find
quite confusing + didn't understand,
but there were few pauses or
opportunity to ask what he meant —
+ if I did wd have eaten up more
time by explaining it.

At the end he said that the interview
had been quite difficult as he had
never spoken to anyone about those
experiences + never had therapy

I could see that it had affected
him + he said it had made him

think about things for the first time.
certa

I felt bad - that I had forced him to
go though s.thg difficult.

A big 'performanhe' element to keep
him - he didn't leave much room for
me - difficult to move interview on.t keep
it to what I wanted to know - he
seemed to take over + told me what
he wanted - but also related this back
to s.thg he'd picked up from his dad.

TE

A difficult interview — I felt very disconnected in it — like I didn't care + she almost annoyed me.

Very different to others — the bec issues in relationship were current not retrospective + past had been good.

↓ In this sense it was the opposite way round to other stories. — no general relationship dysfunction — not exp PDP in childhood.

Becoming upset — allowed raw emotion to be captured, in way other interviews couldn't.

I felt a sense of anxiety that a lot of the data was not relevent + rich (u same was as in GC interview)

Appendix 14: Audit Trail

Appendix 14 (a): Transcript 2 (Dave) List of emerging themes

There's no space for me – the most important relationship is with alcohol.

It's all about you – I don't exist

Communication was impossible

Living with a changeable personality

Receiving verbal abuse

You were unavailable and distant

An on-going worry about losing you

Feeling defended and fought-for (through extended family relationships)

A strong family support network

'Sitting on a volcano'

Living with unpredictability

Avoiding to stay safe

Romantic relationships were like having 'a tiger by the tail'

Making a choice to change

Feeling controlled

Living with a sense of confusion

Moving towards a sense of myself

Feeling angry

'The rock that wouldn't move' – feeling contained and transformed though a therapeutic relationship

Learning that nothing was inevitable

Finding ally's in supportive relationships

Feeling unseen and unaccepted

Feeling seen in supportive relationships

Acceptance, stability and love from supportive relationships

Family relationships are at the centre of my life

Making a decision to switch things around

'It's a gift' – values that are rooted in giving people what I lacked

Witnessing both positive and negative relationships, allowed me to choose positive

Supportive, enduring collective relationships as a buffer to my disasters

A fragile sense of self

Feeling alone

Showing my feelings is costly and unsafe

Moving towards feelings being safe

A sense of blame

A fragile sense of self was a barrier to intimacy

Appendix 14 (b): Clustered emerging themes (Dave)

'I don't exist' vs moving towards a sense of myself

There's no space for me – the most important relationship is with alcohol.

It's all about you – I don't exist

You were unavailable and distant

Feeling controlled

Feeling unseen and unaccepted

Feeling alone

A fragile sense of self was a barrier to intimacy

Feeling seen in supportive relationships

Moving towards a sense of myself

'Sitting on a volcano' vs 'The Rock that wouldn't move'

Living with a changeable personality (seeing both sides?)

Receiving verbal abuse

An on-going worry about losing you

 'Sitting on a volcano'

Living with unpredictability

Avoiding in order to stay safe

Romantic relationships were like having 'a tiger by the tail'

Living with a sense of confusion

'The rock that wouldn't move' – feeling contained and transformed though a therapeutic relationship

Acceptance, stability and love from supportive relationships

Feeling defended and fought-for (through extended family relationships)

A strong family support network

Supportive, enduring collective relationships as a buffer to my disasters

'I'm going to do it differently'

Making a choice to change

Learning that nothing was inevitable

Making a decision to switch things around

'It's a gift' – values that are rooted in giving people what I lacked

Witnessing both positive and negative relationships, allowed me to choose positive

Understanding was helpful (Support)

Relief at understanding what was behind the behaviour

Understanding the problem behind the alcohol

A need for more 'allys' who are not afraid to speak out

Un clustered themes:

Communication was impossible

A sense of blame

Feeling angry

Alcoholism was normalised

A 'straight talking' partner

Appendix 14 (c): Table of clustered themes with text extracts

Theme	Line numbers	Extract
'I don't exist' vs moving towards a sense of myself		
There's no space for me – the most important relationship is with alcohol.	166-172	Yeah I mean I think it's their self obsession really. Total and utter kind of sense that the only thing that matters in the world is them and the next drink….., you know, it's the only thing that matters is when I'm going to have my next drink.
	910-919	You know and it's that utter failure to see or reach out to anything else in the world apart from that issue. And it's the kind of self-drama that goes with that which it's both kind of tiresome and annoying, you know, because you're not part of it really. Um and it's the relentlessness of it, you know it's just that constantly being with someone who's completely obsessed with one thing and there is nothing left of their personality almost, apart from that, you know, is the next drink.
It's all about you – I don't exist	176-179	So that the family relationships just don't exist really, you know, because unless they're facilitating that um so the sense of being able to kind of communicate with the person just often wasn't there. That's why it was a problem.
	415-422	he bought this dreadfully isolated farm that just about had electricity and occasionally had a telephone, but that was about it. Um and it was a long way from Dublin and very isolated and I was a long way from school and there were no other kids around and I was the only kid at home at that point. And it was just a pretty grim situation to take a small kid into.
	933-945	And then just the fact that she was very very difficult to be with, because she had no interest in anything but herself. everything was about me, so any conversation you opened came round to what she thought, what she wanted, you know what she was going to do next. Um and how she felt. And it was never about oh how are you, or what's going on for you, or, there was no kind of give and take at all.
You were unavailable and distant	282-290	And quite kind of distant you know not not really able to be spoken to. Very wrapped up in herself. Oh it was horrible. It was really horrible because I love my mum and seeing her kind of remove herself

Feeling controlled	698-708	Well and I could own them myself, you know and I think a big part of some of the way dad played up particularly (my mum did it too), was very controlling. You know it was like you live life my way and you know if you… There was a family joke that dad used to say "no, if I want your opinion, I'll give it to you". That was a very typical of him um and he could always out argue you, cos he was smart. So he would kind of really try and control people's thoughts and opinions and beliefs and only the ones he approved of were allowed.
	729-737	and he controlled all the family money, so mum never had any money to spend on anything, unless he gave it to her. Um and he took all the decisions about where people went to school and you know ………Um and yeah there was only one decider in the house and it was him, he made the decisions. So it was like all the time, everything was his decision.
Feeling unseen and unaccepted	1078-1083	You know that it's, that's very weird and uncomfortable position to be in, it's like having a stalker, yeah that's kind of you're this fantasy person that they want you to be and you know you're not that person. You know and you can't ever be, and don't want to be and wouldn't try.
	1101-1116	and the thing that I found the hardest to deal with that was that although all this energy was kind of focussed on me, it was really nothing to do with me, she didn't know me, didn't understand me, never really spoken. I was, I was the vehicle for some fantasy that she had. Err and that was really horrible, you know that's a really really unpleasant thing to be the focus of, cos it just denies that you exist in any way at all really. And yet labels you as the focus of all this stuff that you don't want coming at you. Yes absolutely, yeah yeah. And there's no space there, there no space for you to exist yourself
Feeling alone	1465-1469	, it's a trait I still have to be honest, I still kind of believe that I can do everything myself and it's something I often catch myself doing. So I manage a team of people here and I do constantly have to prod myself and say I'm not the only person in this team, I can ask for help.
	1473-1476	You know and that that, that kind of is a feeling I've had all through my life that I have to kind of wrestle with sometimes, which is that sense of being on my own.

A fragile sense of self was a barrier to intimacy	1476-1487	So when someone else comes along and it's very intimate and you have to open up, I don't know if it's gonna work, um I just had no idea how that worked. I didn't know who I was, I didn't know which bits to open up or you know what was appropriate, where the boundaries were, um how you speak in that way to somebody else. I had no idea. Cos I'd, all I knew was that I could work on my own you know but I didn't know how to do it with somebody else. You know and I didn't really know who I was, or what I was. I didn't have a sense of what that meant.
	2238-2245	and it's that kind of self possession and knowing who you are and what you want and being willing to be honest and take risks and be articulate and say what you're thinking and show your feelings and make yourself vulnerable. You know it's all of those things that contribute to a good relationship. Um if you have no self confidence you can't do any of those things.
	2275-2288	trust is really important but I think trust comes from self confidence. I think you know if you, if you have a kind of accurate view of yourself and that you feel, and I think entitled to ask for something you know in the nicest possible way, but to ask er and to be 50% of a relationship and to give and take um and that you can rely, even if the other person's reaction is bad or negative or difficult in some way, that you won't be, you know you might be a bit hurt or put out by it but you won't be damaged.
	2305-2322	I mean if you trust yourself you can trust other people. If you can't trust yourself you can't trust anybody, yeah I think it's that.
A fragile sense of self was a barrier to intimacy		I suppose the thing I would have been afraid of most was hearing something like well actually no you're not very loveable. You know that would have been the thing I would have mo… I wouldn't ask in case that was the answer.

