

AWARENESS CREATES OPPORTUNITY:
A NARRATIVE STUDY OF RESILIENCE IN ADULT CHILDREN OF
ALCOHOLICS

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ABSTRACT

Children of alcoholics (COAs) are those who grow up in a home where one or more parent is an alcoholic; once adulthood is achieved, they are referred to as adult children of alcoholics (ACOAs). Several risk factors have been identified as a potential result from exposure to an alcoholic environment; however there is a dearth of literature exploring resilience in this population. Descriptive Narrative Inquiry was used to explore the question, “Describe the qualities, processes, or internal motivational factors which have facilitated resilience for adult children of alcoholic parents.” Two ninety-minute life history interviews were conducted with four participants, including the researcher. The participants were female, middle class, university students who considered themselves to be adult children of alcoholics who are resilient. A composite narrative was used to depict the results of this study, combining the data from each participant’s life story. The narrative was written in the first-person through the character of “Sophie”, and the data included is the result of a narrative analysis from the transcripts of the participants’ data. The narrative depicts the developmental stages of the participants’ lives, including childhood, adolescence, adulthood, and the present. Their experiences of growing up in an alcoholic home were documented at each stage. A thematic analysis was conducted, extracting the common themes, meaning made, and personal characteristics that were generated within and across participants that contributed to their development of resilience. The results are discussed in four major themes: Being in Relation: Others Create a Difference; Belief Systems: Spirituality, Religion, and Values; The Self: An Evolving Being; and Alcoholism: Meaning in Itself. It is through the dialogue of the participants’ experiences of resilience that awareness creates opportunity for advocacy for children and adult children of alcoholics. The implications of this research in relation to the experiences of resilience are discussed for children and adult children of alcoholics, educators, and counsellors. Directions for future research are addressed.

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DEDICATION

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I love you all

xoxo

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Chapter One: Introduction

Peoples' stories. That is what I find exciting. That is what I am passionate about. That is what moves me emotionally. I value people's uniqueness, what makes them who they are. What they like and dislike, their little quirks and nuances that distinguish them as their own persons. When I think back on my own life story, I often wonder what about it is the same as other peoples' stories? And what about it is unique, making me who I am? When I look at my own life, I imagine the things that have had the greatest impact on shaping me into who I am. One of my most influential experiences has been growing up in an alcoholic home where alcohol was a prevalent factor until I was thirteen. When I was thirteen, my mom decided that either the booze, or my father, had to go. This was a turning point in my life, where I began to learn about alcoholism and addiction. This is where I learned that my life was not 'normal', that my father was an alcoholic, and that having alcohol in the house on a daily basis was not what a 'normal' family did. You can imagine the devastation that a thirteen-year-old felt, learning that one of her role models is an alcoholic. My father was sick? How did I not even know? This is when many things started to make sense to me, when the healing in my family began, and when I developed an interest in addiction.

The Centre for Addiction and Mental Health (2011) provides two useful definitions for addiction. The first can be conceptualized using "the four C's": *craving*, loss of *control* of amount or frequency of use, *compulsion* to use, and use despite *consequences* [italics added]" (Centre for Addiction and Mental Health, 2011, p.4). The second definition is drawn from the work of Savage et al. (2003, as cited in Centre for Addiction and Mental Health, 2011) "Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors.... It is characterized by behaviours that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving" (p. 4). There are many reasons why people engage in substance use; generally the immediate effects are enjoyable, may bring relief from painful feelings or difficult issues, and may increase confidence. Issues begin to arise when use becomes habitual, out of control, and results in negative consequences such as bodily harm, blackouts, relationship problems, financial difficulties, verbal and/or physical abuse, depression, anxiety, and legal problems (Centre for Addiction and Mental Health, 2011). Substance use pertains to the ingestion of either drugs or

alcohol. For the purpose of this study, I will be focusing on alcoholism and its impact on family functioning.

Alcoholism is either a psychological and/or physical dependence on alcohol, and one who experiences this dependence is considered to be an alcoholic (Centre for Addiction and Mental Health, 2008). A *psychological* dependence occurs when one requires alcohol for the ability to function, feel comfortable, or to cope with daily living. A *physical* dependence on alcohol involves bodily adaptation to the presence of alcohol; this is evident through the development of tolerance and the presence of withdrawal. Tolerance is the need to drink more alcohol to achieve the desired effect, and withdrawal occurs when the body has physical reactions to the removal of alcohol (Centre for Addiction and Mental Health, 2008). These reactions may include: sleep disturbances, sweating, anxiety, shakiness, vomiting, increased pulse rate, headaches, seizures, and hallucinations or delirium (APA, 2000). Despite the development of alcohol dependence and the awareness of the adverse effects that alcohol consumption has, the alcoholic has little, if any, control over the desire to drink or the amount of alcohol consumed (APA).

Alcoholism is often described as a family illness in that every member of the family unit is affected, potentially creating a dysfunctional family environment (Bijttebier, Goethals, & Ansoms, 2006). It is estimated that 8-27% of children within a given community have one or more parent with an alcohol problem (Cuijpers, 2005; Cuijpers, Langendoen, & Bijl, 1999). Children of Alcoholics (COAs) become the unseen ‘victims’ of alcoholism due to the increased risk of developing alcoholism or other psychopathology that results from merely being the child of an alcoholic, a birthright that comes without choice (Copans, 2006; Dies & Burghardt, 1991).

As you will see, much of the addiction literature focuses on the devastating effects and the tragedy that is perpetuated as a result of alcoholism; this is consistent with the historical tendency of health care research and practice to focus on illness, pathology, and vulnerability (Richardson, Neiger, Jensen, & Kumpfer, 1990). Alcoholism tends to run in families; it has a genetic component and COAs face a higher risk of developing alcoholism and other psychopathology than children who do not have alcoholic parents (Garrett & Landau, 2007). Many family members of alcoholics are portrayed as victims, ill in their own right, susceptible to labels such as ‘codependency’, or the tendency for family members of alcoholics to adopt certain traits such as enabling behaviour, self-blame, anger, a tendency to focus on others, controlling

tendencies, and the inclination to find purpose through relationships with others (Alcohol Health & Research World, 1997; Harkness, Manhire, Blanchard, & Darling, 2007). It is even suggested that this population needs ‘treatment’ or ‘intervention’, which may imply that they are ill or defective in some way. There are many tragic stories related to alcoholism, and the consequences of it can be devastating, however, there is little literature that addresses the adaptive coping factors that facilitate the development of resilience in COAs.

It is suggested that programs for COAs need to promote resilience, providing them with coping skills and support to prevent further intergenerational transmission of both alcoholism and psychopathology (Copans, 2006; Cuijpers, 2005). To accomplish this, the understanding of factors that facilitate resilience is important (Copans; Hall, & Webster, 2007). However, little research looks at the process of change and processes that enhance resilience, which may aid in the prevention of risk for COAs. How can programs for COAs and ACOAs reach maximum effectiveness without fully understanding the skills needed to facilitate resilience? There is evidence that many COAs reach adulthood without developing alcoholism or psychopathology, but it is difficult to determine which children will, and which children will not, become alcoholic themselves or develop further mental illness (Cuijpers, Langendoen, & Bijl, 1999).

Understanding the experiences of adult children of alcoholics (ACOAs) who consider themselves to be resilient despite the risk of growing up in an alcoholic home may aid in the development, or improvement, of sensitive programming for COAs. The purpose of my research is to explore the lived experience of ACOAs with the intention of gaining an understanding of the components that facilitate resilience in COAs. This leads to the following research question: *Describe the qualities, processes, or internal motivational factors which have facilitated resilience for adult children of alcoholic parents.* I have come to this question based on personal experience as well as previous research that has been conducted in this area; it has outlined the need for a greater understanding of resilience in children and adult children of alcoholics.

Chapter Two: Review of the Literature

In this section I will introduce the causes and reasons that have been found to place COAs and ACOAs at risk. I will also provide a discussion pertaining to the concept of resilience, including the definition of resilience that is most relevant for the purpose of this study. I will then introduce elements that have been found to contribute to resilience in COAs and ACOAs. This will be followed by an outline of the current programs that have been developed for COAs, and I will conclude with a discussion of the benefits and limitations of these programs. A review of this literature will lead to the goals for the current research study.

Risks for COAs and ACOAs

The purpose of this section is to introduce the relevant statistics that pertain to COAs, the genetic and environmental factors that have been found to contribute to placing COAs, and therefore ACOAs, at risk, and to outline some of the pertinent literature that attempts to differentiate ACOAs from non-ACOs. I will conclude this section with a discussion of the benefits and limitations of these studies.

The effects of alcoholism on children can begin early in life and the risk of children becoming alcoholic themselves is based on a combination of environmental and genetic components (Copans, 2006). Genetics contribute to 40-60% of the variance in the development of alcoholism (APA, 2000), and children of parents with addiction are the greatest group at risk for developing addictions themselves due to the combination of genetics and environmental factors (Kumpfer, 1999). Children in alcoholic families are 4 to 6 times more likely to acquire alcohol problems than children without alcoholic parents (Russell, 1990), and more than 50% of alcoholics are actually the child of at least one alcoholic parent (Fromme & Kruse, 2003). Not only are COAs at an increased risk for developing alcoholism, they are also often at a higher risk for acquiring mental health problems, such as depression and eating disorders, (Cuijpers, 2005; Ellis, Zucker, & Fitzgerald, 1997), adjustment problems (Hall, Webster, & Powell, 2003), delinquency and conduct disorders (Cuijpers), anxiety and social adjustment problems (Fromme & Kruse), and developing low self-esteem (Bijttebier, Goethals, & Ansoms, 2006).

Outlined within the literature, there are a number of background and environmental factors, personality traits, personal motivators, and beliefs about alcohol that have been associated with different patterns of alcohol use and consequences. In terms of background and environmental factors, it has been found that males tend to drink more than females, the use of

alcohol is highest between the ages of 19-21, there are cultural differences in the acceptance of alcohol consumption, and heavier drinkers have been found to reach lower academic achievements than those who are not heavy drinkers (Fromme & Kruse, 2003). Other risk factors include: stress, peer pressure, the development of unhealthy coping patterns, modelling and patterns of parental and familial alcohol use, socioeconomic status and/or poverty, impaired parental cognitive functioning, parental monitoring and supervision, domestic violence and abuse, aggression, impaired familial communication patterns, belonging to a society where alcohol use is socially acceptable, and the accessibility of alcohol (Copans 2006; Enoch, 2006; Fromme & Kruse; Sankaran, Muralidhar, & Benegal, 2006). In terms of alcohol accessibility, individuals may steal alcohol from their parents or obtain false identification to gain access to liquor. Studies have even shown that liquor stores will sell alcohol to minors up to 50% of the time without requiring identification (Fromme & Kruse).

Common personality traits have been found to place individuals at risk. These include: sensation-seeking (engaging in risky behaviour to produce excitement), impulsivity, and low social conformity. Individuals possessing these traits are also more likely to act out than those who do not; for example they may be more likely to drive while impaired or become physically aggressive (Fromme & Kruse, 2003).

Personal motivators have been found to have an effect on individuals' decisions to drink (Fromme & Kruse, 2003). Often, during adolescence, individuals express the desire to be socially accepted. It is not uncommon for social functions to include alcohol, and alcohol use may be considered normal during late adolescence and into adulthood; individuals are more likely to consume alcohol if their peers support drinking. Alcohol experimentation is quite common among adolescents, and alcohol consumption is often accepted and expected among these age groups. Fromme and Kruse suggest that adolescents often develop distorted perceptions concerning the alcohol use of their peers; they often believe their peers consume larger amounts of alcohol than they actually do, and this may influence the amount of individual alcohol consumption. Often following the establishment of friendships, focus shifts to academic and career success and many individuals reduce the amount of alcohol they consume at this time (Fromme & Kruse). Despite the potential for a shift in focus, Fromme and Kruse suggest that responsibility may also play a role in alcohol consumption, as many individuals drink more excessively when under increased stress and pressure.

The expectations and beliefs that individuals have regarding the effects of alcohol also have an effect on their likelihood to engage in drinking (Fromme & Kruse, 2003). Individuals are more likely to drink if they perceive that alcohol use will be positive. For example, the chances of consuming alcohol increase with the perception that the experience is going to be enjoyable, and the consequences of drinking may increase social behaviour, relaxation, or sexual arousal (Fromme & Kruse). As can be seen, an interplay of factors can lead to the quantity and frequency of alcohol use and abuse, as well as the negative consequences that can potentially result from it.

An abundance of the existing literature consists of studies comparing ACOAs to non-ACOA's. The purpose of these studies has been to determine the factors that differentiate ACOAs from those who have not grown up with alcoholism in their homes, as well as to determine the risk factors that have been associated with ACOAs. For example, Hall and Webster (2002) compared a group of ACOAs, a group who had experienced trauma who were not ACOAs, and a control group. They found that ACOAs experienced higher stress levels, more dysfunction in their inter- and intra-personal relationships, greater sexual problems within relationships, and possessed fewer adaptive internal coping resources than the other groups. There was no difference found between ACOAs and the trauma group in terms of anxious arousal and irritability and avoidance defense mechanisms, and there were no differences found between any of the groups on measures of depression. A major limitation of this study, and many of the studies comparing groups of ACOAs to groups of non-ACOA's, is that their sample was a group of undergraduate university students. Utilizing this population may have made the study impartial to speaking about the middle class, which may have biased their sample (Hall & Webster). The main benefit of this study is that it identifies potential patterns of risk that may occur for many ACOAs (Hall & Webster).

A study conducted by Hart and McAleer (1997) examined the coping styles of participants when they became angry. They compared ACOAs to non-ACOA's who had undergone intervention in other personal domains to a control group who had not undergone any intervention. The findings indicate that ACOAs tend to suppress anger to a more significant extent than the non-ACOA group and the control group. The authors suggest that program strategies should include a component that teaches individuals to effectively deal with anger (Hart & McAleer). It may also be beneficial to teach individuals to deal with disappointment,

because it may eventually lead to depression. The benefits of this study were that it provided a component to incorporate into programming, and it was conducted on a community sample, which would increase diversity within the sample. The main weakness of this study was that the ACOAs all had undergone variations of programming for alcohol-related issues; this may bias the sample in that those who had not undergone any programming were not included in the study.

A major drawback to making comparisons of ACOAs to non-ACOAAs is that all additional familial stressors cannot be accounted for, and COAs often experience the same stressors as non-COAAs (Menees & Segrin, 2000; West & Prinz, 1987). Menees and Segrin posed the following research question: “Are disrupted family environments and relations experienced specifically by COAs, or are they also experienced by children exposed to other common family stressors?” (p. 362). Comparisons were made between the family functioning of COAs and families that had experienced other family stressors, including: parental death and illness, unemployment, and divorce or separation. Each group of participants had undergone only one of these experiences, and a control group of participants was included who had not undergone any of these significant family stressors. This study produced the finding that there are specific family similarities between COAs and other families that have undergone significant stressors. Therefore, the authors concluded that the dysfunction within alcoholic families is most likely accompanied by the additional family stressors that were previously stated (Menees & Segrin). They also pose the argument that parental alcoholism is not sufficient enough to cause family disruption. It must be made clear that parental alcoholism may very well be the catalyst for these other familial stressors; however the disruption in the family processes is consistent with families that have experienced a number of different significant stressors, such as unemployment, separation, divorce, parental death, or major illness (Menees & Segrin).

This study may not, and most likely does not, account for all of the potential family stressors that can have an effect on family functioning (Menees & Segrin, 2000). It would be very difficult to tease apart every aspect of a family that may contribute to its functioning. This study speaks to the need to conduct qualitative research in this area due to the number of COAs who have only experienced alcoholism within their families, and have not experienced the additional specific family stressors that Menees and Segrin examined. However, Lyon and Seefeldt (1995) state that findings such as these may provide an explanation as to why some

COAs do not appear to be different from the general population; those who do not experience additional family stressors accompanied with alcoholism may present as fully functioning, healthy adults. The problem with this conclusion is that one factor would not differentiate between COAs who resemble the general population and those who do not. One only has to look as far as a family with alcoholism to see that the children, who may all be raised in a similar environment, may have very different personalities, attributes, and means of coping. I only have to look within my own family to see the differences between my brothers and I; we were all raised in the same family environment and we are all very different from each other.

Despite the benefits and knowledge that have come about as a result of research comparing ACOAs to non-ACOA, there are some inadequacies that facilitate the development of different methods for examining the lives of COAs and ACOAs. As previously mentioned, many studies utilize an undergraduate population derived from a university sample. Not only may this bias the study, it may also be misleading in that students who have reached an academic level of post-secondary education have potentially developed functional coping and other assets that have aided them in their academic achievements (Hall & Webster, 2002); it would be interesting to see what the results of studies using a more diverse sample would produce. Another flaw is that conducting studies that compare these groups suggest that ACOAs are a homogenous group of individuals. The results of the studies, however, indicate that this is not the case, and perhaps ACOAs need to be considered a heterogeneous group who develop independently from each other, despite possessing the commonality of being an ACOA. Another consideration is that there are individual participants within the ACOA and COA groups that were not significantly different from the control group; my curiosity is peaked by this population and the stories and experiences that they have undergone in coping with living in an alcoholic environment. Much of the existing literature focuses on the risk factors that are present for COAs and other youth-at-risk. It is suggested that we need to create opportunities and environments that facilitate resilience through healthy coping and development for today's youth (Benard, 1993).