Yeah you know just, I would fear that more than anything else, I'd do better not to ask. Not, like not opening bills, you know cos then if they're, if you haven't opened them they don't exist. You know it's that really kind of weak defence. Yeah and it's only when you have a bit more self confidence you, well ok, [laughter] you can move on. But if that, hearing that message is so dangerous, you know you're never going to ask, you're never going to reach out and test out the waters with somebody. |

Feeling seen in supportive relationships	1155-1158	, they were very supportive when they could be and you know always had a welcome and um always showed a bit of interest, you know and were great actually.
	1170-1174	But in terms of, kind of opposites to either of my natural parents, um very stable, very loving, very good at expressing their… very you know err very interested incredibly supportive, great to spend time with and everyone who knew him loved him.
Moving towards a sense of myself	1537-1551	And a friend of mine had invited me to go to this thing, stood up right at the end of day one and said you've got to come to ▮▮▮▮▮▮ workshop tomorrow cos he's quite charismatic. And I said to her at the end of the day cos it was quite a shocking thing to hear.
	2414-2418	Yeah. I said to her after, we were talking and I said what on earth did you say that for? And she said well you are. And I can remember I said, and I remember really stopping, you know completely dumb struck by that bit of feedback. And a couple of other things I've had from people I work with, a coach a few years ago, and he said to me well you're quite driven, at one point in our conversations
		and then a couple of weeks later thinking that was a really healthy self-confident decision. I wouldn't have done that before. You know I'd have felt trapped in that relationship and obliged and you know.
'Sitting on a volcano' vs 'The Rock that wouldn't move'		
Living with a changeable personality	253-257	I used to get quite angry sometimes because her personality would change when she drank and she would get much more angry and difficult to deal with, she was quite relaxed when she was sober.
	264-271	Oh I can remember it very well, her face would change. You know you could always tell when she'd had a few drinks you'd know cos her face would just look really different and it would get very kind of tough and hard looking. And um yes she would become quite aggressive sometimes. You know, not physically but nasty, stuck the needle in and you know
	532-538	. And if he was having a good day you know he was a great guy to be with and very good company and everything was possible and it was really lovely, you

	549-550	know. And there are people now who remember him like that who knew him, you know. But we saw the other side as well. You know so…
		And he used to kind of like talking to me, sometimes when he was in the right mood.
	568-579	And I remember going to visit him and having some brilliant times with him going on picnics and all sorts of stuff……and he was very very different in those times. But it was a very small amount of time.
	595-599	Well he just wanted to do things, you know, and do things with me and other members of the family and spend some time, not make demands you know. Just be a bit more normal, really. Or what I thought of as normal family life.
Receiving verbal abuse	268-271	And um yes she would become quite aggressive sometimes. You know, not physically but nasty, stuck the needle in and you know
	508-511	He was never physically violent but he was very clever and very witty and sarcastic and very manipulative and you know he could tie people in knots very very easily
	527	Well his nastiness. You know when drunk
An on-going worry about losing you	306-313	I was thinking you're going to be ok now. That's what really mattered. That was the first thought it was like thank God, you know………You know because I think it's the fear of like you see someone you love damaging themselves and you can't stop it or even understand it.
	925-931	kind of being worried about the mother's health you know and the fact I might lose her. You know I was kind of old enough in my teenage life to think well this kills people. And I knew enough to know that quite a lot of alcoholics don't dry out or don't recover. So I was very worried about that, I really might lose her, you know.
'Sitting on a volcano'	485-496	oh I can remember them really well now. These horrible dreams about these volcanoes blowing up and you know you can see the metaphor. Yeah you know I was sitting on a volcano. It's quite a good one. That's kind of what it felt like………..Yeah I was just sitting on this situation that might explode any time really violently, you know, and the fear of that happening any second. You know…
	466-474	

		I mean what I kind of remember as a little kid was, without being able to name it, being quite scared a lot of the time………..You know just feeling very insecure. Um and not being able to explain that or know what to do about it, or be able to say anything about it, you know, it…
Living with unpredictability	502-505	you never knew quite what he'd be like when he came home……… you didn't quite know what to expect.
	540-541	you never knew quite what he'd be like when he came home. So if he'd been away on one of his trips um you didn't quite know what to expect.
	742-752	Um well I suppose in the extent of like maybe doing something that wasn't approved of without really knowing why. You know that, I mean that was part of his unpredictability. He could be very approving or very disapproving of the same thing on different days. ………..Yeah, no and wondering what the hell was going on.
Avoiding in order to stay safe	752-754	And then the strategy being just to avoid him, you know, cos that was quite safe. Yeah you couldn't be wrong if you weren't around.
	552-554	it was kind of a presence in the house, you know and then but not to be approached. Or not easy to approach.
	1592-1594	one easy way to survive was just to kind of disengage from stuff. Um so it was too expensive to have feelings at times.
Romantic relationships were like having 'a tiger by the tail'	645-649	Cos I found as I got older and became an adult and other people became interested in me, that became like having a tiger by the tail for me, I couldn't cope with it at all. You know romantically, um…
	663-673	and I had no sense of being in any way in control of myself or knowing what to do or how to put a relationship on a sound footing, or talk in a trusting way to somebody or ask for something. Or make a connection or be intimate or you know all of it, everything was wrong. You know and I just found the whole experience incredibly frustrating and didn't know how to deal with it.

And you know I was madly in love and I couldn't make it work. And it fell to bits of course. |
| | 806-807 | Well not being able to love someone, who I wanted to love you know |

Living with a sense of confusion	751	Yeah, no and wondering what the hell was going on. X2 somewhere!
'The rock that wouldn't move' – feeling contained and transformed though a therapeutic relationship	855-859	he was able to stand up to it. So he became the rock that wouldn't move against all that rage and you know my theory about relationships with older men worked, kind of had to shift because I was faced with a really different reality.
Acceptance, stability and love from supportive relationships	1187-1193	I think the times I treasured, something that maybe men like better but you know it's the time we spent with each other, the point we didn't talk. It was just the men in sheds time, it's kind of, the companion of doing stuff together but not really talking about anything. Um but just very stable loving time and absolutely wonderful.
	1197-1198	Um oh it's the stability you know and the love, sense of being loved. Both of those together
	1203-1206	um and I think probably mum wouldn't have found the strength to kind of confront her problems if she hadn't felt she had fairly strong roots at that point.
Feeling defended and fought-for (through extended family relationships)	377-384	Yeah absolutely, you know. And I never, I don't think I ever felt in any particular danger….. I mean I've got lots of uncles………… they were very concerned about what was going on in our bit of the family and used to try and tackle it and you know.
	392-394	where my father and one of my uncles had a fight over the way he was treating me.
	406-408	the uncles really disapproved of the whole way our bit of the family operated, you know
	431-434	But what was nice was that other members of the family were kind of trying to stick up for me and trying to put things right.
A strong family support network	439-445	Oh yes they were a big part of the family and we saw them all the time and would stay with them and sort of take part in their families and lots of cousins. Um and it's quite, it's an interesting family because it was quite big and we still see each other and still in touch and there are family parties and you know sort of quite strong and…
	454-455	Oh yeah my mum turned to it quite a bit as well. So there was a support network, yeah.

	1416-1418	it was really obvious that the kind of family ties were very strong and we had a lovely time.
Supportive, enduring collective relationships as a buffer to my disasters	1420-1425	You know and there's something in the family, I don't know how to explain it I'm not really sure but I know it's there. You know there's something stronger than any individuals concerns. Or you know or the concerns can be temporary.
	1427-1437	You know and there's something in the family, I don't know how to explain it I'm not really sure but I know it's there. You know there's something stronger than any individuals concerns. Or you know or the concerns can be temporary.
'I'm going to do it differently' '		
Making a choice to change	673-678	And I remember thinking, after that experience I'm thinking well I'm not doing that again. You know this, it really matters to me to have a healthy relationship really. Er and I thought well what can I do about that well I need some help.
	685-694	and towards the end of that, realising that it was an illusion. You know, he wasn't there any more and there didn't seem to be any need to carry on carrying that burden being that there didn't seem to be any point to it. And that I could stop being angry with him, you know, it was a choice I could make. And that was quite, that was a huge revelation. It was like I don't actually have to do this.
	799-802	there have been a couple of times in my life where I've kind of got to a point where I've thought well this actually is just not good way to live, it's got to change.
	808-813	Um that thought very clearly in my head, thinking you know if someone else comes along I'm not going through that again. It's not going to fail next time. So I've got to do whatever it takes to figure this out. Because something is obviously wrong.
Learning that nothing was inevitable	865-871	But yeah it was that thing about he behaved really differently to how my father had and therefore I had to see that things could be different. You know and whatever goes on in your mind, the theory of reality shifted, you know into a much more outward looking one really I think and more positive and self-possessed.

	1845/1833	Yeah because I saw, I saw it could be done……..and things can improve
	1853-1855	Yeah I lived through it you know and saw it actually happening, yes. So I could never pretend that that wasn't possible.
Making a decision to switch things around	1234-1236	Instantly, my children you know obviously and my immediate family you know and that's the centre of my life
	1245-1248	if I was going to you know form a partnership, have a family and all of that kind of thing, I wanted to be really sure it wasn't going to be like what I lived through.
	1252-1257	Like what I lived through as a kid. I couldn't in any way imagine inflicting the same things on children, you know, cos I don't think I'd choose. Um so I wanted to be kind of quite sure that it wasn't going to be like that, you know and it hasn't been, it's been absolutely great.
	1284-1287	You know and it mattered to me that I tried to get it right. Um and actually that's the thing, that's the kind of centre of my life really.
	1294-1297	we have a fantastic relationship, talk every day, um do stuff together and enjoy each others company and you know, same with my daughter.
	1303-1315	Well that, I think that moment when ▉▉▉▉ was nine and I remember kind of looking at him and thinking caw I was that size, I was that vulnerable. Yeah and actually I remember being really quite angry at that time and thinking about both my parents, how the hell could you let that happen? You know, I mean how on earth could you, you know by doing or not doing something, inflict that on a kid, you know and being really… So that's how deep rooted that feeling is for me you know I wouldn't, just wouldn't let that happen if I could help it.
'It's a gift' – values that are rooted in giving people what I lacked	1348-1352	One of the things I really love is talking to somebody and sort of trying to figure out you know what's going on for them and if there's anything I can kind of do to… I mean I just find people infinitely interesting.
	1672-1686	

		is it's a big part of my identity, actually, in and not in a bad way……….. actually I'm kind of in a way it's a gift. My life wouldn't be what it was if what happened hadn't happened you know it was very influential and remains very influential and has created a lot of the values that I think are really important you know and very positive I feel very positively about um. So there's you know there's a very kind of good side to those experiences. I've managed to find the good things in them and make use of them to find my own identity, so.
Witnessing both positive and negative relationships, allowed me to choose positive	1399-1408	so I think you know good relationships matter a lot, to me. Cos I've experienced it not being good, you know, and I know which one I prefer. So I'm kind of willing to try and work at that a bit. Um and you know the rewards of it. Um so yeah I think it has yeah it does influence kind of all the relationships, but in quite a positive way actually.
Understanding was helpful (Support)		
Relief at understanding what was behind the behaviour	613-631	and said to him 'what was going on?' 'What happened?' 'What was it like for you?' You know and dad…said he didn't know. He said he was as out of control as he appeared to be and you know it wasn't, I think the thing that meant a lot to us as the children was that it wasn't a plot. You know he hadn't set out to be impossible and difficult, he'd lost control as well. You know and I think if we'd all felt… You know if he'd kind of said well yeah actually I was just trying to be really horrible you know that would have been an awful thing for us all to hear But you know realising that he was as out of control as he seemed to be, really switched my perspective of him.
	716-718	. And I kind of came to understand that is his own lack of confidence really
Understanding the problem behind the alcohol	1922-1924	And I kind of came to understand that is his own lack of confidence really
	1942-1954	at the root of it for them was lack of self confidence and self belief I think………You know and that was the trouble. It wasn't the drink, you know.
	153-154	The crutch, yeah. It was the anaesthetic or whatever
A need for more 'allys' who are not afraid to speak out	140-142	I mean for me, it's not pussy footing around a really difficult problem because actually I think it's, that's part of the problem.

	1774-1788	the thing that would have really made a huge difference was a bit more honesty. When I was a small kid on everybody's part, you know, cos there was quite a lot of pretending everything was ok when it wasn't. ……….. Um a bit more honesty would have helped, you know, if people were much more self aware and willing to you know have the self confidence to say actually this is not ok. This is… **A bit like your uncle.** P1: Yeah and if there'd been a lot more of that..
Un clustered themes: *A sense of blame*	2162-2165	Part of the difficulty with my dad and with my mum to an extent was that sense of blame. So I think as a very young child it's, I think it's very easy to feel that you're responsible for what's going on.
	2171-2172	I looked at her and I said you think it's your fault don't you?
	2188-2190	I can remember feeling you know that all this trouble is kind of something I've done.
	2194-2195	um it's you know this terrible family is somehow my fault, I'm the wicked child.
	2201-2203	somehow I've brought this about by not being good enough or you know they're not the right child or you know whatever it is.
	2217-2219	And yeah that was quite a big feature of my, some of this is your fault. You know, never quite said but implied.
Communication was impossible	178-180	so the sense of being able to kind of communicate with the person just often wasn't there. That's why it was a problem.
Feeling angry	844-849	it was a really interesting experience and a very very strong negative transference onto the therapist. So I spent three times a week at seven thirty in the morning for an hour hating him. Really angrily hating him and clinched and you know refusing to talk to him. It was as bad, you know it was as negative and hostile as I've ever been towards anybody I think.
	2402-2404	three times a week for a year and it was three hours a week of silent rage. So it was quite a lot of it, you know, and hostility
	253-257	

		I used to get quite angry sometimes because her personality would change
A 'straight talking' partner		Karen's very honest and says what she thinks and didn't mess about when she saw things going on she didn't like………..she is very direct, still, never changed. Never in the 20 years we've been together, so yeah so she does come out with it if she's got something to say. Um yeah and that didn't play too well with my mum, so, yeah.
Alcoholism was normalised		although looking back on them as an adult, you know, there's a different perspective. But you don't know everything that's going on when you're a little kid. It became much more difficult for me as a teenager.

Appendix 14 (d): Clustered themes for each participant

Gabi:

Feeling unsafe growing up

Feeling emotionally unsafe
uncertainty and unpredictability / living with a changeable personality
Feeling paranoid and always 'second-guessing' myself
Feeling confused and distressed by repetitive and blaming behaviour
Feeling exposed and unprotected
A need to feel safe/held
A lack of consistency
Feeling physically unsafe
I was PDP's 'kick bag'
Fear of PDP as a barrier to receiving therapeutic help

'I don't have the drive in me to sustain relationships' vs I do care

Decisions to cut-off relationships to protect self
Difficulty trusting others
A lack of attachment and rootedness
Avoiding communication and touch with PDP
Maintaining a safe distance in relationships
'Switching –off' – a tendency to protect self by emotionally detaching and 'opting-out'
Difficulty maintaining a secure attachment to anything
'Maintaining the frame' – then 'opting out'
A fear of ruining relationships

It's my fault if a relationship breaks-down
I bolt from conflict'
Ambivalence about relationships – I care vs I don't care
Ambivalent sibling relationship – aggression vs love/protection
A need to defend and justify PPD's behaviour
Seeking PDP's approval

Moving from a lack of connection to connection

A lack of communication and connection
Emotional unavailability / absence of PDP
A need to feel connected, understood and encouraged
A lack of friends
An absent apology / reparation destroys a relationship
No reparation or acknowledgement from PDP
A protective relationship was my sanity
Being rescued by protecting relationships
Safety and clarity in structured and boundried relationships
A need to feel connected, understood and encouraged
A need to feel safe/held
Others as 'complicated / complex' vs 'good'
Ambiguity and confusion vs openness and clarity
Waiting to be rescued
Being able to love has taken time
Learning how to love (and be loved)

I feel connected and happy in my current relationship
A hope to remain rooted and attached as a family unit

Moving from a prescribed to a chosen sense of self

A fragile self-esteem
Relationship with PDP diminished my self-esteem
Reaching an accepted sense of self
Shift to a chosen sense of self
Sense of self shaped by values linked to my profession
Feeling accepted as you are in a relationship is important

Feeling blamed rather than helped (Support)

Therapeutic support due to a concerned adult
Fear of PDP as a barrier to receiving help
A lack of support and nurturance from school
A strong desire to escape the family environment (home)
Waiting to be rescued

Themes not clustered:

Seeking PDP's approval
Guilt
Anger towards PDP
Not understanding what an 'alcoholic' was until later

Dave

'I don't exist' vs moving towards a sense of myself

There's no space for me – the most important relationship is with alcohol.
It's all about you – I don't exist
You were unavailable and distant
Feeling controlled
Feeling unseen and unaccepted
Feeling alone
A fragile sense of self was a barrier to intimacy
Feeling seen in supportive relationships
Moving towards a sense of myself

'Sitting on a volcano' vs 'The Rock that wouldn't move'

Living with a changeable personality (seeing both sides?)
Receiving verbal abuse
An on-going worry about losing you
'Sitting on a volcano'
Living with unpredictability
Avoiding in order to stay safe
Romantic relationships were like having 'a tiger by the tail'
Living with a sense of confusion
'The rock that wouldn't move' – feeling contained and transformed though a therapeutic relationship
Acceptance, stability and love from supportive relationships
Feeling defended and fought-for (through extended family relationships)
A strong family support network
Supportive, enduring collective relationships as a buffer to my disasters

'I'm going to do it differently'

Making a choice to change
Learning that nothing was inevitable
Making a decision to switch things around
'It's a gift' – values that are rooted in giving people what I lacked
Witnessing both positive and negative relationships, allowed me to choose positive

Understanding was helpful (Support)

Relief at understanding what was behind the behaviour
Understanding the problem behind the alcohol
A need for more 'allys' who are not afraid to speak out

Un clustered themes:

Communication was impossible
A sense of blame
Feeling angry
Alcoholism was normalised
A 'straight talking' partner

Tessa:

Relationships are unsafe vs finding safety

Cutting off relationships to protect self
Relationships were volatile, violent and unsafe
Using me as a 'punch bag'
Feeling unprotected by non-PDP
A relationship was only possible with distance

Running away when things get tough
Feeling worried
Being neglected
No safe boundaries
Parentification
Relationships at school 'sorted me out'
'She kept a watchful eye on me' – finding support and nurturance in protective relationships
Lasting peer relationships
A therapeutic relationship: 'the mother I wish I'd had'
A hope to remain rooted
We have a good family now
Relationships are good now

'Mixed Emotions'

Ambivalence: moments of love alongside the terror
Ambivalence about intimacy
A need to defend PDP

'Feeling Confused'

A double-bind
'Turning it around' : confusion and invalidation about my experiences
Maybe it's my fault
'I didn't know any different' vs becoming aware of the promlem drinking

I just don't know myself

I hated myself
I'm damaged
Feeling lost
A fragile self-esteem
I'm terrified of turning out like you' (doing relationships like you)
Who am I? If I'm not you?
It's all about you, there is no space for ME
It's all about you

Selflessness = Self-lessness

Protective relationships were what I needed - Formal support wasn't helpful

A lack of helpful formal support
It's all about you, we don't exist
Feeling like a 'problem child'
The dilemma – getting support vs being disloyal to parent
I had to spend a lot of money on therapy – not everyone can

Un clustered

Making a decision to switch things around
Making a choice to change
A lost mother

Feeling angry
I feel sorry for her

Lisa:

Feeling unsafe

Feeling responsible to keep the family safe (PARENTIFICATION)
Living with a sense of danger
Living with worry and insecurity
Being bullied
'Always keep safe'
Living with unpredictability
Living with a changeable personality

Maintaining a safe, protective distance from others vs Relationships are good now

'Silent tears' (feeling alone with my feelings)
Controlling and distancing my feelings
Emotional unavailability
Being repeatedly let-down
Finding relief in protective relationships
Learning to open-up and take risks
Relationships are good now

Moving towards a stronger sense of myself

Being controlled
A growing confidence through achievements
Feeling validated by others
Becoming emotionally available due to a stronger sense of myself
Finding a purpose and becoming myself.

Making a decision to switch things around

Giving back what I lacked
Being vigilant and aware of others needs
Having skills to support others

Support

No support
More support needed through school

Un clustered:

Feeling sorry for PDP

Tani:

Ambivalence: I need to protect myself vs I want to 'build bridges'

Avoiding them to protect myself

Why do you want to hurt me?
Being verbally abused
We're (physically) unsafe
'It was really really messy': erratic, disturbing and blaming behaviour
Conflictual relationships
Living with *'massive explosions'*
It's dangerous to get things wrong
Living with two different people: *'mellow* vs *loud and angry'*
He's a different person: *'a person I absolutely adored' vs 'a horrible pers*on' A longing for the lost relationship: it hurts to loose him
A valued lost relationship

A *'disconnection'*

It's all about them: 'He's just in this bubble'
An uncomfortable family dance
A '*disconnection'*: It's him vs us
 'I feel it's fake' : communication is difficult uncomfortable

Other relationships are good vs 'Creating barriers for myself'

I am settled and stable
Other relationships are good
Creating barriers for myself
Low self-eficacy and self esteem with authority figures

Support for family needs to be sensitive and accessible to different cultural and ethnic groups

Glen:

It's all about you and I don't exist vs yearning for closeness and to be held in mind
It's all about you
His relationship to alcohol was more important than his relationship with me
'The shame cycle': worrying about being embarrassed
Feeling unseen and un noticed
Not feeling respected
Yearning for a parent not a 'party-guy'
Seeking approval that was never given
A distant relationship: yearning for closeness and to be held in mind
I'm a 'nameless urchin': yearning to be seen and understood
Seeking stability from intimate relationships
Non PDP tried to be a parent

Disconnection and Confusion
'He wouldn't remember': living with fragmentation and discontinuity
'Constantly living in the moment', 'no development of a relationship over time'
A disconnect between what you say and what you do?
Non PDP denial of a problem and lack of boundaries
Boundary confusion: if he can do it, why can't I?
A disconnection: 'I didn't get him and he didn't get me'
Feeling confused

I'm a 'nameless urchin' vs reaching a more stable sense of self
I'm a 'nameless urchin': yearning to be seen and understood
Escaping from family relationships vs reaching a place where I can be with them
I'm terrified of turning out like you (and doing relationships like you)
'Always second-guessing myself'
A 'space' to learn about myself and how relationships worked
Reaching a more stable sense of self
Journey towards a chosen sense of self has allowed me to find a life-partner.