Resilience

Within the resiliency literature, there are different ways to conceptualize 'resilience', and this has been a difficult concept to define given the diversity of definitions. This section is designed to provide the reader with an understanding of the most frequently utilized definitions

within the literature, followed by the definition which I am implementing as the most relevant to my research.

G.E. Richardson (2002) suggests that resilience can be composed of various characteristics that “mark people who will thrive in the face of adversity or risk factors” (p. 308). This is not suggesting that resilience pertains to those who merely survive adverse life events; Wolin and Wolin (1993) suggest that resilience is different from mere survival, in that survivors can be consumed by victimization or become immobilized with fear or anger. G.E. Richardson also proposes that resilience can be “a process of coping with adversity, change, or opportunity that results in the identification, fortification, and enrichment of resilient qualities or protective factors” (G.E. Richardson, p. 308). He further suggests that it is “the motivational force within everyone that drives them to pursue wisdom, self-actualization, and altruism and to be in harmony with a spiritual source of strength” (G.E. Richardson, p. 309). Therefore, according to G. E. Richardson, resilience can be conceptualized in terms of specific qualities, processes, or internal motivational factors.

The qualities that have been identified within the literature as resilient are endless, and some are internal factors while others are environmental. Some of the more common characteristics are: happiness, subjective well-being, having faith, being optimistic, self-determination, self-monitoring, wisdom, the development of a close relationship with an adult, and being exposed to a positive environment (G.E. Richardson, 2002). In terms of the process of resiliency, it is suggested that individuals go through this process when they experience disruption in their lives or they react to life occurrences, resulting in a process of reintegration or coping that leads to “growth, knowledge, self-understanding, and increased strength of resilient qualities” (G.E. Richardson, p. 310) as individuals adapt to their environment.

Palmer (1997) suggests that resilience lies on a continuum, and is presented in varying degrees depending on each individual. She suggests that different qualities of resilience are characteristic of different individuals. Individuals can move to different levels of resilience on the continuum depending on the circumstances that they encounter in life, and the levels range from living in chaos to flourishing in self-actualization (Palmer, 1997). Therefore, individuals who are deemed resilient have developed coping skills that have facilitated successful adaptation to negative life circumstances; this is not stating that individuals who are considered to be

resilient are necessarily resilient in all areas of life (Palmer, 1997). Palmer's continuum provides the opportunity for flexibility when defining the term resilience.

Unger (2004) compares a traditional "ecological" (p. 342) view of resilience to the postmodern constructionist view of resilience. He suggests that the ecological view basically defines resilience as "health despite adversity" (Unger, 2004, p. 342). This definition categorizes the factors of resilience that have been identified in the previous literature. These categories are comprised of compensatory factors, challenge factors, and protective factors. Compensatory factors include components that reduce the chances of being exposed to risk, such as: an internal locus of control, religious or spiritual beliefs, and an amiable personality (Zimmerman, Ramirez-Valles, & Maton, 1999). Challenge factors encompass aspects that facilitate the development of resilience during times when individuals are able to manage the risk. Over time, these factors support the ability to increase adaptive capacity. For example, the stress of an illness or loss of a family member that is manageable for an individual will increase his/her ability to cope with future stress (Chong, 2000). Masten (2001) further elaborates on the ecological definition to include phenomena resulting in positive outcomes, despite the risk for unhealthy adaptation or development to occur. Using this model, it is either possible to describe individuals as resilient, or it is possible to identify the characteristics that deem an individual resilient (Masten).

Unger (2004) argues that resilience is more complex than the ecological view suggests, and defines resilience as "the outcome from negotiations between individuals and their environments for the resources to define themselves as healthy amidst conditions collectively viewed as adverse" (Unger in press as cited in Unger, 2004, p. 342). He suggests that the construct of resilience is expressed differently by families, individuals, and communities based on their cultural and contextual differences. This is supported by the postmodernism view which suggests that individual realities are constructed through the language used in expressing experiences as well as the interactions that individuals experience (Unger, 2004).

Despite the plethora of resilience research that has been conducted using the traditional ecological view, it is suggested that there are several limitations to this definition (Unger, 2004). The first limitation is that it is not flexible enough to be applied in multiple contexts. Unger (2004) states that studies using the ecological view need to define resilience based on whether the researchers are examining the "normative levels of coping in exceptionally difficult circumstances, above average coping when there are normative levels of stress, or exceptional

levels of functional adaptation in circumstances of heightened risk exposure” (p. 347). The literature utilizes all of these definitions; however, there is not a single definition that is deemed to correspond most accurately with resilience. This problem is avoided through the use of a constructionist view of resilience, that perpetuates the idea that individuals develop their own interpretation of their well-being, and success is dependent on “the reciprocity individuals experience between themselves and the social constructions of well-being that shape their interpretations of their health status” (Unger, 2004, p. 352). Unger (2002) has even found accounts where youth are considered to be disabled or have been diagnosed with a disorder, however, they still report being mentally healthy. From a constructionist viewpoint, these individuals socially construct their identity despite the difficulties that they are experiencing, and may view themselves as overcoming their challenges. Therefore, those who may not be considered resilient in all aspects of life, can still be considered to be resilient, and the context with which they define their resilience needs to be understood (Unger, 2004). Understanding the context that resilience is constructed within is necessary because cultural constructions of resilience may not resonate with those who consider themselves to be resilient (Unger, 2004). For example, it is possible for people who mentally dissociate the experiences of sexual assault to consider themselves to be resilient because they are still able to function and adapt to their environment; in fact, the act of dissociating may be the adaptive agent that facilitates functioning. Therefore, the definition of resilience lies within individual perceptions, rather than culturally determined standards (Unger, 2004). Despite the definition of resilience that is implemented, the implication for studying resilience is to create a discourse that focuses on characteristics of healthy functioning, rather than on pathology that can be developed as a result of exposure to adversity (Unger, 2004).

As previously stated, the goal for my research is to explore the lived experience of ACOAs with the intention of gaining an understanding of the necessary components that facilitate resilience in COAs. Unger (2004) proposes that “adopting an explicitly constructionist orientation to resilience provides clues to innovative ways to produce findings meaningful to research participants” (p. 343). For this purpose, I suggest that adopting a constructionist approach to defining resilience will be more effective in understanding the in-depth qualities, processes, or internal motivational factors that contribute to the development of resilience in ACOAs. This approach also has the potential to reveal patterns that have not previously been

discovered (Unger, 2004), and allows space for individuals to be on a continuum of resilience (Palmer, 1997), rather than be categorized as ‘resilient’ or ‘not resilient’.

Unger (2004) argues that understanding individual perceptions of resilience and coping, within an individual’s context, can help identify effective strategies for the population under study, including the development of more effective programming for youth. If we can learn what factors and processes aid individuals in developing effective coping and resiliency in the face of adversity, new practice strategies and programming may be developed. This is important as it is suggested that programs for COAs need to promote resilience and healthy coping in this population (Copans, 2006; Cuijpers, 2005).

Resilience in COAs and ACOAs. A growing body of literature is beginning to examine the role of promoting resilience within all at-risk youth, including COAs. As it is being recognized that the population of youth that are considered to be ‘at-risk’ have the potential to develop into healthy adults, research is changing its focus to encompass resilience in youth who have experienced poverty, physical disabilities, abuse, neglect, and addiction (Benard, 1993). The need for this research is ongoing as the context of society changes and new problems and demands are presented for today’s youth to cope with. It is suggested that the youth of today are engaging in more at risk behaviour than ever before (Danish, 1997), and alcohol, drug, and tobacco use is becoming more prevalent at younger ages (Mylant, Ide, Cuevas, & Meehan, 2002). Therefore, there is a lot more to be learned regarding fostering resilience in the youth of today’s society. The purpose of this section is to introduce the agents of resilience and protective factors that have been identified in the literature that may contribute to the development of resilience, as well as to address the need for further research in this field.

One of the major agents of resilience that are addressed in the literature is education (Kumpfer, 1989). Kumpfer (1989) suggests that educating children through drug and alcohol information sessions is beneficial in reducing the risk for COAs, and therefore ACOAs, in developing alcoholism and substance abuse problems themselves. Education should consist of information regarding the genetic nature of alcoholism and the risk that this poses for COAs (Kumpfer, 1989). One problem with educating COAs involves identifying them. It has been found that many COAs are not even aware of their status until their alcoholic parent(s) enter into treatment; this becomes problematic because the majority of alcoholics never enter into treatment (Emshoff & Ayan, 1991). Another complication involves the denial and secrecy present within

an alcoholic family that often prevents the identification of COAs (Robinson & Rhoden, 1998). However, research shows that many COAs who are aware that they are COAs are more conscious of the amount of alcohol that they consume than COAs that are not aware of their risk (Kumpfer, 1989). It is also suggested that teaching effective coping skills that are both emotion-focused and problem-focused will help in the development of resilience for COAs (Price & Emsoff, 1997).

Moe and Ways (1991) propose that the ability to detach emotionally from the parent(s) dependency can be a great source of coping for COAs; this involves an individual's ability to separate him/herself from the parental illness and can be accomplished while remaining caring and concerned about the parent(s) condition. However, a problem occurs when children do not have the skill or emotional or mental capacity to engage in this type of detachment. Raising awareness that there are supportive adults and services available to children, and reducing the stigma that may be attached to reaching out for help has also been identified within the literature as important factors in facilitating resilience in youth (Moe & Ways).

It has been found that there are protective factors that aid in the prevention of the development of alcoholism and psychopathology; these may contribute to the acquisition of resilience in COAs. Protective factors may include: increased self-esteem, healthy communication and interaction factors within the family, the establishment of a routine, quality family time and family functioning, positive role models, cohesive relationships, the celebration of cultural traditions, strong parent-child relationships, close parental supervision, and strong social support networks both within and outside of the family environment (Enoch, 2006; Sankaran, et al., 2006; Workman & Beer, 1989). Identifying these protective factors is beneficial; however, they are not always conducive to a typical alcoholic family environment. Often the children of alcoholic families are not provided with the protective factors and resources needed to cope in their environment (Teichman, Glaubman, & Garner, 1993, as cited in Peleg-Oren & Teichman, 2006). COAs are often neglected, often assume roles that are age-inappropriate, they may witness or become the victims of violence and abuse, and they often experience guilt and shame regarding their parents' behaviour (Sankaran, et al.). Thus, identifying these protective factors is not enough to prevent risk in COAs; programs also need to be implemented in order to teach effective coping strategies that will promote resiliency in COAs as they continue to develop across their life span (Copans, 2006).

Protective factors for COAs were found in a longitudinal study conducted by Werner and Smith (1992). These factors consisted of: having a disposition that elicits positive reactions from others, parental guidance that fosters self-esteem and competence, using natural ability in an efficient way, having an adult support system, and having opportunity and choice during life transition periods. Werner and Johnson (2000) support the finding that children who are able to utilize their abilities to their full potential are more prone to developing resilience. In their study they found that children who enjoyed school were more resilient than those who did not like school, and they concluded that this was due to the ability to use their abilities efficiently (Werner & Johnson).

The majority of research that has been conducted on COAs has been carried out through quantitative methods, where the term resilience is strictly operationalized and too rigidly defined, prohibiting potential diversity in the meaning of resilience for individuals. Quantitative methods also tend to categorize COAs and ACOAs into a generic, homogeneous group that can either be classified as resilient or not. This is unfortunate, and not always the case as indicated by Palmer (1997) who attests that resilience can occur in many facets of an individual's life, and does not need to occur across all domains. Much of the research has also been conducted on groups of at-risk youth, which brings forth the question of whether or not findings from this research can be generalized to include COAs.

Current Programs for COAs

This section will differentiate between prevention and intervention programs for COAs, outline the programs and their benefits that have been developed for this population, highlight the limitations of the existing programs, and will discuss the importance of focusing on the strengths of COAs.

Price and Emshoff (1997) differentiate between prevention programs and intervention programs. Prevention programs are designed for COAs who have not developed any problematic behaviours or symptoms, but who are environmentally and/or genetically at risk due to parental alcohol abuse. Intervention programs are designed for COAs who are displaying problematic behaviours or symptoms that are predictive of future alcohol or substance abuse. It is suggested that these programs target the pre-teenage years, because targeting children in this age group may intervene before the onset of adolescent emotional or mental health problems (Price & Emshoff). Also, experimental drinking often begins during adolescence; therefore educating

children before they begin experimenting with alcohol has the potential to reduce problem drinking that may occur without intervention (Fromme & Kruse, 2003).

Cuijpers (2005) suggests that there have been attempts to establish programs such as Alateen for adolescents, school-based programs, and a Strengthening Families program (Sankaran et al., 2006). Alateen is a community established self-help program that is designed for teenagers of alcoholics; it is based on the Alcoholics Anonymous and Al-Anon programs that have been developed for alcoholics and their spouses (Price & Emshoff, 1997). In terms of school-based programs, it is suggested that schools are ideal settings to develop and establish services for COAs, because these are settings where access to children is most available. Attending school programs may also decrease any shame and embarrassment that may accompany attending sessions in a community centre or a stigmatized mental health centre (Price & Emshoff). Dies and Burghardt (1991) state that another benefit to implementing programs within schools is that teachers may be able to identify children who are posing behaviour problems associated with being a COA, as well as others who need services. Teachers may also be able to implement the information into the curriculum (Price & Emshoff).

Arman (2000) has developed a school-based group program to implement into elementary schools. In order to develop his rationale, he draws from the work of Price and Emshoff (1997) who have found benefits to group programming through the reduction in social isolation and the development of peer relationships and connections. The group is directed at those in grade four and five, and the establishment of this group involves: identifying COAs; obtaining informed consent from the children's parents; promoting education about alcoholism and the familial effects, coping skills, and resilience through nine 30-minute sessions; providing a safe place for children to express their feelings and concerns; and building group cohesion (Arman). The importance of appropriate termination is also stressed, and it is suggested that the group plan a future reunion to reunite group members. The effectiveness of the program should be evaluated through child, teacher, and parent feedback (Arman). The major challenge in the implementation of educational programs for COAs has been found in gaining parental support; the shame, secrecy, and denial that accompany many alcoholic families may prevent parental support (Robinson & Rhoden, 1998). I would also suggest that children attending school-based programs may have fear of being identified and stigmatized by their peers. Furthermore, the effectiveness of this particular program has not been stated and is only designed to target

children of a specific age. One way to address these drawbacks is to place a component on addiction in health classes across all grades.

Roosa, Gensheimer, Ayers, and Shell (1989) developed an 8-week, school-based program called the Stress Management and Alcohol Awareness Program (SMAAP). The focus of this program is to foster self-esteem, develop effective coping skills, and provide education to COAs. Short et al. (1995) conducted an evaluation of this program and found that the COAs who underwent the programming were more knowledgeable about alcoholism, showed improvement in their coping skills, and had increased social support when compared to COAs who had not undergone the programming.

Sankaran et al. (2006) have developed a framework for Strengthening Families of addiction. This framework is similar to Al-Anon and is designed to provide family members with adaptive coping skills, empower family members, and strengthen the protective factors to prevent COAs from developing alcoholism and psychopathology. In a review conducted by Velleman, Templeton, and Copello (2005), it was found that the family structure has the ability to either increase the development of alcoholism in children or promote resilience. Families acting in the role of a social support network can be a great source of resilience for COAs, and those programs that do not contain the family component are not as likely to succeed (Valleman et al.).

Many of these programs share common elements such as providing social support, providing information about addiction, demonstrating life skills training to deal with problems, providing social skills training, and teaching coping strategies to deal with emotional issues (Cuijpers, 2005; Price & Emshoff, 1997). The main strategies and techniques involved in these programs are to facilitate the “development of self-esteem, social competence, and a strong social support system [through] role playing, modelling, practice of resistance skills, and feedback” (Price & Emshoff, p. 242). The goal of these techniques is to teach appropriate behaviour, increase children’s abilities to resist peer pressure to drink, and provide children with beneficial feedback.

Despite the potential benefits of existing programming, there are limitations to the programs and research that have been conducted and established. There is “a dearth of high quality methodologically rigorous studies of interventions and prevention programs” (Velleman et al., 2005, p.104), and the attempts to seriously establish these programs for COAs is lacking

(Cuijpers, 2005). Cuijpers also suggests that the effectiveness of the programs in risk-reduction for COAs needs to be questioned due to the lack of empirical support for them.

It is suggested that the family component is essential in developing effective programs for COAs, however this type of intervention does not provide support for children who are living in active alcoholic homes, where their parents are the actual problem (Cuijpers, 2005). This also poses problems when implementing school-based interventions, because these groups may lack familial support (Arman, 2000). Another setback is that the majority of existing research on alcoholism has been conducted in the United States, and this becomes problematic because the results of this literature are not necessarily generalizable to other countries (Cuijpers). Also, it is important to note that a great deal of the existing research has been carried out in the 1980's and 1990's. The problem of alcoholism is escalating, possibly due to the stressful, fast-paced lifestyle of today's society (Ranganathan, 2004). This indicates that the research in the field must be kept up-to-date in order to provide programs and services that are consistent with the modern world.

Considering the number of COAs and ACOAs, there is a great need for the development of effective, evidence-based programs. Because we cannot control the genetic component of developing alcoholism and further psychopathology, we need to decrease these risks by controlling environmental factors, and providing COAs with adequate and effective coping skills so that they can become resilient to these risks. Walker and Lee (1998) caution against pathologizing COAs, and argue that services need to focus on individual strengths. Much of the literature in the '70s and '80s focused on the dysfunctional characteristics and behaviours that were attributed to alcoholic families, suggesting that COAs and ACOAs were either psychologically or socially impaired. Despite the risk that is posed when born into an alcoholic home, many COAs develop into healthy, well-adjusted ACOAs with high self-esteem, low levels of depression, and the ability to seek out emotional support through their lifetime (Walker & Lee). It is suggested that many families who experience addiction actually grow stronger as a result of developing means for coping with the challenges posed in this environment. Walker and Lee suggest that therapists and programs can draw on the resilience that well-adjusted COAs and ACOAs have established in their lives.

Unfortunately, much of the literature pathologizes COAs and ACOAs. This is evident when labels such as 'codependent' are used to characterize individuals. Unfortunately, this label is one that has been applied to COAs and ACOAs without much empirical support (Alcohol

Health and Research World, 1997). The characteristics that are attributed to those deemed to be ‘codependent’ have not been shown to be more characteristic of COAs or ACOAs than the general population, and a specific set of diagnostic criteria has not been formally established within the research literature (Alcohol Health and Research World). Even when reading through the literature of COAs and ACOAs, the titles of the studies indicate pathology among this population. For example, *The invisible illness: Children in alcoholic families* (Copans, 2006), *Traumatic symptomatology characteristics of adult children of alcoholics* (Hall & Webster, 2002), *Codependent attitude and behavior: Moderators of psychological distress in adult offspring of families with alcohol and other drug (AOD) problems* (Harkness et al., 2007), or *Families in transition: Victims of alcoholism and new challenges ahead* (Ranganathan, 2004). The terms ‘treatment’ and ‘intervention’ also tend to be pathologizing; focusing on the resilience or strength-building aspects of these programs may help to mitigate the illness stigma often associated with being a COA or ACOA. This is not to undermine the important contributions that this research has made; it just demonstrates the mind-set and attitude that may be projected onto COAs and ACOAs. It is suggested that when COAs are pathologized their reality is limited in that their resources may not be identified and their strengths may be left untapped (Walker & Lee, 1998), furthering their chance of developing mental illness or addiction problems as ACOAs. The identification of these strengths may involve realizing that behaviour that would generally be classified as dysfunctional or unhealthy may be an important source of coping for an individual. For example, an enmeshed relationship between a parent and a child may traditionally be viewed as dysfunctional, however, it may provide a child with the support and strength that he/she needs to cope with an alcoholic parent (Walker & Lee). In fact, Walker and Lee stress the importance of identifying relationships between family members that can aid in the development of a healthy trajectory for COAs. They state “Instead of simply assessing for the etiology of dysfunction, clinicians need to obtain a detailed account of how relational resilience has been cultivated in marital, parental, parent-child, and sibling subsystems” (Walker & Lee, p. 526). They suggest that in the case of a non-available parent, siblings can be a great source of support for COAs.

Walker and Lee (1998) propose that future research needs to be aimed at “identifying developmental trajectories, rather than generic protective variables, that lead to adaptive outcomes among COAs” (p. 532). I propose that it is imperative to consult with the experts on

this topic, those who have grown-up in an alcoholic home who have developed resilience despite the risk factor of having one or more alcoholic parent, the adult children of alcoholics.

Research Goals

Using the previously outlined research question: Describe the qualities, processes, or internal motivational factors which have facilitated resilience for adult children of alcoholic parents, I hope to attain the following research goals:

1. To gain an understanding of the qualities, processes, or internal factors that have lead to the development of resilience in ACOAs.
2. To contribute to the body of literature that is focused on developing sensitive programming and advocacy for COAs and/or ACOAs.
3. To empower ACOAs who want to tell their stories of living with addiction.
4. To contribute to the growing body of literature in the 'positive psychology' field, which is more concerned with promoting health and well-being rather than focusing on illness and vulnerability (Vellman et al., 2005).

Chapter Three: Methodology

There are many studies where the use of quantitative methodology is useful and beneficial, however, when exploring aspects of human consciousness and meaning-making, qualitative methodologies enhance the nuanced expressions of experience that cannot be captured using quantitative methods (Polkinghorne, 1988).

In terms of exploring the experiences of ACOAs, COAs, and alcoholic families, previous findings show that qualitative research is more sensitive than quantitative research (Rouhbakhsh, Lewis, & Allen-Byrd, 2004). This may be due to the difficulty of being able to quantify terms that describe how individuals survive in an alcoholic home (Palmer, 1991). Palmer (1991) provides a useful example to illustrate the need for qualitative research in this field. She states, “How can the horror of seeing the bloody aftermath of a mother’s attempted suicide or the terror of witnessing a father aim a shotgun at a sibling be translated accurately into numerical form? What would be the quantitative form of hopelessness or faith?” (p. 204).

When determining what constitutes resiliency in an individual’s life, Unger (2004) highlights two major shortcomings of quantitative studies. First, quantitative research encompasses a variety of arbitrary outcome variables that are determined largely on the variables that are best suited to answer the research question; the construct of resilience is so diverse and abstract that a study that encompasses every component of resilience is not possible through quantitative methodology. As highlighted previously, not only do quantitative methods limit the variables of resilience that can be addressed, it also does not permit the discovery of new variables within this complex construct (Unger, 2003). Another downfall to quantitative studies is that they are not equipped to understand the social, cultural, and economic contexts that resilience is constructed in. Therefore, Unger (2004) suggests that

[A quantitative] approach to the study of resilience...emphasizing predictable relationships between risk and protective factors, circular causality, and transactional process, is inadequate to account for the diversity of people’s experiences of resilience. In contrast, a [qualitative] interpretation of resilience reflects a postmodern understanding of the construct that better accounts for cultural and contextual differences in how resilience is expressed by individuals, families, and communities. (p. 341)

There are many benefits in undergoing qualitative research for exploring resilience. Because qualitative methods permit the development of close relationships with participants and utilize small, and potentially diverse, samples, qualitative researchers are able to discover and explore processes and aspects of individuals' lives that may otherwise remain unexplored or unidentified (Unger, 2003). The methods that are utilized within qualitative research facilitate the understanding of the subjective experience of the participants; it is effective in "[reflecting] the lives of people studied" (Unger, 2003, p. 89). This is in contrast to quantitative methods where it seems that many are interested in finding a prescription or formula to "determine the exact combination of factors that translates parental alcoholism into dysfunctional family environments, and subsequent psychosocial problems among offspring" (Meenes & Segrin, 2000, p. 367), and to discover the exact recipe to foster resilience in COAs and ACOAs. Often COAs and ACOAs are being treated as if they are a homogeneous group, however they are not. Qualitative methods have promoted an in-depth understanding that has aided in the development of more accurate accounts of experience through the flexibility that I have had to explore trajectories and patterns that emerged as my participants revealed their life stories (Lincoln & Guba, 1985). Not only have these methods allowed me to contribute new information to the existing understanding of resilience in the literature (Unger, 2003), it has also highlighted the diversity of needs, and has helped to determine the amount of flexibility needed in developing effective programming for COAs and ACOAs. Because each individual story is different, an alternate view to popular discourse was proposed; it invited my participant's voices to be heard, and provided the research community with an alternate dimension from which to understand resilience (Unger, 2003).

The use of qualitative methods has also permitted me to disclose my personal biases, highlight my historical and geographical position, identify my relationship with my participants, and critically reflect on the research process (Gergen & Gergen, 2000). Self-disclosure will aid the reader in understanding the context from which I have constructed my research from, and this is not an option in the quantitative realm where researchers strive to maintain an objective position (Unger, 2003).

In sum, qualitative research has allowed me to explore the experiences of ACOAs through a methodology that promotes richness, depth, nuance, context, multi-dimensionality, complexity, and has facilitated the development of meaning that my participants have made of

their experiences (Mason, 2002). This holistic exploration has been accomplished both systematically and rigorously through qualitative methods that have been flexible and susceptible to alteration based on the data that was generated and the needs of the participants (Mason). There are many types of qualitative methods that I considered employing to answer my research question. An exploration of grounded theory, phenomenology, ethnography, and narrative inquiry led me to believe that descriptive narrative inquiry was the most conducive method for conducting my research.

Descriptive Narrative Inquiry

Descriptive narrative inquiry is a means through which a researcher can, “produce an accurate description of the interpretive narrative accounts individuals or groups use to make sequences of events in their lives or organizations meaningful” (Polkinghorne, 1988, p. 163). The purpose of descriptive narrative is not to construct a new narrative, but to convey an already existing one. This is appropriate for understanding the processes or traits of resilience that my participants have developed across their lifetime; it was not my goal to construct a new narrative, but to interpret and convey the meaning developed for ACOAs through lived stories.

Because there is not a specific time-frame in which resilience is learned, this method has provided me with insight into methods of resilience that have been developed across my participants’ lifespan. In my search for an appropriate narrative framework from which to work, I have come across many authors that have made important contributions to narrative inquiry. It is from these authors that I have constructed an appropriate framework for undergoing my research. This section will provide the reader with the following: an understanding of the importance of storied lives; the method for creating meaning through narrative; the significance of ‘plot’, ‘emplotment’, and ‘plotting; the necessity of language in constructing narrative; and the fundamental component to constructing narrative: the self. I will end with a description of a three dimensional model that I have worked from. Being an amateur researcher, new to this line of inquiry, I found this model to be a necessary component that provided me with concrete means to anchor from when undergoing my research.

Storied lives. Rosen (1987) argues that many individuals view stories as childish, however stories are an integral part of human experience. He told the tale of his mother’s trunk that held years of photographs. When his mother opened the trunk a ritual would ensue; Rosen, his sister, and his mother would go through each picture and the tale behind each one would be

told, reviving a history of memories and relations that was scattered world-wide. “A story for every item” (Rosen, p. 8), teaching the children their roots. Rosen accuses the modern world of readily accepting contemporary resources within our culture; however, we are quick to dismiss the accumulation of stories that are constructed, remembered, relayed, and heard. After all, the experiences that shape our lives are stories that we tell ourselves and others (Rosen).

Many view story-telling as an event that occurs around the camp-fire or before a child’s bedtime, but stories are an integral part of every day living as they emerge in daily conversation (Rosen, 1987). Stories also transpire “in the mind with its eternal rummaging in the past and its daring, scandalous rehearsal of scripts of the future” (Rosen, p. 12). Rosen attests that stories may be taken more seriously if they were perceived as “a product of the predisposition of the human mind to narratize experience and to transform it into findings which as social beings we may share and compare with those of others” (p. 8).

Polkinghorne (1988) suggests that the terms ‘narrative’ and ‘story’ can be used interchangeably, however Rosen (1987) distinguishes between the story, the narrative, and the narrating. He suggests that the story consists of the real or imagined events that the individual alludes to; the narrative is the verbalization of these events; and the narrating is the actual construction of the narrative. He argues that in order for a story to become a narrative, it must be told (Rosen).

Creating meaning through narrative. Narrative is a means for individuals to make meaning of their experiences in a temporal fashion (Polkinghorne, 1988; Rosen, 1987). Human behaviour is created through the meaning that individuals construct from their experiences, and humans make experience meaningful through narrative (Polkinghorne). According to Clandinin and Connelly (2000)

Narrative inquiry is a way of understanding experience. It is a collaboration between researcher and participants, over time, in a place or series of places, and in social interaction with milieus. An inquirer enters this matrix in the midst and progresses in this same spirit, concluding the inquiry still in the midst of living and telling, reliving and retelling the stories of the experiences that make up people’s lives, both individual and social. Simply stated...narrative inquiry is stories lived and told. (p. 20)

Connelly and Clandinin (2006) suggest that “the development and use of narrative inquiry are inspired by a view of human experience in which humans...lead storied lives” (p. 37). In concurrence with Polkinghorne (1988) and Rosen (1987), Connelly and Clandinin (2006) also attest that people develop meaning in their lives based on the interpretations that they make regarding their past, present, and anticipated future experiences (Connelly & Clandinin, 2006). Therefore, narrative functions as a technique for understanding the purpose that individuals attribute to their lives; a means for integrating daily events and behaviours into episodes, as well as discerning past events and planning future behaviours (Rosen). Individuals construct beginnings and endings to their own stories and develop boundaries within which stories are contained; they relay the parts of the story that resonate within them, and overlook the parts that meld unimportantly into the background (Rosen). “Narrative is the fundamental scheme for linking individual human actions and events into interrelated aspects of an understandable composite [and the purpose of narrative is] to investigate the manner in which the narrative scheme operates to produce the particular form and meaning that is human existence” (Polkinghorne, 1988, p. 13). Because narrative schemes are developed in retrospect, the meaning of experience can be altered following the outcome of the experience. For example, the experience of running out of gas may be frustrating; however, an individual may create meaning of this experience through a friendship that develops as a result of this experience.

Creating meaning through narrative is a cognitive process that facilitates the organization of conscious experience into meaningful temporal incidents, and through the utilization of language, individuals are able to construct their narratives within the cultural context of their existence (Polkinghorne, 1988). J. Bruner (1986) outlines two modes of cognitive functions: the paradigmatic mode which explores universal truths, and the narrative mode which explores associations between incidents. It is the narrative mode that facilitates the comprehension of human behaviour as understandable wholes by presenting the direction and purpose in human interactions. Polkinghorne suggests “we conceive our own and others’ behaviour within the narrative framework, and through it recognize the effects our planned actions can have on desired goals” (p. 18).

Relationships can also be understood through the narrative scheme, because narrative facilitates the configuration of a sequence of events into a unified experience (Polkinghorne, 1988). Individual events and relationships can be understood based on the whole that they

contribute to. Polkinghorne suggests, “The ordering process operates by linking diverse happenings along a temporal dimension and by identifying the effect one event has on another, and it serves to cohere human actions and the events that affect human life into a temporal gestalt” (Polkinghorne, p. 18). The individual events that contribute to a whole experience can be understood through the plot (Polkinghorne).

Plot, emplotment, and plotting. The plot of a narrative encompasses significant events that occur within one’s life and is the means through which we explain our behaviours in a form that makes sense (Polkinghorne, 1988). The function of the plot is to identify an outcome to the story by determining significant events that contribute to the development of a whole outcome. Without a plot, events would emerge as isolated incidents and the full meaning of the story could not be discovered; the plot and the events interact to produce narrative meaning. Not only does the plot connect isolated events into a coherent story, it also considers the social and historical context within which the narrative takes place (Polkinghorne). The stories that we hear and that are told are entwined throughout the story of our lives and together form the plot of our lived experiences. The temporal sequence and progression that occurs with the linguistic development of a plot facilitate the production of meaning; one can ask participants about their lived experiences as ACOAs, and through the development of a plot they can articulate these experiences and the meaning they have developed as a result. It is important to note that in the research interviews, the plots were fragmented, and I, as the researcher, have constructed aspects of it in order to present a whole temporal sequence.

Polkinghorne (1988) utilizes the term ‘emplotment’ to describe the act of situating events and experiences of one’s life into a temporal sequence. He suggests that individuals undergo the process of emplotment at a subconscious level, with the experience of reality resulting from emplotment being brought to individual awareness. He utilizes the term ‘plotting’ to describe the process “in which temporal happenings are shaped into meaningful units” (Polkinghorne, p. 160). Understanding the meaning of a story is referred to as ‘hermeneutic understanding’ (Polkinghorne). Plotting manifests through individual oral or written literary creations, the construction of experience, and through conversations.

Narrative and language. Polkinghorne (1988) suggests that “the production and understanding of narratives is a function of the capacity of human beings to use language”

(p. 23). Language is the means through which we express both our experiences and the meaning that we construct from our experiences. J. Bruner (2003) suggests that

The narrative gift is as distinctively human as our upright posture and our opposable thumb and forefinger. It seems to be our ‘natural’ way of using language for characterizing those ever-present deviations from the expected state of things that characterizes living in human culture. None of us knows the just-so evolutionary story of its rise and survival. But what we do know is that it is irresistible as our way of making sense of human interaction. (p. 222)

Our mentally constructed perceptions of reality are expressed through language. These constructions are also unique to each individual, as the same event can be experienced and interpreted differently by various individuals. Experience is the way in which reality, as one perceives it, is introduced into one’s consciousness (E.M. Bruner, 1986). It is argued that one of the primary means for understanding experience is through narrative inquiry because “experience happens narratively. Narrative inquiry is a form of narrative experience. Therefore...experience should be studied narratively” (Clandinin & Connelly, 2000, p.19).