A destructive role model vs I'm going to do it differently now
A destructive role model: 'he led by example, I was the mirror of his behaviour'
(A disconnect between what you say and what you do?)
(Boundary confusion: if he can do it, why can't I?)
I didn't learn how to develop and maintain friendships
Taking up all the space vs learning to leave room for others
Denial and 'sugar-coating' vs 'say it like it is'.

Trying to seek support that 'doesn't exist'
Support focused on the problem – drinker
Trying to seek support that 'doesn't exist'

A need for support to break through the family denial
A need for someone to talk to without fear of repercussions

Un clustered Themes:
'Nothing is black and white': he's not bad all the time
Being a parent to your parents (PARENTIFICATION)
Drinking was normalised – I knew nothing different
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Appendix 14 (e): Master Themes first clustering

(1).Feeling Unsafe (5/6 participants)

(2).Finding Safety in protective relationships (4/6)

Relationships are unsafe vs finding safety

'Sitting on a volcano' vs 'The rock that wouldn't move

Ambivalence: I need to protect myself vs I want to 'build bridges'

Feeling unsafe

Maintaining a safe protective distance from others vs relationships are good now

Feeling unsafe growing up

'I don't have the drive in me to sustain relationships vs I do care

(3).MOVING FROM A 'NAMELESS URCHIN' TO A SRONGER SENSE OF SELF 5/6 participants

I just don't know myself

I don't exist vs moving towards a sense of myself

Moving towards a stronger sense of myself

Moving from a prescribed (weak) to a chosen sense of self

I'm a 'nameless urchin' vs reaching a more stable sense of myself

It's all about you I don't exist vs yearning for a closeness and to be held in mind

(4).I WANT TO DO THINGS DIFFERENTLY (4/6)

Unclustered: making a decision to switch things around and Making a choice to change

I'm going to do it differently

Making a decision to switch things around

A destructive role model vs I'm going to do it differently now

(5)?? DISCONNECTION AND CONFUSION (5/6 participants)

Seeing it from both sides and feeling torn

Maybe it's my fault

A disconnection

Moving to a lack of connection to connection

Disconnection and confusion

Unclustered: A sense of blame and Communication was impossible

Unclustered: Guilt

Themes taken from 'feeling unsafe' grouping

which relate more to this cluster:

Living with a changeable personality

Living with a sense of confusion

Living with a changeable personality

Feeling confused & distressed by repetitive blaming behaviour

Why do you want to hurt me?

Living with two different people

It was really messy: eratic, disturbing behaviour

Left over:

Superordinate theme:

Other relationships were good vs creating barriers for myself

Unclustered themes:

Feeling angry

Feeling angry

Feeling sorry for her

Feeling sorry for her

Seeking PDP's approval

Nothing is black and white: he's not bad all the time

Being a parent to your parent

Appendix 14 (f): Master Themes second clustering

(1).Feeling Unsafe (5/6 participants)

(2).Finding Safety in protective relationships (4/6)

Relationships are unsafe vs finding safety

'Sitting on a volcano' vs 'The rock that wouldn't move

Ambivalence: I need to protect myself vs I want to 'build bridges'

Feeling unsafe

Maintaining a safe protective distance from others vs relationships are good now

Feeling unsafe growing up

'I don't have the drive in me to sustain relationships vs I do care

Subordinate themes added

From 'Moving from lack of connection to connection'

Emotional unavailability

A protective relationship was my sanity

Being rescued by protective relationships

A need to feel safe / held

Waiting to be rescued

Being able to love has taken time

Learning how to love

I currently feel connected and happy

A hope to remain rooted

(3).MOVING FROM A 'NAMELESS URCHIN' TO A SRONGER SENSE OF SELF 5/6 participants

I just don't know myself

I don't exist vs moving towards a sense of myself

Moving towards a stronger sense of myself

Moving from a prescribed (weak) to a chosen sense of self

I'm a 'nameless urchin' vs reaching a more stable sense of myself

It's all about you I don't exist vs yearning for a closeness and to be held in mind

Subordinate theme added:

From 'A disconnection'

It's all about them 'he's just in this bubble'

(4).I WANT TO DO THINGS DIFFERENTLY (4/6)

Unclustered: making a decision to switch things around and Making a choice to change

I'm going to do it differently

Making a decision to switch things around

A destructive role model vs I'm going to do it differently now

CONFUSION (5/6 participants)

Mixed Emotions

Feeling Confused

A disconnection

Moving to a lack of connection to connection

Disconnection and confusion

Unclustered: A sense of blame and Communication was impossible

Unclustered: Guilt

Themes taken from 'feeling unsafe' grouping which relate more to this cluster:

Living with a changeable personality

Living with a sense of confusion

Living with a changeable personality

Feeling confused & distressed by repetitive blaming behaviour

Feeling paranoid and always 'second – guessing' myself

Why do you want to hurt me?

Living with two different people

It was really messy: eratic, disturbing behaviour

An uncomfortable family dance

Left over:

Superordinate theme:

Other relationships were good vs creating barriers for myself

Unclustered themes:

Feeling angry

Feeling angry

Feeling sorry for her

Feeling sorry for her

Seeking PDP's approval

Nothing is black and white: he's not bad all the time

Being a parent to your parent

Appendix 14 (g): Master Themes final clustering

Moving from 'bewilderment' to seeking clarity and stability in relationships

- Looking back and making sense of my confusion (?)
- Remembering feeling 'bewildered' and 'second-guessing' myself
- Experiencing 'moments of love' makes it difficult to be 'black and white'
- A confusing family dance
- Valuing stability and clarity in relationships

Looking back on feeling unsafe and finding safety

- Remembering feeling unsafe
- 'Sitting on a volcano'
- I was the 'punch bag'
- 'cut-off' to 'stay safe'
- Finding safety

Moving from invisibility towards a sense of myself

- *Looking back on feeling invisible*
- *Looking back on a lack of connection*
- *Moving towards a stronger sense of self, made intimacy possible*
- *Moving towards 'myself'*

Making a choice to change / Switching things around

- *Learning through my relationships*
- *Making a choice to change*
- *Relationships are good now*

Appendix 14 (h): Master Themes tables with transcript extracts

Master Theme 1: Moving from 'bewilderment' to seeking clarity and stability in relationships

Subordinate theme	Line numbers	Extract
Looking back and making sense of my confusion		
Tessa		I mean as a little person I didn't really know what she was doing I think.
		and it's that thing when you're a teenager that's you can idolise your parents and then you turn away from them.
		But I didn't think of her as an alcoholic then cos you don't really know what it is or what the word is.
		I'd never been drunk so I didn't know how it affects you. So you don't know that you kind of black out and you behave.. you know like you just see your mother going crazy and you know the alcohol has caused it but you don't know why it's caused it, yeah.
		And I, because at that age I didn't drink, I didn't, you don't know how alcohol affects you so you, you're kind of like why are you saying this, like how can you not remember, it's like you did this to me, you did this to me. And she just was like, no no it's like that! You know…
Dave		although looking back on them as an adult, you know, there's a different perspective. But you don't know everything that's going on when you're a little kid.
		It became much more difficult for me as a teenager.
	751	Yeah, no and wondering what the hell was going on.
Gabi	68-70	it wasn't until I was about 24 that I suddenly realised 'ahhh ok, I think I understand this now, she has a problem with alcohol'.
		Up until then..er..we;d never really been able to, or I'd never been able to entertain the idea, it was so normalised

Glen		He would always be drinking it would start off with a glass of wine in the morning at seven or eight o'clock and he would always be drinking. There would be no point in which he wouldn't be wouldn't be drinking. **So does that mean that you don't really know what he's like if he's not drinking?** Absolutely, yes yes. To this day.
Remembering feeling 'bewildered' and 'second-guessing' myself.		*(fragmented sense of self)*
Tessa		The police wanted me to press charges against my mother and I said no. And then my mother said oh no the reason I was put in prison was because they wanted to protect me. And that messed me up as much as the actual incident. This kind of turning it round as like this was your fault and I think that was when I was like I just can't… Always when she would be drinking oh… she would say lots of crazy things and do lots of crazy things and you'd say the next day like you've done this. No no no, you did it to me. No, you know, it was always like no no no no no, this happened because of you. And you're like no it happened because of you. And I, because at that age I didn't drink, I didn't, you don't know how alcohol affects you so you, you're kind of like why are you saying this, like how can you not remember, it's like you did this to me, you did this to me. And she just was like, no no it's like that! You know… I remember my mum afterwards saying oh no the reason I was put in prison was to protect me from you because they thought you were so psychotic you were going to kill me. And she was always saying that, you want to kill me, and you're like I don't, do I? Or maybe I do
Gabi		suddenly something would bug her and she'd get me out of bed…and er….accuse me of something…there was a lot of paranoia and it might be that I'd talked to the neighbours,,,or that I'd said something bad about her..or I hadn't changed my knickers the day before because they weren't in the washing basket, or.. I hadn't had a bath, so she'd get me up to have another bath……weird, you know and