Experience is expressed when we linguistically articulate the significant aspects of our lives (Turner, 1986). Therefore, individuals construct their own meaning based on their unique perceptions of their experience and an objective reality cannot be established (E.M. Bruner, 1986; Polkinghorne, 1988). The self “relies on selective remembering to adjust the past to the demands of the present and the anticipated future” (J. Bruner, 2003, p. 213). Polkinghorne suggests that

Our linguistic ability enables us to descend into the realm of our primary perceptual and emotional experience, to find there a reality susceptible to verbal understanding, and to bring forth a meaningful interpretation of this primary level of our existence...The language system does not determine what is said. Instead, it enables words to be understood in new combinations and in new meanings. It allows the speaker to draw from undifferentiated experience a new meaning and to fix it in a statement that the members of the linguistic community can understand. By finding meaning in experience and then expressing this meaning in words, the speaker enables the community to think about experience and not just live it. (pp. 29-30)

Narrative and the self. J. Bruner (2003) argues that the self is what is portrayed when narratives are told; however, there is not one self that can be objectively described. Similarly, McAdams (2003) suggests that within a narrative, individuals create many characters to encompass the many aspects of self that emerge. In this sense, “One’s life becomes a story with a large cast of self-characters who assume different positions in the narrative, take on different voices, represent different self-facets, personify significant trends during different developmental chapters—all in the same evolving story, the same identity” (Hermans, 1996 as cited in McAdams, 2003, p. 193).

The self is constructed and reconstructed through the internal memories of the past and present and the desires for the future, and the construction of the self is moulded to satisfy the needs of the current situation. Not only is the narrative of the self derived from internal components such as memories, thoughts, feelings, ideas, and beliefs, but it is also derived from external sources such as cultural expectations and the expectations of others (J. Bruner, 2003). These are expectations that may be explicitly stated, or that are implicitly implied and internalized from our cultural context. The cultural models of selfhood often dictate what is acceptable and what is not, and individuals often reveal aspects of selfhood that they believe are expected of them at a certain moment in time (J. Bruner, 2003).

Narratives of the self can be told from different perspectives and are shaped by the events that we have experienced over the course of our lives; J. Bruner (2003) provides an example of the summer after his father passed away. He states that he can tell that story from his present perspective or from the perspective of a 12-year-old boy; both perspectives being influenced by the events that he has experienced in his life since then. It is important to examine participant identities across their lifespan in order to gain an understanding of the intimate interpersonal experiences, and social and cultural influences that have inspired the development of their identity at each stage of the life cycle; these stages include: birth, childhood, adolescence, young adulthood, and older adulthood. Each individual strives to develop a distinctive sense of self and identity, while simultaneously integrating the effects that their parents, friends, community, and any other social aspects have on this progress (Baddeley & Singer, 2007).

Lejeune (1989) suggests that individuals develop an idea of what is appropriate to publicly reveal when telling stories of the self. This is a commitment to others by relating our selfhood to friends, family, institutions, and our past. Therefore, it is suggested that narratives of

selfhood are a combination of commitment and autonomy, and are relational in nature (J. Bruner, 2003). The narratives create a sense of individual choice and possibility, while committing to external expectations. As previously stated, these expectations develop from the cultural context in which an individual lives in, and all narrative stories are told within a social context reflecting the culture which individuals live in (J. Bruner, 2003; McAdams, 2003).

To expand on the cultural aspect of narrative, McAdams (2003) suggests that “stories live in culture. They are born, they grow, they proliferate, and they eventually die according to the norms, rules, and traditions that prevail in a given society, according to a society’s implicit understandings of what counts as a tellable story, a tellable life” (p. 200). Therefore, a story is constructed within a cultural context (J. Bruner, 2003), and the teller of a story is confined to their cultural context, which decreases individual autonomy in the telling (Rosen, 1987).

It is important to understand that the participants in the present study have constructed narratives of selfhood based on the following: their experiences over the course of their lifetime, the cultural context in which they are embedded, the research time and space, their perspectives of their experiences on the day that they were interviewed, the experiences that they felt comfortable revealing in the research context, and the expectations that they perceived to be placed on them. Their narratives were also constructed based on the “multiple inner voices” (J. Bruner, 2003, p. 222) that is suggested makes up the characters of the self. J. Bruner proposes that in an extensive account of the self, all of these voices would be represented; however, the research context provides a specific goal and participants have most likely revealed aspects of their lived experience that coincides with their perception of this goal.

Narratively exploring the development of the life story across the life span has allowed me to understand how my participants construct the self and their identity, and has also facilitated understanding of how my participants construct, mould, express, and execute their experiences within their social and cultural environments (Clandinin & Rosiek, 2007). My participants have also been able to shape inferences and develop meaning based on the identity that they have formed for themselves through interpersonal, social, and cultural influences (Clandinin & Rosiek).

Clandinin and Rosiek (2007) suggest that “narrative inquirers study an individual’s experience in the world and, through the study, seek ways of enriching and transforming that experience for themselves and for others” (p. 42). By studying the experiences of ACOAs as

they have adapted to living their lives with an alcoholic parent, I have transformed their experiences in an attempt to inform the public about the needs for facilitating adaptive coping, resilience, and advocacy for both COAs and ACOAs. This has given voice to my participants, channelled respect for their individual lived experience, and has empowered them to help others.

The three-dimensional model. Clandinin and Connelly (2000) outline a three-dimensional model that encompasses the space that narrative inquiry takes place in. The first dimension is temporality, which is comprised of an individual's past, present and future. The second dimension is the personal and the social, which includes the interactions and relational aspects that individuals experience. The third dimension is place, which consists of the specific place or places that the inquiry transpires. They also discuss the "four directions" (Clandinin & Connelly, p. 50) of inquiry, including: forward, backward, inward, and outward. Backward and forward encompasses temporality; inward encompasses an individual's internal circumstances such as hopes, feelings, personal reactions, and moral positions; outward encompasses the environment and presently existing circumstances. Therefore, when conducting narrative research, it is important for any researcher to consider each of these directions in order to gain a holistic understanding of experience (Clandinin & Connelly). Utilizing this framework, I have been able to capture the holistic phenomenon of my participants' experiences of adapting while growing up in an alcoholic home. I have gained understanding and insight by inquiring about the past, present, and anticipated future events in their lives, by considering their feelings and internal processes while they were, and are presently, undergoing their lived experience, by exploring the environment on all dimensions of temporality, and by locating the research in a landscape that will advocate for promoting resilience in COAs and ACOAs.

My Personal Narrative

Clandinin and Connelly (2000) highlight the importance of both the participants' and the researcher's experience in the research. Conducting a research project is a story in itself, and "our principle interest in experience is the growth and transformation in the life story that we as researchers and our participants author" (Clandinin & Connelly, p. 71). It is suggested that I, as a vital agent in the story, write my own personal narrative as this process is essential to narrative inquiry (Clandinin & Connelly; L. Richardson, 2000). Self narratives are very personal, detailed text regarding the author's lived experience. In engaging in this process, I have promoted advocacy for COAs and ACOAs, as well as revealed my own story as an ACOA and how my

story relates to my self and my cultural context (L. Richardson). It has been written in the same format as the other participants, and I have utilized the literary devices of “Dramatic recall, strong imagery, . . .allusions, flashbacks and flashforwards, tone shifts, synecdoche, dialogue, and interior monologue” (L. Richardson, p. 931) to aid the readers in emotionally reliving my experience. My self narrative was constructed through the use of the three-dimensional model that I have previously outlined, including the aspects of temporality, personal and social, and place (Clandinin & Connelly). It required that I discussed aspects of my past, present, and anticipated future that pertains to my own experience as an ACOA, acknowledging my internal circumstances as well as my environment.

My personal narrative has provided the reader with an account of my experience as an ACOA, and has accounted for my experience of the writing process itself; L. Richardson (2000) refers to this as “writing-stories” (p. 931). She suggests that writing-stories highlight the ethics of representation by creating awareness of the consequences of our writing. This was accomplished by writing about my personal life, family, place of employment, and experiences while I was engaged in the research. It is suggested that engaging in this process aids in thinking through the research process (L. Richardson). L. Richardson suggests that “writing is a process of discovery” (p. 936). By including stories of myself, I have nurtured my own voice and embarked on a journey of self-awareness and knowledge of my research topic. She suggests that “the deepened understanding of the Self deepens the text” (p. 936). Not every story and event that I experienced was included; appropriate stories have been chosen as they pertain to the research (L. Richardson).

Ellis & Bochner (2000) suggest developing a self-narrative begins with writing a draft of my own story. I have chronologically structured the events of my life, reread what I had previously written, and added in any details and memories that arise. It is important to understand that “events in the past are always interpreted from our current position” (Ellis & Bochner, p. 752). Remembering the past is not something that one needs to get ‘right’, it is something that creates meaning through the experience of remembering and constructing the past. Remembering is not a logical or chronological process as

Thoughts and feelings circle around us, flash back than forward, the topical is interwoven with the chronological, thoughts and feelings merge, drop from our grasp, then reappear in another context. In real life, we don’t always know when

we know something...events in the past are always interpreted from our current position. (Ellis & Bochner, p. 752)

Ellis and Bochner (2000) recommended emotionally and physically placing myself back in time when I experienced each event; this has aided in remembering the details of my experiences. When I wrote my story, I was able to move between being emotionally attached and then stepping back to analyze what I had written. Making myself vulnerable through writing my personal narrative was done in the hopes of connecting with readers who might learn and grow from my own and my participants' experiences (Ellis & Bochner).

There are several suggestions for incorporating a personal narrative into a research project, and the form it is presented in has evolved throughout the duration of the research process (Ellis & Bochner, 2000). I had many options, such as: beginning the paper with a short story to position myself as an ACOA, creating a chapter that encompasses my personal narrative, embedding aspects of my own narrative in with the narratives of other participants, or comparing my story to that of another participant; I chose to embed my personal narrative within the narratives of the other participants, creating a composite narrative. The main rationale for choosing a composite narrative was to use the most effective method for protecting the confidentiality of both my participants and myself (Boufooy-Bastick, 2000). Though this method, I was also able to construct my story in relation to my participants' stories, and therefore share the experience with them (Clandinin & Connelly, 2000).

Living in Relation to My Participants

Pinnegar (2007) and Craig and Huber (2007) highlight the importance of the relationship between researcher and researched. Within the research process, we will all be "in the midst" (Craig & Huber, p. 27) of our lives, living our own stories and the relationships that we form will become part of each of our lived experiences. Clandinin and Connelly (2000) suggest that

As researchers, we come to each new inquiry field living our stories. Our participants also enter the inquiry field in the midst of living their stories. Their lives do not begin the day we arrive nor do they end the day we leave. Their lives continue. Furthermore, the places in which ...[participants] live and work, their classrooms, their schools, and their communities are also in the midst when we researchers arrive. Their institutions and their communities, their landscapes in the broadest sense, are also in the midst of stories. (pp. 63-64)

The relationships that were developed between my participants and I became the backbone for generating rich, in-depth data that would essentially have been unattainable if there was a lack of connection between us. In this sense, narrative research thrives from the development of strong connectedness between the researcher and the participants (Craig & Huber, 2007). Learning is facilitated by the development of, and the collaboration within, these relationships, and “the relational deeply informs our reflections, conversations, and actions as researchers” (Craig & Huber, p. 263). It is this relationship that has allowed me to reiterate the stories of each of my participants, as well as make sense of the life they are living (Clandinin & Connelly, 2000).

Challenges in Conducting Narrative Inquiry

There are five challenges that Polkinghorne (1988) considers when conducting narrative research. First, creating meaning is an activity; it is not a tangible object that can be directly observed and measured objectively. It is also a dynamic process that changes as one’s perceptions of reality change.

Second, any individual only has access to the meaning that they make of their own lived experience; they do not have the ability to access the mental realms of other individuals and determine the meaning they make of their lives (Polkinghorne, 1988). Individuals often create meaning in their lives at a subconscious level; understanding the meaning constructed from experience requires becoming conscious of the meaning that one has constructed. When this occurs, individuals are only aware of the outcomes of the meaning that they have created and can remember, rather than the direct process under which it happened (Polkinghorne).

Third, narrative meaning is articulated through language in a particular context. This presents challenges when analyzing experience, because the information provided is sensitive to the context it was presented in and the content may not be accurately conveyed when it is removed from the context (Polkinghorne, 1988).

Fourth, hermeneutic reasoning is used to analyze linguistic data; interpretations and explanations about the data can be made, but concrete conclusions cannot be drawn. The methods for this type of research cannot be as precisely stated and as accurate as in quantitative research (Polkinghorne, 1988).

Finally, constructing meaning is a complex process that involves many structures “such as perception, remembrance, and imagination. It operates in a complex of interacting strata

consisting of various levels of abstraction, awareness, and control. The complex organizational patterns that fold back on one another ...make the realm of meaning difficult to investigate” (Polkinghorne, 1988, p. 8).

Positioning Myself

The purpose of this section is to identify my epistemological and ontological positions, to state the assumptions I will be working from when carrying out my research, and to acknowledge my personal biases as both a researcher and an adult child of an alcoholic.

Epistemological and ontological positions. Contemporary research can be conducted from various epistemological positions. Within the postmodernism context, there is no position that is to be considered the ‘right’ or ‘superior’ way of knowing (L. Richardson, 2000). All epistemological positions should be critiqued, and it should be brought to awareness that many are justified with the intention of fulfilling an alternate political, cultural, or local agenda (L. Richardson). L. Richardson suggests that qualitative writers gain an advantage, because they are equipped with the options of acknowledging conventional scientific objectivity while preserving a place for conveying subjective experiences as they are perceived.

In order to explore the experiences of ACOAs, I have adopted the epistemological position of social constructivism (Ponterotto, 2005). This position, embeded in the ontology of relativism, has facilitated a deep exploration of these experiences, allowing for an in-depth understanding of how the participants construct their own reality (Guba & Lincoln, 1994; Ponterotto). Through this epistemology, I have taken the position that reality is constructed through the interactions that individuals have with their environment and with each other. This reality is conveyed through language; discourse produces subjective reality and meaning (L. Richardson, 2000). Each individual reality is subjectively constructed, rather than discovered, and each individual has developed unique, subjective meanings of their own personal experiences (Crotty, 1998). Individuals create meaning based on their constructed discourses within their social context, and discourses hold different meaning for different individuals (L. Richardson). Individual’s experiences and memories of their experiences will then be dependent on their preconceived discourses and their social context. This subjectivity is not fixed, because discourses are dynamic across situations and domains (L. Richardson). Reality is constructed within an individual’s historical and cultural context; this means that all experiences and understandings of the world are culturally and historically relative, as well as socially

constructed (Burr, 1995). This will facilitate the exploration of the experience of ACOAs in a cultural-specific manner, within a specific time in history.

Assumptions. Within Narrative Inquiry, there are underlying assumptions that I, as a narrative researcher, have adhered to. These assumptions are congruent with the previously stated epistemological position that I am adopting. The first assumption is that reality is subjective, and can be interpreted in many different ways (Lieblich, Tuval-Mashiach, & Zilber, 1998). Narrative inquiry is also pluralistic, therefore many dimensions within participants' lives are considered to be part of their reality; the whole is composed of many interacting parts (Lieblich et al.), and Polkinghorne (1988) suggests that this whole is constructed as parts of experience make connections to other parts through the process of metaphor.

Another assumption is that "Human experience is enveloped in a personal and cultural realm of nonmaterial meanings and thoughts" (Polkinghorne, 1988, p. 15). The realm of meaning is dynamic and ever-changing as individuals encounter new experiences and construct meaning through reflection and recollection. Meaning can be constructed and changed through reorganizing the meaning system that an individual adheres to or through constructing new systems of meaning. "Narrative draws on the metaphorical and polysemous aspects of the original processes as it works to construct experience as meaningful" (Polkinghorne, p. 17). Polkinghorne suggests that meaning transcends personal existence as we tell and retell our own stories and as we become hearers and readers of others' experiences.

A fourth assumption is that human experience is fundamentally accounted for through the cognitive reconstruction of stories, and narrative brings to consciousness the episodes of individuals' behaviours that drive them to achieve their goals and expectations (Pinnegar & Daynes, 2007; Polkinghorne, 1988). This reconstruction occurs in relation to other individuals and the social environment (Clandinin & Connelly, 2000; Polkinghorne), and is the result of the integration of "recollections, perceptions, and expectations" (Polkinghorne, p. 16).

A fifth assumption is that the relationship between each participant and I has facilitated learning and growth in both of us. This occurred as a result of the interaction between us, in the particular time and context that the research took place in. It was my responsibility to embrace this relationship and come to the "understanding that knowing other people and their interactions is always a relational process that ultimately involves caring for, curiosity, interest, passion, and change" (Clandinin & Connelly, p. 29).

A final assumption that I have adhered to is that, local, individual knowledge, rather than universal, generalizable knowledge, is essential for understanding the experiences of my participants. This knowledge has been generated through the multiple ways of knowing that my participants have expressed through their narrative (Pinnegar & Daynes, 2007).

Pinnegar and Daynes (2007) suggest that a researcher may not anchor immediately to these assumptions, nor does every researcher adopt these assumptions to the same extent. They suggest that this way of thinking evolves as part of the research process, and every researcher adopts these assumptions at their own pace in terms of their understanding of the phenomenon that they are exploring.

Researcher bias. As previously mentioned, I am the daughter of an alcoholic, and I grew up in a family where alcohol was present until I was thirteen. I have undergone both family and individual therapy in order to gain an understanding of alcoholism and the effects that it had on my family and I. My parents attend Alcoholics Anonymous and Al-Anon in order to live a life free from alcoholism. My parents are very passionate about helping people who are affected by addiction, and they are proud of the lives they live today. I have had the opportunity to watch my parents transform their lives using the tools of the AA and Al-Anon programs, and I have drawn on some of these concepts and implemented them into my personal self-growth. I have also attended many presentations on addiction, and have experienced first-hand the effects that alcohol can have on many people. My biases have impacted my relationships with my participants, as well as the data generation, analysis, and representation processes. I have empathy and compassion for alcoholics and their families, and it has driven me to conduct my research to the best of my ability in order to honour the individual experiences of my participants and the experiences of other COAs and ACOAs. I am aware of the possibility for the research process to evoke personal feelings and emotions that I may have difficulty dealing with. This has not yet occurred, but if it does, I will arrange to engage in counselling services through the community resources where I am currently residing.

Participants

This section will be utilized to identify my participant criteria, indicate the recruitment strategies that I employed, and outline the process of informed consent and confidentiality that I have used in my study.

Participant criteria. I employed purposeful sampling in order to access 4 participants, myself included; this has facilitated the recruitment of participants that I believe has best corresponded with my research criteria (Gall, Gall & Borg, 2007). My participant criteria included individuals who are self-defined adult children of alcoholics; they have grown up in a home where they believe that one or more of their parent(s)/guardian(s) was/is an alcoholic. Consistent with Unger's (2004) definition of resilience, my participants believed that they have successfully adapted to their environment through the development of coping skills that have been effective in their lives. They were at liberation to construct their own interpretations of their wellbeing, despite the fact that they have lived with the risk factor of having an alcoholic parent. Therefore, each participant was responsible for defining themselves as an ACOA and determining whether they have developed resilience in order to effectively adapt within their environment. Participants were also asked to disclose in-depth, information-rich data pertaining to their lived experience with alcohol. My intent was to explore the adult experience, so participants were the age of the majority and able to consent on their own to participate in my study. The participants that responded to the advertisement were all female, middle-class university students, who had one alcoholic parent.

The number of participants that I have chosen has facilitated the generation of in-depth data, rather than generating a breadth of information; this is appropriate for narrative inquiry (Clandinin & Connelly, 2000). The final number of participants that I decided on was dependent on the depth of information that was generated within the interviews (the nature of the interviews will be discussed in a subsequent section). My participants' parents were not required to be active alcoholics, and I made this decision based on the fact that the children that will potentially benefit by the outcome of this study may or may not be living with active alcoholic parents. The results generated from this study are intended to aid in the implementation of sensitive programming for COAs and ACOAs, therefore it is important to gain an understanding of the resiliency factors that all successful ACOAs have developed, whether or not their parents abstain from alcohol.

Recruitment strategies. Recruitment took place by distributing posters to a number of locations in Saskatoon, Saskatchewan including: the Canadian Mental Health Association, Mental Health and Addiction Services, the University of Saskatchewan campus, the Community Clinic, and doctors' offices. The posters contained a brief description of the purpose and method

of the study, the participant recruitment criteria, my contact information, and my supervisor's contact information. At each location I explained the purpose and nature of my study, my role as a student researcher, and requested permission to hang posters for participant recruitment. The participants were asked to contact me via email. (A copy of my recruitment poster is included in Appendix B).

Informed consent and confidentiality. Upon contact with the participants, I explained the nature of the study, and provided them with a consent form which I asked them to read. I then offered them seven days to consider participating in my study. This provided them with the opportunity to consider the benefits and risks of participating, as well as whether sharing the intimate details of their life was something that they wanted to commit to. After seven days, I contacted them to arrange to meet with them at a location that they felt comfortable with; this was a private room in the education building at the University of Saskatchewan. Upon meeting with them, I answered any questions that they had, informed them of their right to withdraw at any time, explained the nature and procedures of confidentiality, and asked them to sign the consent form. The consent form contained information regarding the purpose of the study, the potential benefits and risks of the study, confidentiality, and the right to withdraw. Participants were reminded throughout the research process of their right to withdraw, without penalty. They were asked to complete two 90 minute interviews within one week of each other. After the interviews, and prior to the data being reported, participants were provided the opportunity to review their transcripts, and to add, alter, or delete information from the transcripts as they saw fit. They were then asked to sign a transcript release form that granted me permission to use the data. (A copy of the consent form and transcript release form are included in Appendix C and F respectively).

In order to protect my participants' confidentiality, I have provided them arbitrary pseudonyms. These pseudonyms are, and will be, used at all times when referring to the participants; during transcription, when reporting direct quotes, in the final report, when presenting the data at conferences, and in the event that the data is published. All other identifying information has been either be altered or deleted. While reporting the data of my own personal experiences as an ACOA, I have also used a pseudonym and altered any identifying information in order to protect my confidentiality. I have kept my identity intact when reporting my experiences with the research process. The data and consent forms will be securely stored at

the University of Saskatchewan by my faculty supervisor for a minimum of five years upon the completion of the study. Consent forms will be stored separately from all data records.

Data Generation: Creating Field Texts

Clandinin and Connelly (2000) refer to data as “field texts” (p. 92), addressing the nature of the data that is generated in narrative inquiry. They suggest that data is not discovered, it is created through the field experience of the researcher and the participants, therefore the term ‘field texts’ is a more accurate representation of the data. Field texts are a composition of the researcher’s experience in the field, and include information about what was carried out in the field between the participant and researcher, the environment that they were in, thoughts and feelings that were experienced, current events that were happening at that specific time, and memories that were awakened in the field (Clandinin & Connelly). These aspects provide fundamental information about the space in which the narrative inquiry took place (Clandinin & Connelly). Field texts also aid in the development of rich, nuanced data that may not be constructed from relying on memory alone. The field texts that I have created in my study are field notes, life story interviews, and conversations. I also invited other forms of data such as diaries, journals, letters, emails, or poems that the participants believed to be beneficial in telling their stories and experiences as an ACOA. They offered journals and emails as alternate field texts. It is important to note that the field texts are not isolated methods of data generation (Clandinin & Connelly). It is through the interplay of all forms of field texts that I was able to gain a holistic understanding of each participant’s experience of being an ACOA (Atkinson, 1998), and it is these experiences that dictate what facilitates resilience in ACOAs. The subsequent sections will introduce and expand the types of field texts that I encouraged for my study; these include: field notes, life story interviews, writing, alternate forms of field texts, and the researcher-participant relationship.

Field notes as field texts. Field notes are detailed notes based on the existing happenings in the field (Clandinin & Connelly, 2000). I have developed these and kept a journal consisting of my personal inner feelings about, and responses to, the happenings that occurred (Clandinin & Connelly). These texts are “constructed representations” (Clandinin & Connelly, p. 106) of my experience of the research experience. I have systematically and consistently recorded and reflected on each encounter that I had with my participants, and the texts have been composed in terms of my awareness of the three-dimensional model of temporality, relationship, and place.

Developing these texts has facilitated the movement between being close to my participants and my own experience in the inquiry, and being able to distance myself in a manner that has allowed me to envision the bigger picture of my experience, my participants' experience, and the overall narrative inquiry (Clandinin & Connelly).

L. Richardson (2000) identified four categories for developing field notes for expanding my thoughts, feelings, voice, and sense of self. Observation notes were used to accurately report thoughts, feelings, and what I heard and saw. She suggests that anything experienced through any senses should be recorded in this category. Methodological notes reported data gathering methods; these notes facilitated the development of a record of who to contact, when to contact them, when to meet with them, etc. Theoretical notes involved recording any insights, hunches, connections and critiques of the research process. L. Richardson suggests that these notes facilitate alternative interpretations and perspectives of field notes and have allowed me to take a critical stance. Finally, personal notes were used to record my feelings about the research process, about my participants, and any fears or pleasures that I experienced. It was important to document my feelings, as feelings have an impact on what I claimed to know and what I have wrote about. This is also a means of creating enhanced self-awareness (L. Richardson). Careful documentation using the described methods for creating field notes has aided me in constructing a more holistic narrative of the research experience.

Life story interviews as field texts. The main method that I have employed in creating field texts is the life story interview (Atkinson, 2007). Atkinson (1998) attests that life story interviews are a valuable method that is conducive to understanding participants' narratives, because "storytelling is a fundamental form of human communication... We often think in story form, speak in story form, and bring meaning to our lives through story" (p.1). McAdams (2003) suggests that individuals retell their life stories based on autobiographical facts; however, the stories go beyond the facts as individuals choose events that resonate with them as they strive to develop a sense of meaning and purpose in their lives. It is through the life story that individuals develop a sense of identity and individuality.

McAdams (1985) suggests that autobiographical information is encoded at three levels: lifetime periods, general events, and event-specific knowledge. Lifetime periods consist of large time periods in an individual's life, such as childhood or adolescence, and they are considered to be the main chapters in the life story. General events consist of occurrences such as the seminars

attended in university or the weekends spent camping. Event-specific knowledge consists of specific happenings such as the birth of a child or a funeral; McAdams (1985) refers to these events as ‘nuclear episodes’. The life-story interview that McAdams employs begins with an account of the chapters of one’s life, followed by the exploration of events that are pertinent within the chapters. The interviews are concluded with an account of the future goals and expectations of the participant (McAdams, 2003). This is the method that has provided the framework for the organization of the interviews.

The narratives of my participants are a crucial component of the study, and life story interviews have allowed them to reconstruct their past while attributing their own subjective meaning to their experiences. Life stories are intended to provide both the reader and the storyteller with more insight into the psychological, sociological, spiritual, and philosophical being that the storyteller has become (Atkinson, 2007). The stories spoken by my participants have provided me with insight into how my participants have developed and adapted within each of these areas, despite the risk factor of having one or more alcoholic parents in their lives. It is suggested that the life story interview is potentially the best method for understanding how individuals evolved from their past to their current position (Atkinson, 1998). These stories are not only representations of the memories that each participant has, but are also composed of the parts of their lives that they want to share and be known to others (Atkinson, 2007).

Habermans and Buck (2000) use the term “temporal coherence” to describe a person’s tendencies to narrate personal experiences based on individual understanding of how stories should be told, and what aspects should be included in the narrative. This individual understanding is partially based on internalized cultural norms that dictate the acceptable aspects and conventional phases to include in a life story, which Habermans and Buck refer to as “biographical coherence”. They use the term “causal coherence” to describe the causal connections that individuals make based on their understanding of the influence that events have on each other or how events are meaningfully related to other events that have occurred in one’s life. Individuals may explain their attitudes, beliefs, and traits based on causal life events; this can be accomplished through choosing events to focus on, as well as constructing or reconstructing personal experiences into a coherent explanation (Habermans & Buck). Individuals may also identify an overarching theme to encompass the events that have taken place in their lives and the individual that has emerged as a result of these personal experiences;

this is referred to as “thematic coherence”. Individual identity will be partially understood through the aspects of temporal, causal, biographical, and thematic coherence used to construct the life story (Habermans & Buck).

The events of the life story that participants choose to articulate often correspond to the phenomenon of the memory bump (Fitzgerald, 1998). The memory bump consists of the autobiographical events that occur between the ages of 15 and 25; it is suggested that individuals are prone to remembering these events, because this time span is often focused on developing identity (Fitzgerald). McAdams (2003) suggests that late adolescence to early adulthood are the times when individuals often encounter identity problems, so they may be more prone to encoding these memories as they rise to the psychosocial challenge of formulating an identity.

Josselson and Lieblich (1993) attest that a contemporary movement within the realm of the social sciences is focusing on writing, interpreting, and proliferating individuals’ life stories. These stories often represent those who have been oppressed or ignored within society and serve the purpose of understanding the life stories of small samples of defined cultural and sociodemographic groups (Josselson & Lieblich). McAdams (2003) suggests that the telling of the life story is crucial within contemporary cultures, because the issues that develop within today’s society are unique to this period in time. For many, constructing a meaningful life story is a must within contemporary culture, as McAdams (2003) states,

In the modern world, the self is a reflexive project that a person is expected to ‘work on’, to develop, improve, expand, and strive to perfect. The emphasis on individualism that so pervades contemporary Western life urges modern adults to find or create their ‘true’ and ‘authentic’ selves, to be all they can be, to fully actualize their vast inner potentials. (p. 202)

Due to socialization, individuals are expected to develop a true self that coincides with cultural expectations; this occurs through the stories that individuals select within their culture to form their narrative identities (McAdams, 2003). Each individual constructs a life narrative within the confines of a sociocultural framework that “defines what is appropriate to remember, how to remember it, and what it means to be a self with an autobiographical past” (Fivush & Haden, 2003, p. vii).

It is suggested that in order to fully understand others’ experiences, their voices must be heard, and they must be provided with the opportunity to tell their own stories (Atkinson, 2007).

In this way, we can gain an understanding of their subjective truth and reality. This experience has hopefully empowered my participants through providing a gateway to share their personal lives, facilitating a further understanding of their lived experience (Atkinson, 1998).

As previously mentioned, the participants completed two 90 minute interviews that were conducted within one week of each other. The questions asked were open-ended, and I let each interview be guided in the direction that each participant took it; my participants decided what information they want to disclose about their lives (Atkinson, 1998). I asked probing questions and inquired further into areas that the participants discussed; this involved asking questions about the feelings and meaning that was evoked within my participants (Atkinson, 1998). I also asked questions that pertained to my research topic, across each area of my participants' life span. This has allowed me to gather in-depth, rich, data rather than superficial, surface data that will not be adequate to contribute to my study.

Atkinson (1998; 2007) suggests that our life stories are a means to validate our lived experiences, connect us to our past, and produce meaning and value in our lives; it is a method through which individuals gain greater insight into their own sense of self. It is also a method of gaining information that can be used to teach younger generations (Atkinson, 1998). This is a vital component of my research goal of contributing to the development of sensitive programming for COAs. The interviews were audio-recorded to facilitate accuracy in data analysis and representation. (A copy of my life story interview guide is provided in Appendix E).

Writing as field texts. L. Richardson (2000) considers writing to be a method of gaining information regarding yourself and your topic of interest; “a method of discovery and analysis” (p. 923). In social science research, writing is generally not incorporated into the data gathering and analysis methods; it is considered to be the final means taken in producing the final product (L. Richardson). However, L. Richardson suggests writing to be an alternative research method. She eloquently states,

When we view writing as a method...we experience “language in use,” how we “word the world” into existence. And then we “reword” the world, erase the computer screen, check the thesaurus, move a paragraph, again and again. This “worded world” never accurately, precisely, completely captures the studied world, yet we persist in trying. (p. 923)

She argues that writing offers a means to understand the way ourselves and others construct the world, and writing is vital in qualitative research as the meaning of the research is captured in the text. This is opposed to quantitative research where the research can be captured in tables and summaries (L. Richardson, 2000).

Writing is the essence of qualitative research; therefore L. Richardson (2000) argues that the text must engage the audience. She draws from her own experience of reading tedious uninteresting qualitative research, and states what a waste it is to spend years doing research on a topic that is passionate for you, only to have it left unread due to the lacklustre in the writing. Employing writing as a method is a means to creating text that is interesting and inspiring. To accomplish this, the prescribed rules for writing must be evaluated; L. Richardson suggests that it is not necessary to have everything planned before a researcher begins writing. Having a rigid plan undermines the creative writing process, and places restraints on researchers, especially beginning researchers who have not had ample opportunity to experience the research process (L. Richardson). In order to write fully, the social writing norms must be surpassed to offer the researcher optimum opportunity to express a sense of self, rather than suppress the self, within the written work.

Alternate forms of field texts. In narrative inquiry, data generation is flexible, therefore I have kept an open mind in order to include other forms of data that have emerged as part of the research process. Clandinin and Connelly (2000) suggest that family stories that have been passed down from generation to generation, conversations, and other documents can contribute to the creation of field texts.

Often individuals will convey stories that have been generationally transmitted within their family, and these stories are often utilized in identity development (Clandinin & Connelly, 2000). Alcoholism often has an effect on all family members (Ranganathan, 2004); therefore I have created field texts of family stories that my participants disclosed as part of their experience. Before beginning the life story interview, I had an informal conversation with my participants where I established rapport, eased them into the interview process, and had a discussion about their response to my initial queries. (A copy of my informal conversation guide is provided in Appendix D). In terms of documents, I invited my participants to share any documents with me that they thought would enhance the research.

The researcher-participant relationship in creating field texts. The fundamental component in creating field texts is the relationship between the researcher and the participants. It is assumed that within this relationship, meaning was embedded and contributed to the nature of the texts; therefore, the shape that the texts have taken is ultimately influenced by the researcher-participant relationship (Clandinin & Connelly, 2000). The nature of the relationship between my participants and I have determined the type of data that was created, and what aspects of experience were disclosed (Clandinin & Connelly). Initially, I had proposed to meet with my participants as many times as needed, prior to the interviewing process. This was intended to develop rapport that facilitates intimacy and trust so that my participants felt comfortable disclosing their authentic life story (Denzin & Lincoln, 2005). During the actual research process, the initial interview was enough to establish a degree of rapport that facilitated the generation of in-depth data. The texts are reflective of my relationship with my participants, and are representative of how I was living within the research space at a particular time (Clandinin & Connelly).