		as a child I couldn't fathom what it was but she would go round and round the same circle and her language was very repetitive and I couldn't, I didn't, it was, it was bewildering, I didn't know how to shut her up and it wasn't until I cried….she got what she needed and then it would somehow stop, miraculous thing.. when she was abusive she wouldn't remember that
Glen	124-127 576-582 586	yeah but if you're drunk all the time you don't understand that you were doing this/that yesterday. But it will always be more of like some guy you knew rather than you know even somebody that you were really close with who could you know who would ever say in a conversation like oh is this because of that thing you did last year, because he wouldn't remember what you did last year. He was constantly living in the moment. And so there was no er development of a relationship over time.
Tani	640-643 748-755	I was just so upset so upset, not because I thought yeah what you're saying is true cos I didn't. You know it was because of, why are you saying stuff like that? And then he phoned me as well at five o'clock in the morning one day and accused me of plotting with my mum to get my mum up here to leave him and everything and that how, you know. And I'm no daughter of his because I've helped my mum do that and all this crap……..So it was quite, quite it was really really messy he'll put his ballroom dancing music on and he'll put it on full blast at two o'clock in the morning DIFFERENCE -(**but difference is she is an adult, so understood was dunk, so not that confusing not as emotionally affecting…..difference**)
Gabi		because my mother was so paranoid, even when she wasn't there I felt like she was there. 4/5 years ago I couldn't have this conversation with you because I'd be so paranoid that she could hear and that there would be retribution………...I think maybe I spend a lot of time second guessing myself…I still do second guess myself a lot..like I will..after this meeting I will be like ah I should have said that, I should have said that da da da maybe if my mother had of made retribution um.. after she had been mean, but there was never any

		retribution, there was never any acknowledgement of it, so presumably she blacked out
Glen	1112-1113	Because it makes, it makes me question everything, you know
	1244-1251	quite a lot of people just go through life doing things without second guessing themself all the time. Without trying to sit down at night and going over the behaviour of the day of the week of the month before that and thinking am I developing bad habits, am I getting into patterns of behaviours that are gonna you know are gonna be negative. Am I disregarding important people
Tessa		You know she was always turning it and as a small child you think well maybe it is, maybe it is my fault
		then you sort of think well maybe I am, you know, maybe I do do this. Maybe it was all my fault, you know like as a very small child you just, it's so confusing when your own parent says that to you. You can't really make sense of it.
		I always felt guilty, I always did feel like it was sort of my fault. I dunno, you know. And I feel guilty that I can't, I don't do more for her
		(As a child and to this day)
		but I remember feeling really guilty and kind of going oh shit yeah ok. And a friend saying you can't go and clean her house. friend saying it's insane that she's asked you to do that. Don't feel guilty but you're kind of like my first reaction was to feel like oh really sorry
Dave	2162-2165	Part of the difficulty with my dad and with my mum to an extent was that sense of blame. So I think as a very young child it's, I think it's very easy to feel that you're responsible for what's going on.
Guilt	468	but I think I felt a bit guilty as well
	621-626	I have a lot of guilt over that little boy because he didn't get the same sort of abuse that I got till I left home, and I left home as soon as I could which was erm 18…and then of course he was only 13….and then when I left home he started getting the …drunken you know, wake-ups and the abuse and stuff like that…
Experiencing 'moments of love' makes it difficult to be		**(2 parts 'Two different people & complexity)**
		Duality of extremes, great guy or hate him nothing in between

'black and white'.		
Tani	124-1227	he was just chilled out and mellow and everything was calmer and quiet. You know whereas when he's drinking everything's loud and angry.
	146-150	his character to me has really changed as well as a per… he used to be this person who you know I absolutely adored and looked up to and loved so much. Now sometimes I just think he's just a horrible person. Quote about 'getting him back, crying when stopped drinking?
Gabi	111-114	she was either kinda drunk going out and feeling happy or she was silent and I interpreted that silence as a mood……..and it didn't seem, there wasn't really anything else
Dave	532-538	And if he was having a good day you know he was a great guy to be with and very good company and everything was possible and it was really lovely, you know. And there are people now who remember him like that who knew him, you know. But we saw the other side as well.
	253-257	I used to get quite angry sometimes because her personality would change when she drank and she would get much more angry and difficult to deal with, she was quite relaxed when she was sober.
Lisa	553-558	like how he was such a great person when he wasn't like drinking and then he would be drinking and then it would be like, be like falling about drunk and sleeping for days and all that kind of thing.
Glen		DIFFERENT - He would always be drinking it would start off with a glass of wine in the morning at seven or eight o'clock and he would always be drinking. There would be no point in which he wouldn't be wouldn't be drinking. **So does that mean that you don't really know what he's like if he's not drinking?** Absolutely, yes yes. To this day.
Glen	114-120	it's hard because nothing's black, nothing's black and white, nothing's like oh wow we will never speak to him again because his drinking is so awful and the way he behaves is so terrible. Um because it's not when you're with him. It's the aggregate of behaviour that is poor

Tessa		it would get really violent, dad would always be called to come, to kind of come in. But I always wanted to go back to my mum. I al… cos I still loved her, you know, she was my mum and I didn't know any different. So she was a really key kind of carer and you know, obviously these things would happen but then she was also my mum so there was, when she wasn't drinking it wasn't sort of that bad, she was pretty, together and she could hold it together and she was really good. Er it's very complicated, you know. Cos there were moments of love, you know, definitely and you're so scared. And you don't want to have, you don't want to tell on your mum, you know you still, you want your mum your parents to be good you know. **You don't really want to hate them even though you do** Erm but then I did at times also feel really like oh God like you know, she, she's really kind of… no I didn't. Actually I didn't. I remember her caring for me and caring for me really well. ………………………………………………………………… So um in some ways maybe I kept myself quite withdrawn from people but then felt very disappointed when they just weren't there for me Um and I remember falling in love with Paddy and meeting him and then getting really scared and wanting to run away
Gabi		I'm so ambivalent about relationships anyway, I don't really care – but it did hurt this avoidant child who couldn't ever give her what she wanted..and I couldn't work out what it was that she wanted, but I didn't really try that hard either *(seeking approval)* I do remember like, feeling so elated that I had made her happy…there were things that I knew what to do to make her happy like clean the house…. that really made her so happy..I did that I did that occassionally ..There was just some….kinda….smile there or..sense of approval and er…….yeah she approved of me it wasn't until I was about 28 that I was able to switch off from her…because prior to that..I'd always had this hope that I'd have a mother-daughter

		relationship, like just come out and celebrate mothers day and be authentic with her..cause I..I'd be scared to miss mothers day..Um….I'd be scared to miss her birthday….but it wasn't cause I loved her…it was just because……I, that was how to please her and somehow I would want to please her but I got to a point when I didn't want to please her anymore..I didn't care if I didn't *(defending)* you know, it wasn't like she was irresponsible completely you know.. and I know she was just doing her best, and she was really really trying to be a good mum in lots of ways
Glen	481-484	I would learn skills and I'd pick up those skills you know because in an effort to please. Although it never seemed to kind of, I don't think it actually made him happy
Tani	1421-1433	Oh I loved him so much you know, it's not that I don't love him now I, it's different. You know cos he used to say he used to tell me to come to him, he used to put me on his lap and he used to give me a big kiss and he used to tell me to give him a big kiss back and it was very affectionate. You know there was a lot of affection there, a lot of love. ………..it's not the same. if my dad does something to upset me it really upsets me. …….I think maybe it's because I was more closer to them when I was younger so, it hurts more [almost crying]. I think what's hard for me now is that I don't really have a relationship with him any more I literally sat in front of him and said I'm so happy that you've stopped drinking and I started crying. And he said what are you crying for? I said I'm just really happy, this drink is not good for you.
A confusing family dance		
Tessa		And she would say things to me like I hate them all I just love you, you know, she'd always do that, kind of like they're all bad, you're the only good one or the only one I've got. (double bind)
Tani		if she doesn't want my dad to know about something she'll concoct this story and she'll make us tell my dad this story.

		And that's been really challenging as well because it's just like I don't see the point of lying, just tell him the truth, you know, but she insists on it and that puts a strain on all three of us as well because all three of us then need to coordinate with each other that we've all got the same story and things like that. You know and it becomes this horrible lie and it's just, so on both sides it's quite challenging.
Glen	371-383 1343-1345 445-447 810-817	the maternal figure would you know be validating this behaviour, not going what the fuck are you doing, you're behave, you're a lunatic. Like you can't go out just drinking all night disappearing, staying God knows where Yes well ignored by the children, um just accepted by my mother, just as oh that's the way things are sort of thing. Um so you know Yeah my mother would not you know wasn't doing anything, just be like oh well you know he'll always come back and everything will be you know fine as long as we have like family meals you don't just tell me to behave like that and then you can go and do what you like, if you're doing it, I'm gonna do it Like my dad never slept in the house. What difference does it make if I sleep in the house? you know cos he would tell me to behave in this way, but then when I saw his behaviour it didn't match these things he was telling me. I don't understand what you know, how does that make any sense, ……which one?
Valuing stability and clarity in relationships		
Gabi		but the church and the rules of the church felt like safety and so I would always kind of be really confused about things and my aunt was so different to that. We talked about everything, she had a good memory for detail it was quite complicated with my father because he was quite a complicated man………..But when my mother met my stepfather he turned out to be a really good dad, like a really fantastic dad, not complicated just very loving……

Glen	59-62	I've gone through you know many stages of denial and rationalisation and you know euphemistically describing things and yeah I'm just comfortable with say it like it is.
	857-861	Serial monogamy…..Um I was never one for one night stands, sleeping around um even though I could sort of see that behaviour in my friends. I think I preferred a bit more stability you know from anywhere.
Tessa		I met XXXX just after the tsunami and XXXX is, bless him, he's really stable. He's really [laughter] you know it's not like he doesn't have his issues but like literally his life could not be more stable, his parents are very lovely
Dave		XXXX's very honest and says what she thinks and didn't mess about when she saw things going on she didn't like………..she is very direct, still, never changed. Never in the 20 years we've been together, so yeah so she does come out with it if she's got something to say. Um yeah and that didn't play too well with my mum, so, yeah.

Master Theme 2: Remembering feeling unsafe and finding safety in relationships

Subordinate theme	Line numbers	Extract
Remembering feeling unsafe		*(physically unsafe)*
Lisa	57-58	when I was four my dad had take me down to my auntie's house and we get run over by a car He was drunk
	308-316	I would get up during the night and my mum and dad were fighting with a knife. ………..and I remember like one night I had woke up, um and I smelt smoke and went downstairs and there was like somebody had tried to light a erm a paper off the gas fire and it fell on the carpet and making fire.
Gabi	474-478	we were travelling in the car…erm and we'd mostly travel in the car on weekends, on weekends she would have drunk, you know.. …..So it didn't always feel like a safe journey
Tani	848-854	he's put things in the microwave and he's left the microwave on for twenty minutes almost burnt the house down. He has literally burnt the house down before as well. He's left things on the stove and gone out! Um only to find the fire service at the house, you know. He's done lot… he's done things like that a lot.
Tessa		she was actually put into prison because she, she'd bitten me all down the side of my arm really badly and I actually ran out and called the police cos it was all really badly infected So I sort of watched them really fight with her and it would be very kind of violent and lots of horrible fights and battles and I'd be watching this
'Sitting on a volcano'		(emotionally unsafe)
Insecurity? / parentification?		
Lisa	348-352	I was always the one who was up during the night and wondering what's going to happen when I went to bed and erm wakening up during the night and going and seeing what's happening
	446-449	

		it was like an insecure worry thing even if it was like the Monday then you would still worry about the weekend whether it was going to happen at the weekend. But when both of them (were drinking), I had to make sure things were safe. Um and I was like eight years old, tried to phone the police
Tessa		Yeah so always tense and worried and watching her and so um………Yeah… and we were always worried about her I always worry about the next thing. I'm always thinking ahead like what do we do if █████ does this or ████ does this. I still do worry a lot Yeah… and we were always worried about her so if you did go for a dinner party and see her drink it would be like mum, mum, but then that would make her really angry. Cos at a very young age, at sort of like nine/ten year old, she would be up drinking just crying and sobbing all night and I'd be sort of sitting with her as a very young child
Dave	466-474 742-752	I mean what I kind of remember as a little kid was, without being able to name it, being quite scared a lot of the time………..You know just feeling very insecure. Um and not being able to explain that or know what to do about it, or be able to say anything about it, you know, it… maybe doing something that wasn't approved of without really knowing why. You know that, I mean that was part of his unpredictability. He could be very approving or very disapproving of the same thing on different days
Gabi		Cos you know it's that vigilance isn't it you know. When am I going to be woken up to be told that I'm you know, a loser or fat or you know like that.
Tani	1184-1191	Say when with me if I didn't chop something the way that he wanted it to be chopped, you know it would be why did you chop it like that ……it would be a massive explosion, an instant knee-jerk reaction.
'I was the 'punch bag'		(Emotionally unsafe – verbal abuse)
Dave	527 268-271	Well his nastiness. You know when drunk

		And um yes she would become quite aggressive sometimes. You know, not physically but nasty, stuck the needle in and you know
Tani	257 1013-1015	Yeah it's the hurtful things that he says because of things that my dad said to me when I was growing up about being a failure and you know not achieving
Gabi		……….I felt like the 'kick bag' really erm… My role was the one she would have a go at, you know when life irked her or when she was drunk
Tessa		Her 'Punchbag' And if I don't look after her or if I question her in any way she turns on me, you know

'cut-off' to 'stay safe'

Gabi	28-29 358-363 493-503	because of the problem drinking that I decided that that I would not see her anymore the dad that I loved, I really did love him, was my stepdad, but my mum is no longer with him and he re married so I don't have a relationship with him anymore….. It was my decision So I kinda purge.. my wardrobe or things that I've bought, so I just get rid of everything …sometimes I can get rid of stuff that I love though so I'd manipulate her in these ways where I wouldn't have to actually talk to her……. it was the O N L Y (very emphasised) time we touched…I used to hate it…
Tessa		I mean haven't got a great relationship with her. Um and ……….I do see her um and it, I'm so divorced from her now it doesn't really affect me but I kind of, it got to the point where I just hated her so much that I had to just not be in the room with her. So I felt like it, the only thing I could do was just walk away and leave her cos it was just getting so destructive, the relationship that I left. I did it's…it's just my usual fear whenever things got tough my thing was just run away, leave things to.. whenever we leave I always have to drive away, it's like I have to drive away from her physically. Um so very kind of like I need to get away from you.

Tani	1083-1094	If I've been around him too long, I know that he's going to start to upset me, so I just remove myself from that situation before it happens.
	219-220	And then after that I just kind of suppose mentally distanced myself from him.
Dave	752-754	And then the strategy being just to avoid him, you know, cos that was quite safe. Yeah you couldn't be wrong if you weren't around.
	1592-1594	one easy way to survive was just to kind of disengage from stuff. Um so it was too expensive to have feelings at times.
Lisa	1555-1562	always felt that I kept people at arms length. I didn't let them get close to me to be able to let me down,
	708-710	So I was sort of protecting myself, I was always closed. Kept everything closed.
	1555-1562	Then but as I say when I met my husband something happened that I did let him in and he was the same. He let me down and hurt me do you know what I mean. So for that few years until I could build up trust and all that kind of thing.
	1649-1655	I always had that attitude with my friends where erm if they did something to me like if they betrayed me or anything, it was like right that's it, you don't get a second chance with me…….. that putting up the barriers, right, phhh that's it. No.
	650-657	So it's like I always had sort of kind of control of myself through my life and my childhood erm and controlled my feelings because I had, I didn't, I didn't let anybody in to hurt me. I kept things at a distance
	1265-1267	Probably silent tears, it would be like I'd go to my bedroom and just maybe cry and nobody would know. Erm never ever showed my emotions
Glen	1019-1023	Suddenly I was like right, I can see this is not, I can't be, I can't move back to my family, I'm not ready for you know that. I can sort of handle them in smaller doses but didn't feel strong enough in character to really do that again yet.
	291-292	finally broken out of um the living at home part of things.
	1064-1069	it's taken a long time but I'm ok with it and I can come and see my family and speak to my father. Speak to everyone else.

Finding safety		
Gabi	659-660	a teacher who, a social studies teacher, took me under her wing
	709…	And I think that those relationships kinda protected me because then I was able to reduce the chaos, any, any kinda chaos in my life
	257-258	it broke my heart not to be able to have contact with my aunt. I think she was the one, when I was a child I used to phone every day, she was my sanity

um I was always waiting to be rescued. But we weren't rescued apart from when my step dad came along. He rescued, he rescued it, yeah. |
| Tessa | | she watched me, I know she watched me and I know she kept an eye on me and I know she fed me.

school kind of is what sorted me out. This boarding school kind of, and the friendships I made there like they kind of kept me ……it was a really supportive environment and I could just sort of yeah, that was a good point for me, so yeah. |
Dave	431-434	But what was nice was that other members of the family were kind of trying to stick up for me and trying to put things right.
	1427-1437	You know and there's something in the family, I don't know how to explain it I'm not really sure but I know it's there. You know there's something stronger than any individuals concerns. Or you know or the concerns can be temporary.
Lisa	469-482	good relationships with my sister, which was quite positive……..She gave me a sort of safe haven if you know what I mean, because her and her husband were, they didn't drink
Dave	855-859	he was able to stand up to it. So he became the rock that wouldn't move against all that rage and you know my theory about relationships with older men worked, kind of had to shift because I was faced with a really different reality.
Tessa		She used to say things like I'm really proud of you, I'm really proud of how you are and how you've changed…… Yeah she's the mum I wish I'd had………but she loves me…….You know I you know but then she loved me

DIFFERENCE TANI ADULT, PROTECTIVE RELATIONSHIPS WERENT NEEDED?		DIFFERENCE: GLEN WENT FOR DESTRUCTIVE RELATIONSHIPS – PARTY-GUY, BUT LATER UNI ACTED AS A PROTECTION THROUGH IT'S FRESH START, DISTANCE ECT…

Master Theme 3: Moving from Invisibility towards finding a sense of myself

Subordinate Theme	Line numbers	Extract
Looking back on feeling invisible		
Tessa		when I had my son I'd had a seventy two hour labour, I'd had a second degree tear which meant that I had stitches, my mum rang me up the day after and said oh I'm in hospital can you go and clean my house. [laughter] and it was just like err..
		So she finds somebody who you know she can suck them of everything they have but you know they have to be her carer and her punch bag and there at two in the morning. And if they don't look after her or if they question her in any way she turns on them, you know.
		Page 11 387 – 404
		Page 16 selflessness = selflessness – Tendency to talk about PDP and not self, when question is about own exprience
		....
		is I'm always terrified of turning out like her and that's like a massive thing that you know I'm always really worried that if I do anything it's like oh my God is this the start of it all. You know that's I think…
		[shivers] You know, does this mean I'm going to be like her.
		cos for a long time I thought I'm just not going to get married, I'm not going to have children, I'm not going to have that life because I don't want to do that and I'm so terrified of turning into that woman that I'm just not going to have that sort of life
Glen		Pg 7 pg 14 – tendency to talk about PDP not self when Q is about own experience.
	535-540	He would never ask me how things were going, in a way that actually he would then listen to the answers. You know or what was going. It was a sort of any of those questions would just immediately lead into him then telling me things about him. You know.
	299-203	I'm now spending time like being concerned about his behaviour, you know, trying to intercept him and basically you know not making the most of the opportunities I have

	793-795	The nameless um urchin in the workhouse. Just looking for a little bit of recognition
	807-810	Understanding. That's it. You know that's what it really comes down to. This idea of understanding who I was, for him to understand who I am.
Dave	166-172	Yeah I mean I think it's their self obsession really. Total and utter kind of sense that the only thing that matters in the world is them and the next drink…
	176	So that the family relationships just don't exist really
	933-945	she was very very difficult to be with, because she had no interest in anything but herself. everything was about me, so any conversation you opened came round to what she thought, what she wanted, you know what she was going to do next. Um and how she felt. And it was never about oh how are you, or what's going on for you, or, there was no kind of give and take at all.