Data Analysis

Data analysis was not a process that occurred after all of the data was generated; I engaged in ongoing data analysis as the field texts were being created (Clandinin & Connelly, 2000). After each interview was completed, I transcribed it verbatim, and the entire composite of field texts was organized in files on my computer, with hard copies printed off as a form of back-up in the event of computer failure. In order to establish organization with the large amount of field texts that were created, I utilized a narrative coding process that involved recording the dates and establishing the context and nature of the inquiry space in which the texts were generated (Clandinin & Connelly). During this process, I immersed myself in the data, read and reread it in order to capture its holism, and related field texts to each other. I made notes in the margins of the transcripts and highlighted pieces of text that were significant. Once I became more aware of the themes that were being generated, I named them and looked for evidence to both support and refute these themes. I also utilized different coloured highlighters to indicate pieces of dialogue that I wanted to address in different chapters. The premise that I worked from is “People strive to organize their temporal experience into meaningful wholes and to use the narrative form as a pattern for uniting the events of their lives into unfolding themes,” (Polkinghorne, 1988, p. 163). Thus, I looked for patterns, themes, and any commonalities that

held meaning and significance within the field texts (Clandinin & Connelly). Because lived experience is not articulated in chronological order, I actively engaged in the stories that my participants used to articulate a specific experience, and then stepped back to identify how each story fit into the larger, unified narrative (Polkinghorne).

I looked for themes and narrative threads that were generated within the narratives of each participant, as well as identified aspects of plot and characterization that pertained to the story being told (Clandinin & Connelly, 2000; Hollingsworth & Dybdahl, 2007). The process of analyzing data did not occur in a prescribed sequence, but rather by returning again and again to develop, revise, and revisit significant aspects created within the field texts (Clandinin & Connelly). When I recognized significant aspects in the field texts, I was cognizant of positioning the data on the three-dimensional model of temporality, relation, and place; I also considered the meaning and social significance that shaped the interpretations of my research, and this involved considering the audience that I wrote for as well as the questions “Who cares? and So what?” (Clandinin & Connelly, p. 120).

Data Representation: Creating Research Texts

Clandinin and Connelly (2000) refer to the actual representation of the data as “research texts” (p. 136). It is suggested that a narrative representation is a well-argued written work where evidence is provided to support the position and conclusions that the researcher has taken; it is not merely a description of the participants’ stories (Polkinghorne, 1988). It includes aspects of the story that are unique to that particular story, as well as aspects that can be found in other stories. This has facilitated comparisons and contrasts within and between the original story and other stories. I have inferred and interpreted the themes and conclusions of the narrative based on the text of my participants. Polkinghorne suggests that the representation of descriptive narrative will present the narrative schemes that the participants have intended to produce. He states,

The thesis of the research report is that the offered description accurately represents the operating stories that people or groups use to understand the temporal connections between the events they have experienced and to account for their own and others’ motives, reasons, expectations, and memories. The report also recognizes how these stories have functioned (or failed to function) to order the events under consideration into a coherent and unified experience. (p. 170)

Voice, signature, audience, and narrative form. In taking into account the method to use in representing my data, Clandinin and Connelly (2000) suggest that there are four main areas to carefully consider: voice, signature, audience, and narrative form. The individuals that I gave voice to in my representation of the data are my participants and myself, as well as to other researchers and participants that the text speaks to (Clandinin & Connelly). In representing the data, it is important that I upheld a balance while I expressed my “own voice in the midst of an inquiry designed to tell of the participants’ storied experiences and to represent their voices, all the while attempting to create a research text that will speak to, and reflect on, the audience’s voices” (Clandinin & Connelly, p. 147).

In terms of signature, Clandinin and Connelly (2000) are referring to the way in which I am signified as a writer within my text and within my field, representing my participants and myself; my “research signature” (p. 148). The use of signature became negotiable when writing my report, because if my signature is not strong enough I will come across as insubstantial, and if my signature is too strong I will come across as abusing my subjectivity. The key was to represent my data in a way that distinguishes my writing and identity, while simultaneously giving appropriate voice to my participants and their experience.

When considering the audience, or who I wrote the text for, I needed to write in a manner that spoke to them, while respecting the dignity of my participants and what they have shared with me (Clandinin & Connelly, 2000). The audience that I have written for includes: the addictions community, my academic community, my participants, myself, the ACOAs in the community who have not had a chance to speak of their stories and have their voices heard, families who have been plagued by alcoholism, and COAs who are vulnerable to the effects of alcoholism.

Negotiating the voice, signature, and audience of my research determined what form of narrative represented my work (Clandinin & Connelly, 2000). This was a process that took place over the course of the research study. It is a decision that I contemplated when designing my study by imagining the shape that my text would take in the future; the process of writing up my research took on new forms and became more refined as the process progressed (Clandinin & Connelly). In representing my data, I contemplated how to position the field texts in a narrative that was conducive to the three-dimensional model and the four directions that were previously outlined (Clandinin & Connelly). I looked backward and forwards in terms of my participants’

past, present, and future lives, and I looked inward at my own personal reasons for conducting my research, as well as outward to determine the social impact of my research (Clandinin & Connelly).

In determining the form of my narrative, Clandinin and Connelly (2000) suggested that reading others' work would provide a structure for beginning researchers to work from. They suggest that "reading and imaginatively reconstructing the inquiry experience of another allows us to see possibilities" (Clandinin & Connelly, p. 162). In the literature that I have reviewed, I came across two possibilities of representing my data that I debated using. The first was to represent my participants and my narratives as a composite narrative, encompassing the entire narrative in one story (Goose, Parr, & Allison, 2008). The second method was to retell and represent each participant's story separately, as its own entity (Ashuk, 2004; Fletcher, 2004). The method of representation that I chose was the composite narrative. This method was the most conducive to representing my participants' life trajectories and experiences of developing resiliency and coping methods across their lifespan, and it was the method that provided maximum confidentiality for my participants and I (Boufooy-Bastick, 2000).

The forms that the interviews took on also influenced my decision for the final write-up (Ellis & Bochner, 2000). This method of producing the final representation supports L. Richardson's (2000) critique that "[researchers] write the body of the text as though the document and quotation snippets are naturally present, valid, reliable, and fully representative, rather than selected, pruned, and spruced up by the author for their textual appearance" (p. 928). Therefore, it is important to acknowledge that the participant excerpts that I employed as evidence to support my argument were chosen based on my perception of what appropriately related to the research.

Using the composite narrative as my method of representation, I have written a collective narrative incorporating literary devices such as, "internal monologue, ...dramatic recall, strong imagery, ...scene setting, character development, and flashbacks," (Ellis & Bochner, 2000, p. 752); the purpose of these devices was to keep the reader engaged. I have also opened the floor for the reader to make subjective interpretations from my written work (Ellis & Bochner). One of the goals of narrative inquiry is to "keep the past alive in the present" (Ellis & Bochner, p. 745), therefore, the story that is told is representative of the memories and the context in the moment that the participants were in. This may result in the past being distorted, however that

does not detract from the participants' lived reality in the moment. The purpose of narrative inquiry is not to present a factual account of one's life; rather it is to present the participants' reality as they experience it in the present. Ellis and Bochner suggest that the "question is not 'Does my story reflect my past accurately?'" (p. 746), as if I were holding a mirror to my past. Rather I must ask, "'What are the consequences my story produces? What kind of person does it shape me into? What new possibilities does it introduce for living my life?'" (Ellis and Bochner, p. 746). The answers to these questions were not evident before the story was told, rather the answers were embedded in the telling of the story. This happened as the participants created a sense of self through the story they told (Ellis & Bochner).

Developing Credibility and Rigor

In conducting narrative inquiry, it is certain that there will not be two researchers that will conduct it in the exact same manner, and interpret the data in the exact same way (Atkinson, 1998). Clandinin and Rosiek (2007) state "Narrative inquirers work with an attitude of knowing that other possibilities, interpretations, and ways of explaining things are possible" (p.46). The life story interview is open-ended in nature; therefore different interviewers will inevitably probe different participant responses, depending on what subjectively stands out as important information. As a narrative researcher, I am "seeking subjective reality" (Atkinson, 1998, p. 60), rather than an objective truth and the story is ultimately represented from my perspective of my participant's experiences.

There are not necessarily standard measures of reliability and validity in narrative research; stories are constructed within a specific time and space, and they are constructed based on the participants' reality at that time (Ellis & Bochner, 2000). Traditionally, the use of triangulation, or multiple methods of data gathering and analysis, is utilized to establish 'validity' for qualitative research (Gall, Gall, & Borg, 2007). However, L. Richardson (2000) suggests that the term 'triangulation' is not adequate, because there are more than three perspectives from which to view the world or an experience; a triangle is a fixed two-dimensional object that does not encompass the view. L. Richardson coined the term 'crystallization', suggesting that

The central imagery is the crystal, which combines symmetry and substance with an infinite variety of shapes, substances, transmutations, multidimensions, and angles of approach. Crystals grow, change, alter, but

are not amorphous... What we see depends on our angle of repose... Crystallization, without losing structure, deconstructs the traditional idea of "validity" (we feel how there is no single truth, we see how texts validate themselves), and crystallization provides us with a deepened, complex, thoroughly partial, understanding of the topic. Paradoxically, we know more and doubt what we know. Ingeniously, we know there is always more to know. (p. 934)

Because traditional validity is not relevant in narrative research, the establishment of credibility is necessary (Atkinson, 1998). Through crystallization, I have developed credibility mainly through the use of participant corroboration (Atkinson, 1998), reflexivity (Clandinin & Connelly, 2000; Etherington, 2007; L. Richardson, 2000), and adequacy and plausibility (Connelly & Clandinin, 1990). I have also achieved credibility through a series of criteria that L. Richardson outlines for publication purposes in the realm of social-science research.

Establishing credibility through corroboration involved my participants reading through the transcript of their interviews and confirming that I have accurately represented their story (Atkinson, 1998). They were invited to edit their personal transcript and the final paper in order to add, remove, or change any details as they deemed fit; they were also encouraged to offer their own interpretations and comments (Ellis & Bochner, 2000). I have asked them to review their transcripts and sign a transcript release form. This facilitated credibility through confirmation with each participant that the information provided is, in fact, the authentic representation of their lived experience that they want shared with others (Atkinson, 1998).

Establishing credibility through reflexivity involved systematically and rigorously recording and reflecting on each encounter that I had with my participants (Clandinin & Connelly, 2000). A deep reflection of my perspective, my experiences in the field, my thoughts and feelings, and my values and beliefs that came into play will aid the reader in understanding how I came to my findings and conclusions (Clandinin & Connelly, 2000; Etherington, 2007; Richardson, 2000). As previously mentioned, I have also been honest about my own position of an ACOA, how my personal story may have affected my research, and how this position has affected me personally throughout the research process. This reflexivity is evident in my field notes.

In narrative research, there is not necessarily one standard of truth, as language is not translucent. Ellis and Bochner (2000) suggest that ‘validity’ be based on whether the written work was perceived by readers as “lifelike, believable, and possible” (p. 751). Connelly & Clandinin (1990) adopt the terms ‘Adequacy’ and ‘Plausibility’ to refer to the persuasiveness of the story; does the story sufficiently represent a plausible story and does the story “ring true” (Connelly & Clandinin, 1990, p. 8) to the reader? It is also suggested that ‘validity’ be determined by whether the written work facilitated communication between the reader and those who are different from the reader, as well as if the work improves the lives of participants or readers (Ellis & Bochner). Polkinghorne (1988) attests that the conclusions from narrative research need to be grounded in the data in order for validity to be established. Polkinghorne suggests that I am responsible for creating a strong argument to support my position; my argument will not “produce certainty; it [will] produce likelihood” (p. 175).

L. Richardson (2000) further expands the terms of ‘validity’ to include the criteria necessary for written works that are being submitted for social-science publication. She suggests that these works need to make a “Substantive Contribution” (L. Richardson, p. 937); the work should enhance the understanding of social life, and the writer should take on a grounded social science perspective which should inform the written text. It should also encompass “Aesthetic Merit” (L. Richardson, p. 937); the piece should be aesthetically pleasing, and invite the reader to make individual interpretations of the text. The work should make an emotional and/or intellectual “Impact” (L. Richardson, p. 937), and the work should create new questions. Finally, as previously mentioned, the work should be an “Expression of Reality” (L. Richardson, p. 937); the text should encompass a fleshed out, true, credible lived experience.

In my report of the participants’ experience, I have strived to create an adequate representation of their lived experiences as adult children of alcoholics. The audience is invited to critically analyze my work, and determine whether the final representation of my study is a convincing story of my participants’ experiences. Establishing credibility through these means is an important aspect of narrative research; the story needs to make sense and resonate with the audience (Connelly & Clandinin, 1990).

Chapter Four: Results and Narrative Analysis

As I interviewed the three women who shared their life stories, I experienced many moments of awe at their strength and courageousness. I felt compassion as they laid their stories out for the world to see, creating a space of vulnerability as they delved into the memories that created their experiences. I identified with many aspects of their lives, and had difficulty not becoming completely drawn in by their stories, some of which had lain dormant for many years. We shared moments of laughter, promise, and sorrow as both the pain from the past and hope for the future were brought to the surface.

Descriptive Narrative Inquiry allowed me to convey, in a temporal fashion, the existing narratives of the participants' experiences of growing up in an alcoholic home, and the meaning made from these experiences (Polkinghorne, 1988). As Clandinin and Connelly (2000) state, "narrative inquiry is a way of understanding experience" (p.20), and therefore this methodology creates the opportunity for understanding the human experience of being an ACOA within a specific cultural and historical context (Polkinghorne). The development of the story's plot facilitates the depiction of significant life events that lead to the participants' belief that they are resilient (Clandinin & Connelly; Polkinghorne). I have created a composite narrative which serves the following purposes: it combines aspects from each participant's life into one character; it represents the voices of each participant, allowing the stories of each life to be revealed; and it protects the confidentiality of both myself and the participants (Boufoy-Bastick, 2000).

The character's name, Sophie, means wisdom (Bolton, 2009), and represents the insight, knowledge, and self-awareness that the participants conveyed throughout their stories. Sophie has been created through the participants' common personality characteristics, and through the themes generated both across and within participants. These characteristics and themes will be discussed in a subsequent section. I have used Clandinin and Connelly's (2000) three-dimensional model to depict the different selves of my participants, and provide a holistic understanding of them.

Throughout the construction of the plot, there were aspects of the life story that were fragmented, and I have integrated those pieces using imagery and creativity to make the story flow. When there are large pieces of the narrative missing, I have used ellipses to signify a break in the story.

In order to capture the heart of the story from the perspective of present Sophie and the character of Sophie at each developmental age, I have developed flashbacks which are indicated with italics. This is designed to capture Sophie's perspective at a particular age, and to take the reader back in time to be drawn in to the emotional experience of the story. The story is organized in the different phases of Sophie's life, and includes the following headings:

Childhood: Distant Memories, Adolescence: Broken Promises and Self-Discovery, Adulthood: Finding Me, and Life Today: Healing Hearts. As you read this story, I ask that you set aside all judgement and create a space of openness, acceptance, and respect as you join Sophie on her journey through her experience as she evolves from a child of an alcoholic into an adult child of an alcoholic.

Sophie's Story

Childhood: Distant Memories

Well, I'll start from the beginning. I wasn't a planned pregnancy, and when my mother got pregnant, my parents split up. We moved in with my grandparents until I was three, when my mother and step-father, Mike, got married. When I was first born my mom was going to put me up for adoption. I was actually in the adoption center for two months before Mom found out that she probably couldn't have anymore children, so she decided to keep me. I'm not sure what the regulations on adoption were in the '70s, but she was able to take me back. Ever since I could remember, I felt like the illegitimate child, and I carried the feeling of being unwanted into my adulthood. The fact that my father virtually disappeared out of my life further perpetuated this notion.

I liked Mike; we got along and he really became just like a father to me. My mom ended up getting pregnant again, and Jacob was born when I was four. I loved having a baby brother, and made sure that I was there to help my mother take care of him. I was fascinated by him and found myself spending hours staring in awe at this little life in front of me. The memories of my early childhood are vague, and the older I get, the less I remember about it. I guess that's how it goes for most people.

I grew up in small-town Saskatchewan, where everyone knows everyone, and there is no shortage of rumours. We lived in a three-bedroom, two-story house on the south side of town. We had a big back yard and a huge Oak tree towered above the power lines. Mike hung a swing in it for us, and we spent hours getting him to push us higher and higher. The neighbourhood

kids were mostly boys, but I seemed to fit right in and we spent a lot of summer evenings playing hide-and-seek or going out to the bush to hang out in our fort. I didn't realize at the time that hanging out with boys and getting dirty would lead to some of the torment of my elementary school days.

I was really, really close with my grandparents; my mother's parents. They lived about a mile out of town and, when I was old enough, I could easily ride my bike out there. In those days, the farm was the place to be on the weekends. My mom had two brothers and a sister, and I had a lot of cousins; none of whom strayed too far from town. It was a fun place to be; we would go quadding, horse back riding, and Grandma and my aunts would cook us big feasts of ham and corn-on-the-cob from the garden. There was no shortage of alcohol and that was what I grew up thinking was normal. Grandpa always had a big bottle of whiskey and Uncle James would bring a big cooler full of beer and the adults would all drink while the kids played. The door was always open on the weekends and our family certainly took advantage of that. Well, all of them except Mom and Mike. I can recall only a select few times when Mom came out to participate in the family fun; she said that she liked to take that time to go and hang out with her friends. Mike was always busy running our store on the weekends. We had the largest local store in town, and Mike spent the better part of his days there; with the exception of Sunday morning church, which was a ritual in our home.