And there's no space there, there no space for you to exist yourself |
	1101-1116	she didn't know me, didn't understand me, never really spoken. I was, I was the vehicle for some fantasy that she had. Err and that was really horrible, you know that's a really really unpleasant thing to be the focus of, cos it just denies that you exist in any way at all really.
Tani	1232-1236	he doesn't think about anybody else but himself cos he's just in this bubble, you know. He doesn't have the capability to think about anybody else and the impact about what he's doing or saying, you know. That filter's gone.
Looking back on a lack of connection		
Glen	566-571	when you never get past that stage of hey party guy. You know and he will always be to me more of someone who is like you know if you met him at a party, you'd be like oh I sat down with this guy and he had some great stories. Is that a definition of a parent?
	561-566	it's not like every conversation you have should be a profound meeting of souls where you know or like where ah I love you dad, I love you son. You know obviously not. But when none of them are, that's when it starts to be not good.
	576-578	But it will always be more of like some guy you knew rather than you know even somebody that you were really close with

	1074-1077	Um like people who know each other. [laughter] You know it's literally as like a guy that you've seen at the pub for thirty five years, you can't help but pick up a few things about them
	479-480	he would never you know he wouldn't get me, I wouldn't get him as it were
Gabi	108-110	I suppose it was lack of communication, lack of warmth really, there was, there was just nothing
	423-424	….we just never…never connected…
	275-278	Like cause you know, when I was with my mother it was silent….you know and I was so angry at her for so many reasons and we just had no connection at all
	504-506	her hugs were SO.. vacant, like she wasn't really there
	281-284	We talked about everything……….. she encouraged um me to be interested in Psychology, she encouraged me to read books um yeah she was just, she was someone who understood me
Dave	282-290	And quite kind of distant you know not not really able to be spoken to. Very wrapped up in herself.
	178-180	the sense of being able to kind of communicate with the person just often wasn't there
Tani	1048-1055	I don't really know what to say to him any more……you know and having a conversation with him is really hard. I do think what do I say now, what can I say now to keep this conversation going, and I feel like, I feel it's fake.
Lisa	587-592	we tried to like sort of keep our distance because my mum had told us. And like we didn't like it either so we were thinking that if my mum's telling me to do it, telling us to do that then maybe if we do it he will stop
Moving towards a stronger sense of self; made intimacy possible		
Tessa		I was very negative about myself. Very negative about myself as a sm…as a child, as a teenager and a young adult. Um um yeah I just hated myself you know. You internalise it, so you kind of, you internalise their hatred of themselves and you take it on and so you hate yourself, so. I'd attempted suicide I think at thirteen I mean we're all pretty damaged in some way you know

		you think there is something that's wrong with you cos someone, your mother's told you there is Yeah I worry about I guess something my mum always did say about me is I always feel like I can't do things, like I'm always like I can't do that, I can't do that.
Gabi	907-911 840	I think a lot of the negative things that I felt about myself, I developed because of how my mum was with me, you know the things that she would call me, my sense of identity, um..I don't think there was anything positive that she, she said about me…just she had a way of looking at me feel like I was the scum of the earth. ….. I had no sense of self-esteem at all, I hated myself
Tani	1002-1006 1013-1015	Um I would say where it has affected me is maybe my confidence in my ability to do things um more so at work and believing in myself um that's, that that's where it's probably more affected me and it's more my relationships with senior members of of staff. because of things that my dad said to me when I was growing up about being a failure and you know not achieving
Self-esteem barrier to intimacy……		
Glen	970-975 15556-15559	um so there were lots of revelations um and obviously with the space started to look again at the kind of person that I was, that the things I valued and the way that I understood value and the things that er I would decide were important and how to emphasise the good things it's taken me a long time to work out who I want to be and then to find out find somebody who I want to be with
Lisa	1673-1677 1665-1669	I don't know I think it's like more a confidence thing and there's more that I can deal with, I can deal with setbacks now like I've got this erm this resilience I've built up this resilience now like, you can deal with this, this isn't a big major problem, this can be sorted it was like as soon as anybody like betrayed me or done anything wrong or erm it was just like chooo barriers up, but now I'm like right let's talk about this, we can sort this out and it doesn't need to be like this any more and er…
Moving towards 'myself'		

Dave	1537-1551	you've got to come to ▮▮▮▮▮ workshop tomorrow cos he's quite charismatic…….and I said what on earth did you say that for? And she said well you are, and I remember really stopping, you know completely dumb struck by that bit of feedback………a coach a few years ago, and he said to me well you're quite driven, at one point in our conversations.
	2414-2418	and then a couple of weeks later thinking that was a really healthy self-confident decision. I wouldn't have done that before. You know I'd have felt trapped in that relationship and obliged and you know.
Glen	1090-1091	I'm a bit more worldly and settled in myself than my brother and sister.
Gabi	929-937	I had to really claw back what my values were and I suppose it was those values that I got from social work I suppose that have kinda……yeah I tell you it's my relationship with a profession that was the most significant rather that though a person through a person
	946	it's ok to be authentic and try and be an authentic self
Lisa	1585-1589	so I went to college and I always see that as being a change. I got this sort of new found confidence for myself…..and I came out thinking pff I done this
	1592-1595	that's when I started caring for people and I came across a lot of people who liked me who valued me and erm and then I think I just grew from there.
		pushing my career that I had started in XXXXX (place of work) after that. Erm and then my confidence just grew from then.
	1924	Finding a purpose

Master Theme 4: Making a choice to change my relationships

Subordinate theme	Line number	Extract
Learning through my relationships		
Gabi	343	I've really struggled with the concept of love over the years
	972	it was the first time that I actually learnt to care for somebody
	987-990	I don't know it was……..just the idea that I could stick with somebody through a very difficult time in their life and…but also you know kinda make…you know like kinda………….be nurturing I suppose and allow..like she… I think she loved me as well and it felt really nice
	1003-1011	it was really, it changed, it changed everything in me, it softened me Really real….it was really real you can't get away from it like when you're really like.. you're there every day……Seeing the day..you know it was so authentic..there was no place to hide…. not at all
Lisa	1099-1106	So I think it was more to do with like I'm taking a risk if I let my feelings out here. Taking a big risk and I'm going to be let down. Erm so obviously you have to, you've got to take risks in life, but um so I just probably threw my feelings to the wind and see what I got
	1092-1094	and used to feel embarrassed to hug him and like cuddle him ……..but it's not now, it just like comes natural to me
Dave	865-871	But yeah it was that thing about he behaved really differently to how my father had and therefore I had to see that things could be different. You know and whatever goes on in your mind, the theory of reality shifted, you know into a much more outward looking one really I think and more positive and self-possessed.
	1845/1833	Yeah because I saw, I saw it could be done……..and things can improve
	1399-1408	so I think you know good relationships matter a lot, to me. Cos I've experienced it not being good, you know, and I know which one I prefer. So I'm kind of willing to try and work at that a bit. Um and you know the rewards of it.

Glen	1251-1265	I'm really awful to this day at maintaining friendships, like long term friendships…..that would have been a good thing to have learnt how to do. You know to sort of, the idea that you just call people up every now and again and ask them how they are
	1194-1200	People say to me 'oh you're so funny and oh this is good. Um but it doesn't leave a lot of room for other people and I don't want to get into the situation that I feel that he's got into with me where you always just output output output, you don't start to understand about what another person's motivations are.
Gabi	216-218	I would say that I have an avoidant personality um..er…um I haven't really had um I didn't really enjoy to close relationships so I keep a distance from, from people I don't have a drive in me to sustain relationships I just don't have the drive……. I don't keep in touch with people
	345	I can be very very detached and I switch off really quickly it's.sighs It's like…it's like (as if difficult to put into words) I can be present in a, in a relationship and then just I don't care anymore, or im cut off, mentally gone, emotionally gone
Making a choice to change		
Dave	673-678	And I remember thinking, after that experience I'm thinking well I'm not doing that again. You know this, it really matters to me to have a healthy relationship really. Er and I thought well what can I do about that well I need some help.
	1252-1257	Like what I lived through as a kid. I couldn't in any way imagine inflicting the same things on children, you know, cos I don't think I'd choose. Um so I wanted to be kind of quite sure that it wasn't going to be like that, you know and it hasn't been, it's been absolutely great.
Lisa	422-423	it was like I never every wanted to create for them what I had.
	1456-1458	I didn't want my kids to be the way I was brought up and the way I was erm and how we're all quite open emotionally.

Tessa		that was a real moment for me of like ok I really love this person so I need to make it work. And that's when I started getting therapy cos I also didn't want him to be the one to sort me out, I wanted to sort myself out. this is my story it's not there's. I don't want to pass them onto them……..I feel like this is my story and so I want my children to have a good relationship with her and sort of have a very positive, you know as much as it can be.
Dave	1672-1686	is it's a big part of my identity, actually, in and not in a bad way……….. actually I'm kind of in a way it's a gift. My life wouldn't be what it was if what happened hadn't happened you know it was very influential and remains very influential and has created a lot of the values that I think are really important you know and very positive I feel very positively about um. So there's you know there's a very kind of good side to those experiences. I've managed to find the good things in them and make use of them to find my own identity, so.
Lisa	1501-1506	I'm very observant and that's why I feel like I can work with with kids because I watch them first and I watch what they're like and watch what they don't like you know, try and look at what's caused behaviours and it sort of comes to me quite natural.
Relationships are good now		
Gabi		I've been with XXXX (partner) for 4 years erm…and I would say I love her with every fibre of my being… Mmm, it's taken time I'm actually really very happy. I'm the happiest I've ever been in my life…
Tessa		My husband. Over there. Er and my sister. My sister and I have a very good relationship Um but I've made some great friends
Lisa	794-798 1450	we've got a great relationship because we've been through everything possible. He totally adores me, there's absolutely no doubt about that. And we've got a really strong relationship Relationships are much better
Tani		I don't think it's affected my relationship with my husband, um you know I don't think it has affected any other rel…I

		can't… no I don't think that it really has affected that much of relationships with other pers, people DIFFERENCE – NOT AFFECTED RELATIONSHIPS GLOBALLY BECAUSE NOT PD WHEN SHILD
Dave	1294-1297	we have a fantastic relationship, talk every day, um do stuff together and enjoy each others company and you know, same with my daughter.
Glen	15556-15559	it's taken me a long time to work out who I want to be and then to find out find somebody who I want to be with

I: what would you say was problematic about your mother's drinking?