The weekends when I would see all of my family were great, but my favourite times at the farm were the days when I would go there by myself. My grandpa and I would play a game; I knew he would be hiding somewhere on the farm, and I would have to try and find him. He was always hiding in one of his shops, but I would always check those last. That is one of the highlights of my childhood memories.

"You are so weird! Why do you always play with the boys?!" Maggie was yelling at me with her group of followers not far behind. I could feel the fear creep up the back of my neck as they started chasing me. "Come on four-eyes! You scared?" Her taunting voice sent shivers up my spine like nails on a chalkboard. Of course I'm scared! Those girls are big and mean and there are four of them and only one of me. Oh, why did I stop at the bathroom before leaving school? That was so dumb. Gave Maggie and her posse time to wait for me when I came out. Luckily I can run way faster than them and I can see my red bike waiting for me in the bike stands. Ok, I just have to make a break for it and hope for the best. I wonder what...don't think

about it! I wonder what they would do to me if...STOP thinking about it! Ok, get to Grandma and Grandpa's. I will be safe there.

With my heart pounding in my chest, I leave the safety of the school doors and run as fast as I can past Maggie and her friends. Whew! I made it! I can't resist sticking my tongue out as I jump on my bike and look over my shoulder to see them standing there flipping me the bird. Why are they so mean to me? I heard the rumours that they want to beat me up, and I don't even know what for! Ok, forget about them.

I feel the burn in my legs as I peddle as fast as I can and I can smell the difference in the air as I head out of the town limits and into the country. I suck in big breaths of country air and I don't slow down for fear that Maggie and company had found a way to follow me.

I'm in a race...Maggie and her friends are against me and the last one to Grandpa's farm has to eat a bowl of worms. I give Maggie a shove off her bike, jump on mine, and kick it into high-gear. Peddle, peddle, peddle! There is a crowd of people cheering for me as I pass the water tower, "Go Sophie go! Go Sophie go!" Everyone hates Maggie and wants to see her eat worms. I don't look back for fear that they are right behind me. My hair is blowing back in the wind and if I glance to the side of the road, I can see the Lavender Hyssops and Black-Eyed Susans start to blur as I pick up speed. I have never peddled so fast in my life! The crowd is roaring as I pass the old rickety abandoned barn and Thompson's wheat field. I stand up to peddle as I climb the hill in the road and my legs start to burn, but there is no way that I'm slowing down. I'm almost there and I'm in the lead! Maggie is going to have to eat worms and this thought fills me with nothing but pure joy! And a sharp left and I'm riding through the gate of my grandparent's freshly painted white fence. I jump off my bike and throw my arms in the air as the crowd cheers louder. Victory is mine!

I quickly abandon my daydream to play Grandpa's game. First the chicken coop. The chickens start to squawk as I get closer and I notice some fresh eggs that I will later go out to collect with Grandma. No Grandpa. Next, the old barn. I give Greta and Rascal each a pat on the neck and stroke their long mane as I go from stall to stall in my search. I climb the old wooden ladder into the loft and make my way through the hay bails. For a minute, I look over the edge and think of how much fun it would be if I had a trampoline under me and I could jump off the loft and bounce high into the air. I'll have to ask Grandpa about that. Grandma is much too strict to let that happen, but Grandpa just might let me... No Grandpa. I leave the barn and

head over the big round bails. No Grandpa. I'm getting excited because I know the last places to look are his shops and I'm looking forward to his big bear hug. I head over to the first shop and I can hear the tinkling of metal inside. "I found you!" I love his big chuckle and I squeal with delight as he hoists me in the air and wraps his big arms around me. He smells like grease and the Old Spice aftershave he's been wearing ever since I can remember, and I feel all of my worries about Maggie slip out the door and evaporate.

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For as long as I can remember, my mother wasn't a happy woman. She always seemed tense, worried, and preoccupied and I hardly ever heard her laugh. I didn't know at the time that alcohol was the culprit of her constant yelling and negativity. I was a sensitive kid, so it bothered me. Jake just laughed or back-talked her until she would get really angry and spank him. I didn't want to rock the boat, so I usually kept my mouth shut. I learned quickly that if I cried when she yelled, I wouldn't get spanked. I say this with utmost affection that Jacob always learned the hard way, and that carried on throughout his entire life. He was never one to be able to take a scolding without having some sort of come-back! However, the memories of Mom and Mike fighting linger in my mind, and neither me, nor Jake, were laughing at these times.

I am jolted awake out of a dead sleep and in my grogginess I'm trying to figure out what is going on. I hear loud voices. Oh no, Mom and Mike are fighting again. Maybe if I hide under my blankets it will stop. I bury my head deep into the warmth of my pillow and pull my blankets up over my head. No, that's no use. I can still hear them. The anger, the swearing, the name calling. I can't make out all the words, but they are fighting about money again. My body is tensely coiled up into the fetal position, my eyes are wide open, and I'm staring into my dimly lit room. The froggie night-light that I've had for as long as I can remember isn't providing its usual comfort. What is that? Knock, knock. I can barely hear the quiet tapping on my door and Jake's little voice calling my name, "Sophie? Can I come sleep with you?" I go to my door to see my brother's tear-streaked face, "I'm scared". My heart aches for him as we find comfort cuddling under the warm softness of my comforter. After reassuring Jake that everything is going to be okay; that sometimes adults fight, I finally hear his soft rhythmic breathing as he falls asleep in my arms. I, on the other hand, am not sure everything is going to be ok, and even after their voices die down, I lay wide awake in my bed until I can see the sun start to peek through my blinds.

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I remember the day that I found out my mother was an alcoholic. I was 12 years old and I came home from school to find a group of people sitting around the old oak kitchen table at my house. I recognized some of the faces. Dr. Drayson, one of my friend's fathers, and a couple people who looked familiar, but I really didn't know who they were. Being from a small town, everyone looked familiar. Mike looked devastated and my mother was in tears. The tension in the room was a far contrast to the cheery yellow sunflowers that were dancing on the walls. Apparently my mother had been quite the decorator...at one time. On closer inspection, the flowers weren't nearly as cheery as I remembered; they were brown, stained with nicotine from years of my parents' smoking. "What's going on?" I asked. My mother had her head buried in her hands, her face red and her chest heaving with sobs. Mike looked at me and back to my mother, then at me again. I felt fear and dread well up in my chest. "Oh my gosh, they're getting a divorce," was the first thought that went through my head.

The men at the table were talking quietly, trying to convince my mother to go somewhere. She kept shaking her head and Mike gently placed his hand on her shoulder "You need this, Em, for all of us. Please, it's time". I stood there like an idiot, because I didn't want to get in trouble for saying too much, but I was so confused. I was fighting the flood of tears that were threatening to spill down my face. I didn't want to cry in front of everyone, but I had never really been one to be able to control my tears. Finally Mike called me over and bent his long frame down to my level, "Sophie, your mother is an alcoholic and she needs to go and get help". An alcoholic! What? How can that be? How did that happen? I thought that alcoholics were the people I saw on TV drinking from brown paper bags and living on the streets. Dirty people wrapped in sleeping bags, begging for money. Or even old Mr. Hubbard down the street who was always stumbling around at any given time of the day. He was always dirty and had a big, red bulbous nose and I would occasionally hear Mom and Mike comment about his drinking problem as we drove past his house. Or, how about Jill's dad? When I would go over to her house to play, her Dad would slur his words and always had an amber coloured drink with ice in it. Once, when he got up to go to the bathroom, I sniffed it and it burned my nose. I was so repulsed and did not understand how anyone could seriously put that in their mouth! But my mother? My mother, an alcoholic? I felt like I had been punched right in the gut. I thought I was

going to vomit. Then I turned to my mother, and she was looking at me with her big blue eyes. I hadn't realized how old my mom had started looking. There seemed to be a bit more salt in her brown hair. She had big black circles under her eyes, and the once tiny lines around her eyes had somehow managed to form deep grooves in her face. Her once brilliant smile was a rare sight on her face these days, and I noticed the frown lines that were starting to become permanently etched around her mouth. I don't think I had ever seen my mother's eyes so sad. Big alligator tears were coursing down her cheeks, and I couldn't hold back my tears. I felt their hotness spill onto my cheeks, and I ran for my room. I didn't want everyone to see me cry. I slammed my door and flung my body onto my bed and sobbed and sobbed and sobbed. I wonder how long I was in there. When I had no tears left to cry, I laid there, my body quiet with exhaustion.

I have no idea how long I was in my room; it seemed like I had cried for hours. My head was pounding and my eyes were puffy and red. When I listened, I could still hear voices murmuring and I heard a couple of car doors slam. I looked out my bedroom window and I could see two strangers coming up the walk. I didn't want any more people in my house. I wanted things to go back to normal. I felt like I was in a bad dream. A quiet knock on my door and Mike came in, "Are you ok, Sophie?"

I didn't even know if I was ok. I didn't really know what it meant that my mother was an alcoholic. I didn't understand what it would mean for my family. Was she going to be taken away? Despite all of the unknowing, I looked at Mike and said, "I think so". Gently, he came over to the side of my bed and sat down. He put his arms out to embrace me and I saw his chin crumple as he began to cry. We sat there for a while, crying together and he began to explain to me what was going on.

After Mike was gone, I started thinking about my life and little things began to make sense. I never understood why my mother stopped going to my baseball games and track meets, or why she stopped playing catch with us in the backyard. I never realized that the reason my mom went straight to bed after they went out, and Mike drove the babysitter home, was because she was drunk and unable to walk, never mind drive. I didn't know that the juice she drank every morning while we ate our cereal was accompanied by a large dose of vodka; apparently it helped stop her from shaking. I decided to get out my diary, which was already littered with thousands of accounts of when my mom was unfair to me. There were times when she yelled for no

apparent reason, or didn't seem to even be present when I was telling her about my day at school. I started to write down my thoughts about today's events.

Half way through my entry, Mike came back into my room, "You're mom has agreed to go to treatment. You'd better go say bye 'cuz she's leaving right away. She's in our room getting some things together". I took a deep breath, suddenly afraid to see my mom. I slowly walked across the hall and peeked my head into her room. She looked absolutely defeated; her shoulders were sagging with what seemed like the weight of the world. I gave her a hug and kiss and we said our goodbyes, and before I knew it, she was gone.

About two weeks after Mom left, we went to her treatment facility for 'Family Week'. For once, my brother and I didn't fight in the back seat of the car. We pretty much drove in silence, each consumed by our own thoughts. The day was bright and sunny; a deep contrast to my dark and dreary mood. I wanted to see Mom, but I was not looking forward to the week ahead. Sooner than I wanted, we arrived at a big grey stone building. There were huge trees looming on either side of the glass doors, and their colourful leaves dancing in the sunlight did little to calm my nerves. Off to the right of the building was a little sitting area nested in the trees. On the table an ashtray was overflowing with ashes. I'm not sure what I was expecting, but I had it in my mind that the people at this place were scary. When we went inside, we were greeted by a pleasant looking lady. She was about as tall as my mom, had olive skin and dark hair, was a little plump, and was wearing a purple sweater and black dress pants. She smiled at us, shook Mike's hand, introduced herself as Tina, and welcomed us to Birchwood. Inside the foyer, there were a couple of chairs and a big coffee table with a bright bouquet of flowers in the middle. There were plants scattered around and a big desk with a sign that said 'registration' on it. To the left was a big white staircase. "You must be Emily's family. I will tell her you're here," and Tina left us there to take in our surroundings as she went to find my mother.

I watched my mom walk towards us; Jake took off running into her arms. She looked the same, yet there was definitely something different about her. I watched as Mom and Jake embraced and Mike and I went over to hug her. The tears were shimmering on her eyes, and that's when I noticed how clear her eyes were. She still looked tired, and a little thin, but she also had a relaxed look about her, and she didn't look quite so old. She took us and showed us around the center; she and Mike were holding hands and she introduced us to people as we went. We walked past a hazy glass room, "that's the most popular room in this building," she said with a

little laugh, “the smoking room!” We all laughed and I could feel the tension and fear start to drain out of my shoulders as I became less worried about being here. Maybe it wouldn’t be so bad. The people seemed friendly and, rather than the jail-like images I had conjured up in my mind, the center was comfortable and the aroma of coffee was welcoming. The week went by quickly, and we attended a lot of sessions about different things. I started to learn about my Mom and about alcoholism. I started to learn about the affects that alcohol has on family members, and they referred to it as ‘a family disease’. We learned about the roles that each child of an alcoholic home adopts; apparently the roles are not healthy because they are reflective of the development of survival skills in an alcoholic home, rather than healthy coping skills. I was the ‘Perfect Child’. To me, this meant that I tried to keep the peace in our family, and not rock the boat. I had good grades, always studied and finished my homework, was involved in sports, and basically did what I was told. I thought that out of all of the roles that a child of an alcoholic could take on, this had to be the best! They talked about the ‘Rebel’, the ‘Scapegoat’, the ‘Enabler’, and the ‘Lost Child’. I was glad I wasn’t any of those; I could handle being ‘The Perfect Child’. I didn’t have a clue what the impact of this role would have on me as my life progressed. After all, striving for perfection was what I did best; how could that be a bad thing?

The hardest thing that I had to do at Family Week was write down all of the bad things my mom had done and all of the things she had done that hurt me, and then I had to sit on a chair across from her, and tell her these things, face to face. When the day came, there was my family and another family in the room. I sat there while my brother read off his list, but I wasn’t really listening.

My turn is next. How am I ever going to get through this? I couldn’t handle it if someone sat across from me and told me all the hurtful things I’m going to tell my mom. How am I going to get these words out? She is going to be so angry with me. “Sophie?” Huh? Oh, they are calling me! My hands are shaking as I walk over to the chair that is placed far too close to my mother. I can feel the lump in my throat and the tears start to stream down my face as I look at my paper.

With a shaky voice I began, “Mom, you missed my first homerun in baseball, and you have missed several since. You embarrassed me in front of Michelle when she was over for a sleepover and you came home drunk and stumbling and slurring your words. Then you walked down the hall in nothing but your underwear and bra and you didn’t even realize she was there!

Michelle asked me what was wrong with you and I was so embarrassed that I told her I didn't know. You missed my final dance recital last year and I thought you were sick, but now I know you were hungover. You have made promises to be at all of my sports and then you don't show up. You lie to us all of the time and I never know when I can believe you or when you are just spouting broken promises, and then I end up feeling disappointed and insignificant. I have to get Mike to help me with my homework because you won't make time to help me. I never understood why Mike always went to my parent-teacher interviews, but now I know it's because of alcohol. You never play catch with us and you stopped going to the park with us when we were younger. And when you did go to the park with me, I was scared that if I screwed up or something that you wouldn't want to go with me. I remember one time we went to the park and I fell and I scraped my face and I remember my first thought was 'stop crying or she's never gonna go to the park with you again'. I was really embarrassed the times you asked me to run to the Jones' and get you some vodka. They looked at me like they felt so sorry for me and now I can't go and play with Tanya because I'm too embarrassed to go over there. I was also really embarrassed the time you sent water in an empty vodka bottle to my track meet. The teachers called you to the school and showed you right in front of all of the kids. I still get teased about that. I know you have never hit me, but the time you were mad at me and Jake because we were talking and wouldn't go to sleep and you came in and flicked our foreheads really hurt me. And the time you made us go out and weed the flower beds because we wouldn't eat your omelette with peppers in it...Mom, we don't like peppers, and I was only 7 years old. And the worst is when you and Mike fight at night when you think we are sleeping. I hear you a lot and it really, really scares me. I always think you are going to get a divorce and I end up crying myself to sleep because I'm afraid to go and tell you that I can hear you." Phew, I'm through my list! It didn't come out the way that I had practiced; it was kind of a jumbled mess, but thank God it's over! I didn't look at my mom until I was finished and when I looked up, the tears were streaming down her face too. One final thing to say, "Just know that I love you with all my heart and I hope you get better". She reached over and gathered me in her arms in a big hug.

"I'm sorry, Baby," she whispered into my ear.

Family week was an emotional time. By the time we went back home, it felt like a month had past. The car-ride home had a different feel to it, the tension was gone and there was an air of hope. I had learned so much, especially about alcoholism, about why things in my house were

happening, about the things that happened that I thought were ‘normal’ but really didn’t happen in functioning homes, and about myself. I learned about the disease concept of alcoholism. They taught us that alcoholism is a disease and that the alcoholic doesn’t have control over the desire to drink. This made sense to me, because I couldn’t imagine anyone wanting to be drunk all the time. Who would want to walk around stumbling and slurring their words all the time? Of course, I didn’t really know what it was like to be drunk, but I figured it couldn’t be much fun. And my mom seemed miserable. Who would want to live a life of misery? I contemplated and tried to grasp what being an alcoholic would be like. I couldn’t.