97	A: Errrrrrr, I think it was errrm......the problem for me was
98	the...um......when she wasn't drinking she was just this foulest mood
99	um...and....so she would usually be silent unless she was angry and
100	if she couldn't find the keys, or she was running late she just uuuum
101	was very demanding and everything had to be, everything would go to
102	high anxiety which um ....the problem was how it made me feel,
103	umm.... and then, even though she was very functional as a person
104	umm......sometimes, occasionally when she was drinking she was
105	getting ready for a date um.. to go out, because she was single for a
106	lot of the time...um......errrrh..she would dance around the room and
107	there was a moment when she was actually quite, like kinda happy,
108	but....it was very infrequent...and erm....I suppose it was lack of
109	communication, lack of warmth really, there was, there was just
110	nothing, she was either kinda drunk going out and feeling happy or
111	she was silent and I interpreted that silence as a mood. And then there
112	were obvious moods where she was angry um.. and it didn't seem,
113	there wasn't really anything else
114	I; Ok..
115	A: Yes, and there wasn't really trust, I guess other problems for me
116	and I cottoned onto this quite early but I didn't realise why....was the
117	repetitiveness. So erm....when she was angry she would
118	like....suddenly something would bug her and she'd get me out of
119	bed...and er....accuse me of something...there was a lot of paranoia
120	and it might be that I'd talked to the neighbours,,,or that I'd said
121	something bad about her..or I hadn't changed my knickers the day
122	before because they weren't in the washing basket, or.. I hadn't had a
123	bath, so she'd get me up to have another bath.....weird, you know and
124	as a child I couldn't fathom what it was but she would go round and
125	round the same circle and her language was very repetitive and I
126	couldn't, I didn't, it was, it was bewildering, I didn't know how to shut
127	her up
128	I: Yeah

Handwritten annotations (right margin):

"Silence, just nothing"
↳ unconfortable/abnoad

drinking or foul mood
- silence
'demanding' - anxious
High anxiety + how that made me feel

Extreme needs

happy or silent or angry
↳ nothing else

times when PDP 'happy' infrequent when Drunk

free will - just (nothing) 'silence'

lack to Communicate lack to warmth

Silence = a mood

either Drunk + happy or silent - extreme moods

'nothing' else - (needs)

understood but didn't understand Lack of Trust

Suddenly' - unpredictable vs Reptative

feeling Confused by Drunk behaviour

Being Blamed for dad's stuff Wrong

Being overwhelmed by Paranoid behaviour + not understanding it

feeling lost, bewildered + finding it strange +
uncomfortable
Lack of Control, to 'escape' stop me somehow

Complexity?

Handwritten annotations (left margin):

emotionally:
Feeling affected by extreme changeable moods

Lack of Communication + Connection

Emotional Unavailability

Difficulty Trusting Others

Feeling Confused + Distressed by PDP's paranoia, repetitive behaviour blaming

* Lack of Control/
  being Controlled?
- Being

("Confusion' as child)

idea that PDP produced hard/distress' — was goal of behaviour?

129	A: Um and it wasn't until I cried.....she got what she needed and then	Being pushed to tears / Distress
130	it would somehow stop, miraculous thing..	can we magically Distress = ceasing erratic behaviour
131	I: And was this happening when she had had a drink or not? Or did	↳ control?
132	you know?	Adult certainly understanding vs Child bewilder — not met
133	A: No it was, it was definitely when she'd had a drink but I don't think I	Experiency Erratic behaviour as a child — not
134	realised at the time.. the distinction	understanding why — if PDP Drunk or not — no distinction
135	I: Ok..	↳ Confusion
136	A: I just saw this erratic behaviour	
137	I: Ok	
138	A: Yeah, it wasn't until I was 24 looking back that actually every night	old Casks of wine = football
139	she had a drink...we, she'd buy casks of wine......and erm...and	— drinking normalised —
140	when the cask was um finished my brother and I would kick it, we'd	no connections — but passive
141	blow it up and we'd play football with it (Interviewer laughs) you know..	aggression?
142	A: But there was no connection with that and in terms of behaviour...or	lack of 'connection' behaviour + Drinking
143	you know, we'd come home from school, she was never home when	
144	we'd come home from school so we wouldn't necessarily know when	absent when home from
145	she'd come home which wasn't a bad thing, we'd just play out..	school — This is mum, not alcohol
146	I: And why wasn't she home?	good when mum absent
147	A: Ermmm.......she'd gone and visited a friend, erm.had drinks with	
148	friends or, or I don't really know sometimes maybe she worked late..	
149	I: Ok	uncertain
150	A: I don't know but errrr..... sometimes she'd come home and she'd	Defensive to mother ('not that bad really')
151	buy food so would have been out shopping buying food, you know, it	
152	wasn't like she was irresponsible completely you know...ermm...so	
153	yeah..erm	
154	I: So you mentioned your brother, so..?	
155	A: I have a half brother	
156	I: You've got a half-brother? So is he older or younger?	
157	A: He's younger by 5 years	
158	I: Ok	
159	A: We're from different fathers ermm...he...yeah I don't, I don't have	Cut off relationship with Brother
160	any contact with him him now..	

Feeling Confused + Distressed by PDP paranoid, repetative + blaming behaviours.

A need to Defend the Problem-drinking parent

161	I: Ok..but when you were growing up it was you and your brother and your mum..?	*Being Exposed to harm affecting 'Family Environment'*
162	A: Yeah, yeah	
163	I: Ok	
164	A: And lots of, lots of men..that was another problem thing, so we lived	
165	in a very small..umm apartment, there were two rooms and	*alcohol addiction - social leading to other problems*
166	ermmm...and arm and she....I would see her solic...soliciting sex or	
167	alcohol. If she didn't have any alcohol in the house, she would bribe	*Vulnerable to indecent exposure ~ PDP prostithian in house in front of her + brother.*
168	these men to go and get alcohol for her and she'd have sex.. you know,	
169	as children we saw that like kinda quite a lot you know	
170	I: Really	
171	A: We were exposed to....yeah..it's kinda quite uncomfortable (laughs	*- uncomfortable/awkward*
172	uncomfortably)	
173	I: Yeah	
174	A: When you're sitting there eating your dinner and you know and	*Prostithian during Dinner time*
175	er......and on the couch just you know, that far away your mother's	
176	having sex with somebody, you know..	
177	I: So she'd actually have sex in the same room?	*normalising*
178	A: Mmmmm (in agreement)	
179	I: Oh my goodness	
180	A: Mmmmm (in agreement) Yeah, ermmm... and my half-brother	
181	shared a bedroom with her um.. and then of course that's where the	*Sounds difficult to tell, voice has a hint of dashes*
182	men would stay as well, so he was really privy to, to seeing...I mean..	
183	I think sometimes he would be asleep but I mean it was hard to kinda	
184	miss the kinda.....mm	
185	I: It sounds really difficult..	
186	A: Yeah, I mean she was, she was young when she had us so um I	*Defending mothers Behaviour.*
187	could understand that you know......she....	
188	I: Yeah	
189	A: Yeah....and I think for her getting out of the poverty trap was about	*'poverty trap'*
190	meeting somebody...who could provide for her, and eventually she	
191	did, she did find that........	
192		

feeling exposed + unprotected.

A need to defend / Justify PDP's behaviour

161	I: Ok..but when you were growing up it was you and your brother and
162	your mum..?
163	A: Yeah, yeah
164	I: Ok
165	A: And lots of, lots of men..that was another problem thing, so we lived
166	in a very small..umm apartment, there were two rooms and
167	ermmm...and arm and she....I would see her solic...soliciting sex or
168	alcohol. If she didn't have any alcohol in the house, she would bribe
169	these men to go and get alcohol for her and she'd have sex.. you know,
170	as children we saw that like kinda quite a lot you know
171	I: Really
172	A: We were exposed to....yeah..it's kinda quite uncomfortable (laughs
173	uncomfortably)
174	I: Yeah
175	A: When you're sitting there eating your dinner and you know and
176	er......and on the couch just you know, that far away your mother's
177	having sex with somebody, you know..
178	I: So she'd actually have sex in the same room?
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185	miss the kinda....mm
186	I: It sounds really difficult..
187	A: Yeah, I mean she was, she was young when she had us so um I
188	could understand that you know......she....
189	I: Yeah
190	A: Yeah.....and I think for her getting out of the poverty trap was about
191	meeting somebody...who could provide for her, and eventually she
192	did, she did find that.......

Handwritten margin annotations (right side):

Being Exposed to harm affecting 'Family Environment'

alcohol addiction – social leading to other problems

Vulnerable to indecent exposure ~ PDP prostitution in house in front of her & brother.

– uncomfortable/awkward

Prostitution during Dinner time

normalising

Sounds difficult to tell, voice has a hint of sadness

Defending mothers Behaviour

Poverty trap

Handwritten annotations (left side):

feeling exposed + unprotected.

A need to defend/Justify PDP's behaviour

Appendix 15: Extracts from reflective diary (during analysis)

Reflections during the interview process were kept in a notebook. During the analysis stage reflections were written in a reflective column included in the transcript table. See appendix 16 for notebook extracts. Below are extracts of reflections which were written on individual transcript analysis tables:

Tessa's transcript:

Pg. 8. 'I realised on reading this back, that I think I asked this question [What is it, do you think, she loves about smaller kids?] due to my own story of my father and his tendency to love small kids as opposed to when they got older. Therefore I may have taken the interview in a certain direction and left other things unexplored due to this.'

Pg. 19. 'I found myself connecting to the idea that all was well when you are a very young child and dependent on your problem-drinking parent, but when start to develop your own personality and agency things change.'

Dave's transcript:

Pg. 63. 'I felt myself really connecting to Dave's description of avoiding things due to the fear of being exposed and in particular his metaphor of not opening Bills, to make them not exist. It made me think about a time in my life where I didn't open any of my Bills, and what connection that may have had to a tendency to avoid generally or in relationships'.

Pg. 43. Dave conveyed a real sadness when he spoke about a time when he felt he had absolutely no sense of himself. I felt quite connected to this experience on listening back to the interview for the first time, as it reminded me of a time in my life when I struggled with similar feelings.'

Glen's transcript:

Pg.5. 'On listening back to this interview, I remember feeling quite uncomfortable at the start of the interview, and on listening back to Glen it feels like actually he was very uncomfortable and I was feeling his transference.'

Pg. 7. 'The way that Glen frequently goes on to talk at length about his father and his father's problems and issues reminded me of what Tessa did in her interview, and also of what my own family tend to do when we get together, fill the space with my father and all his woes and problems, the focus is on him, always on him. It brought the idea of co-dependence to mind.

Tani's transcript:

Pg.4. 'There was a lot of raw pain for this participant, the pain was current and fresh, as she was witnessing the difficult relationship with her father now, and she became emotional as she spoke, this was so different to other interviews which were all retrospective….At times I felt bad about the

fact that she was in pain, but I kept checking if she wanted to stop. She didn't she seemed to really want to tell her story.'

'I found myself not really connecting with Tani's story as much as I did with some of the others, despite her becoming upset while talking, there was a distance I suppose also created with the fact that it was the only interview which was not face-to-face, as it was through Skype.'

Lisa's transcript:

Pg. 9. 'I found myself really connecting to the sense of vigilance and pervasive worry that Lisa spoke of, it reminded me of myself, waking up at night hearing fights and staying awake to make sure that everything was ok.'