When my mom came home from treatment things seemed to be different. She was really nice to us, and she didn’t yell nearly as much as she used to. Her and Mike were getting along really well and were really affectionate towards each other. They both started going to AA and Al-Anon and they talked a lot about the program and the spiritual nature of it. Church had always been a big part of our lives; we went every Sunday, whether Mom was sober or not. But this seemed to be a different kind of spirituality than what we had been taught at church. Mom explained to me that in AA and Al-Anon people did not always believe in the same God that we did and this program was designed so that each person could conceptualize God as a ‘higher power’, so that they could be spiritual and not necessarily religious. I really didn’t understand how that worked, but I was very interested in learning about the program that my parents were involved in. I learned that they both had ‘sponsors’, or people from the program that were there to support them in a life of sobriety. There were a lot of new people hanging around the house, and I was glad to see less of my mom’s old friends that she drank with. The new people were all part of the program and they were very friendly. They all smoked like chimneys and laughed a lot.

When my parents were at meetings, we would usually go to my grandparent’s house. Or I would go hang out with one of my friends for an hour or two. Jane, Tori, and Marie were the girls that had come to be my best friends over the past few years. We all played ball together and Tori and I did figure skating and track together. Jane was short and cute, with short brown hair and blue eyes. Tori was about my height with long, flowing brown hair, olive skin, and big brown eyes. She had a ridiculous sense of humour and we often found ourselves laughing at things that the other girls didn’t find funny; this would just make us laugh harder. Marie was tall and lanky with blonde hair; she was always such a clutz and we always made fun of her for

spilling on herself or tripping on her own feet. Often, the four of us would get together and either play games in the tree house that Jane's dad built for her years ago, or walk down to the local bakery and get an éclair and a coke. Then we would chug coke and belch the vowels and laugh hysterically at how disgusting we were!

I talked to them all about what was going on with my mom, but we didn't dwell on it. We had much more important things to talk about; mostly boys and who was dating who. I had a crush on Chad Jones; he was so cute but I thought he liked Becky. She was in the popular group, and I personally thought she was a snob, but boys seemed to like her. I was shy, especially around boys, and I didn't want Chad to know that I liked him. My friends were great, reassuring me that they had caught Chad looking at me on more than one occasion. A lot of sleepovers and giggling took place in that tree house.

I had always been closest to Jane; she knew everything about me, and we spent a lot of time having more serious discussions than we did with the other girls. We had a really close connection and sometimes just the two of us would stay in her tree house and lay out under the stars. We would make wishes on falling stars; me, that I would marry Tom Cruise and her that Fred Savage would fall madly in love with her. We had a little VCR out there and we would watch our favourite movies over and over again, *Top Gun*, *Girls Just Wanna Have Fun*, and *Cocktail*, or we would have never-ending games of Monopoly. Jane often came out to the farm with me. We would hop on our bikes and ride out there to eat some of Grandma's delicious chocolate chip cookies. Sometimes we stayed out there for supper and we'd get into a heated game of Chip Rummy with my grandparents. Grandpa would always try and cheat, although he denied it and said he was just keeping us on our toes. I would get them to tell us the story of how they met when my grandma's horse ran away and ended up in my grandpa's parent's field. I thought it was so romantic and imagined him whisking her away on that spotted Appalachian and carrying her off into the sunset. I always had been a bit of a dreamer, and a romantic one at that.

When the sun started to set, Grandma would shoo us out the door with a few extra cookies so that we would make it home by dark. I loved the ride home into the beautiful pink, purple, and orange sunset; the gravel road lined with big evergreens and poplar trees. Often we would see the white tails of deer as they gracefully bounded away from us. The gophers would

run in front of our bike tires and there were always birds soaring overhead. It made me feel so small in the world, but safe.

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After the first month of Mom's sobriety, she started getting really irritable. She started yelling more, and I woke up to her and Mike fighting again. The fighting seemed different though; Mike was trying to be clam and rational and Mom was the one flying off the handle. I was scared, and didn't understand why all of this was happening. I talked to my Grandma about it and she explained to me that they were both trying to make changes in order to make our lives better, but often when people try and change things, they have conflict. She thought that as they adjusted to their new lives, things would improve. Unfortunately, this was not the case and things went from bad to worse. The fighting increased, Mom was yelling at us more, and she seemed really unhappy. Things were back to how they were before she went to treatment, except she wasn't drinking. I guess they call this a 'dry drunk' in AA. I noticed that the people from AA weren't around as much, and when her old drinking buddies started coming around, I couldn't help but feel a tight knot in my stomach.

Sobriety didn't last long for my mother. Apparently relapse is quite common with addictions, and she was no exception. She attended AA meetings for a few months, but she grew tired of those and was always complaining about the people that were there. She would roll her eyes as she rattled off some of the AA slogans: 'One day at a time', 'For the grace of God, go I', 'Principles above personalities', 'Let go and Let God', 'Keep it Simple'. What I later came to understand was that Mom wasn't ready to admit that she was an alcoholic. Sure she had said the words, but she didn't like the label. She didn't like to think that she had a problem, and thought she could control her drinking. This worked for a short period of time and then tragedy struck our family. Grandpa committed suicide. I didn't know it at the time, but my mom's father was an alcoholic himself and had suffered from massive bouts of depression. My grandmother came home from grocery shopping one afternoon and found that he had shot himself in his shop, an empty 26 of Jack Daniels not far from his reach.

I couldn't go to the funeral; it was too hard for me. I stayed at my grandparent's house, looking at all of the things that were his. I wandered out to his shop and cried as I thought about our game. I walked around the yard, the wind blowing in my hair, breathing in the deep scent of wheat and wild flowers. I didn't realize that I was looking for something; some sign that my

grandpa was still here; that I would wake up and it would all be a bad dream. I found a shady spot behind the old oak tree, sat down in the long grass, and the tears that were already flowing turned into huge heaving sobs. I let all the hurt come pouring down my face; I screamed at my grandpa, “How could you?! How could you leave me?!” The thought of never seeing his leathery face or hearing his big belly laugh again sent a pain to my heart that I can’t even describe. How could anything in life hurt so bad? At some point I laid down and sobbed until I reached exhaustion. Then I laid there, quiet and calm and listened to the birds chirping and prayed to God that He would take care of my Grandpa in Heaven.

I started to hear cars pull up, but I didn’t want to leave my place. I felt a weird closeness to my grandpa and I didn’t want it to end. I don’t know how long I laid there before Mike came and sat down beside me, “Hey kiddo, how are you hanging in there?” He stroked my hair across my forehead; a gesture I have found comforting from the time I was young.

“It hurts so bad,” I replied. I didn’t know when or how the ache in my chest was ever going to lighten. We sat there in silence for a while and then walked hand-in-hand back to the house where the family had gathered. People were talking and laughing; I didn’t understand how anyone could be laughing at a time like this. I didn’t think I would ever laugh again. I huddled up in Grandpa’s chair and watched as people filed in and out, eating, and hugging my grandma and offering words of condolence.

After most people had left, I heard some of them talking about my grandfather’s drinking. Apparently he was pretty much on a diet of alcohol, and was drunk all the time. I wanted to hear none of this. I was angry that my family would say such horrible things about my grandpa. I could never imagine my grandpa acting the same way that my mother did! How could they be so ridiculous?! Grandpa was my hero and he didn’t have any faults; he was truly an angel in my mind. When I stayed there overnight, he would put extra brown sugar on my oatmeal and say, “Shhh, don’t tell Grandma,” Being at the farm was such a safe, happy place for me that I just couldn’t stand the thought of my grandfather being anything like my mother! I was so angry listening to them talk about him like this. I stormed out of the kitchen at the farm, slammed the door, jumped on my bike, and peddled as fast as I could. I didn’t even know where I was going, but I was getting outta there! How dare they talk so bad about him when he was dead? How dare they call him an alcoholic? The tears poured hot down my face and I felt like my heart was being ripped out of my chest once again. My grandpa was NOT an alcoholic! He was not like HER!

Eventually, I got past the anger of my Grandfather's death, but the sadness of my own loss lingered well into my adolescence, as did my mother's drinking.

Adolescence: Broken Promises and Self-Discovery

After my grandpa's death, Mom's drinking escalated to heights that I had never before been witness to. She was a stay-at-home mom and although she helped out at the family store, she didn't have to be there. When her drinking got bad, I was thirteen years old. It was like someone flipped a switch and my mother, as I knew her, was gone. She started drinking from the time she got up in the morning, and it was more than just one glass of vodka and juice. When I came home from school for lunch, most often she would already be in bed or on the couch, passed out. I would make lunch for Jake and I; I checked on her every day to make sure she was breathing. My biggest fear was that I would find my mom dead. Looking back, I don't think that should be any thirteen-year-old's biggest fear. Mike talked to me about going for counselling, but I didn't want to go. The idea of telling a complete stranger about my life scared me. Besides, I had my friends, so I didn't need a dumb counsellor. Mike and Grandma also continued to be available for me to talk to whenever I needed, and I found that just getting things off my chest was helping me. The counselling idea was brought up once in awhile, but they didn't push the issue.

Over the course of the next few years, Mom attempted to sober up. She tried to go back to AA, she went into treatment again, and tried counselling on and off, but nothing seemed to work for her. During the times when she tried to achieve sobriety, I could sense her discouragement and helplessness as she turned back to the bottle over and over again. I was torn between compassion and anger and I didn't understand how she could not walk away from something that was obviously ruining her life. When I was 14, I started taking on all of the household duties. Mom had kept a pretty tidy house before her drinking got bad, and I thought that was how it was supposed to be, so I did all the washing, cooking, cleaning, gardening, and canning. There were times where she would buy 3 or 4 cases of fruit with the intention of canning them, and it would be sitting there, half done. I knew if I didn't do it, the fruit would go bad. I just thought that this was what was expected of me and I took it on.

Mike, Jake, and I moved out three times to go and live with my grandma, but even the threat of us leaving was no match for alcohol. She promised over and over that she would quit drinking, but drinking had become my mother's life. I know it broke my grandmother's heart to

see her own daughter be dominated by the same illness that took her husband. We had many discussions about it, and Grandma took on some of the responsibility for my mother's state of being. What I didn't know until I was 15 was that my mother had been molested when she was young. She was only 8 years old when her 12 year old cousin raped her. Grandma made it sound like they were playing 'doctor' and it got out-of-hand. She said that my mom was never the same after that, and in those days things like that weren't discussed. My grandmother's voice was heavy with regret as she told me how the family dealt with the rape by not discussing it and trying to forget about it, "But she never forgot. How could she? Such a violation. And I felt so helpless because I couldn't protect my baby, so I tried to help her move on by not talking about it. That obviously wasn't the right way to go about it, but I didn't know what else to do," My Grandma and I would pray that God would help Mom overcome her addiction, and I would pray that God would help my grandma to forgive herself.

We never stayed too long at Grandma's. Despite the hell that my mother was putting us through, Mike loved her so much, and we always moved back home. I think my mom always knew we would be coming back, and the threat of us leaving was empty.

When I look back on this time in my life, I realize how hard I tried to keep the peace and not rock the boat. Our home was nothing short of chaotic, so I guess I decided that I was going to be the calm in the eye of the hurricane. My mother was drunk all the time at this point; that was what became normal in my house. I continued to throw myself into my school work and activities. My grades were straight A's, I was involved in baseball, volleyball, figure skating, track, drama, SRC, and I was on the yearbook committee. The more that I was involved in extracurricular activities, the less time I had to spend at home. My weekdays consisted of school, practice, supper, games, and homework. Any free time I had, I spent with my friends and on the weekends I did the household chores. I was always busy and Mike always made sure to thank me for all of my work, but for some reason, I didn't feel good enough. It was at this time that I started to turn to food for comfort. I didn't even realize that this was what I was doing, but I started gaining weight and people started to notice. My brother commented to me one day "What has happened to your thighs? They used to be so firm and now look at them," I hadn't even noticed that my thighs had changed, nor had I paid a lot of attention to my body or weight before now. On closer inspection, I realized he was right! I started to eat less, and lost about 10 pounds. I got a lot of positive attention for it; people were telling me how great I looked. I started to

worry about how my clothes looked and what size they were. These were things that I had never worried about before. I had been so athletic that I had never worried about my weight.

One day I came home for lunch and I was surprised to see Mom up, making us lunch. I felt a little spark of hope ignite in my chest. Then she turned around and looked at me with her bloodshot eyes, glass in hand, and that's when I noticed the cabinet filled with my great grandmother's china had been knocked over. She told me that she was drinking water, and when she put the glass down, I smelt it. Pure vodka. I threw the drink in her face and threw the cup against the wall. This only made her angry. She leaned in really close and I could smell the alcohol on her breath, foul and bitter, "You" she said, "were a mistake. I wish I never knew you. I wish you were never born, you're such a burden!" And with that she stumbled to the couch and began searching around underneath it. She gave me a smug look as she pulled out a bottle of vodka, unscrewed the top, and took a long pull from it. She wiped her mouth, smiled at me maliciously, and tilted her head back for another swig. The bottle was empty. Looking frustrated, she began searching again, and produced nothing. She threw the bottle in disgust and started rampaging through the house, opening and slamming cabinets. I was frozen in terror, afraid that if she didn't find what she was looking for, that she would come after me. Finally, she went into her room and didn't come out again. This is when I realized that she had bottles hidden around the house. After school that day, I began to look for them. One in the drawer beneath the oven, one in the big vase by the couch, one behind the entertainment stand, one stuffed under the towels in the bathroom. By the time I was finished my search, I had found five 66's of vodka, all with various amounts left in them. I dumped them all down the sink, naively thinking that I was helping to solve the problem. From then on I continued to look for her hidden bottles, and would find them in various places. I always dumped them and Mom didn't know the difference. She probably thought she had drunk them or had misplaced them. I don't know how she restocked her vodka, but came to the conclusion that she would drive to the liquor store after everyone was gone for the day. I didn't tell Mike about the lunch incident for a long time, but I had nightmares about my mother for a solid two months after that. In my dreams she was either drunk and in a rage, and I was terrified that she was going to hurt me, or she was dead and we were at her funeral. I began to hate my mother and what she was putting our family through.

My hatred was really about the alcoholism, but my patience for my mother's illness was running short. I got tired of seeing her drunk day in and day out and I developed the attitude that

if she didn't like it, she should do something about it. After all, she had been through treatment so she knew what she had to do. Once again, I found myself torn between anger and compassion. When I was angry with her, I didn't know what to do with it, so I would slam doors and kick walls. I would yell at her when she was drunk and I knew it was going to do no good.

Mike and my brother tried to control Mom by doing things like not letting her out of the house. When she would try and leave to get more alcohol, they would push her into her bedroom and lock her in there until she passed out. I didn't like seeing this, and it scared me to see them getting physical and rough with her. One night after this happened, I heard my bother crying in his room. I went in there and tried to comfort him, "You know, Jake, Mom's drinking wasn't always this bad. Remember what they taught us at treatment? She is sick, really sick and she doesn't have any control over this. You know that she doesn't WANT to be like this," Jake didn't want to hear any of it. We were both really angry with my mother, but we dealt with it differently. I had school and sports; my brother was never really academic or athletic and he started to get into trouble at school. He got caught smoking and his grades were terrible. He started hanging out with a group of kids that were known for trouble-making, and he started drinking and smoking pot when he was about 12. I had always been close to Jake, but when we started to lead very different lives, and he started getting in trouble from Mike, he grew resentful of me and my accomplishments. We began to grow apart and he was constantly making jabs at me for being a 'brown-noser' and a 'keener'. I don't think he realized how hurtful these comments were to me. I had always been so protective of him, and we had always been close and now he was turning bitter, like my mom. Again, I turned to food to deal with my emotions, and the 10 pounds that I had lost started to reappear.

I didn't like that I was gaining weight again and I thought that an easy fix would be to begin vomiting. I had learned about anorexia and bulimia in health class in school, and the first time I made myself vomit, I thought to myself, "You'd better not do that again or you'll be in trouble." Within 6 months I developed full-blown bulimia, and was bingeing and purging up to three or four times a day. I also started partying a bit. The first time I got drunk I was at a bush party; the parties were often out in the country on a little hill just off of a ravine. There was always a truck with the music blaring and there would be pallets of wood to be burned for the campfire. I had been out there a few times, but had never drank before.

I don't know what compelled me to drink, but I think curiosity got the best of me. Jane and I snuck some Vodka from my mother's various stashes, mixed some pop with it, and we were set to go. Jane had started dating a guy with a license so we piled in his truck with some of his friends and their case of beer and we were off. I also started hanging out with some of the older girls on my teams, and they were always at the parties too. Mike was always busy at the store, and he wasn't really around much, so I learned that when Mom was drunk, I could go out and party and didn't have to answer to anyone. Mike and I began arguing more because I wanted to be out partying with my friends and he didn't want that at all. Eventually, he would just start showing up at the parties when he was finished at the store or when he thought it was time for me to come home. I certainly wouldn't argue with him when he came to get me; I didn't want to cause a scene in front of everyone. It was embarrassing and I didn't think it was fair that he just showed up like that. No one else's parents did that, so we would get into some pretty heated arguments about it.

I drank because that's what everyone did in my town. All of the teenagers would pack up their vehicles with friends and beer and go booze-cruising, or to a bush party, or to a house party. I didn't particularly even like being drunk, but I wanted to fit in, and I usually had a good time. Despite the partying and fun, I was always aware of how much and how often I was drinking. I didn't want to end up like my mother.

Between the partying, all of my activities, and my eating disorder, I was getting tired. I was in complete denial about what I was physically doing to myself, so I kept wondering what was wrong with me. In the meantime, my obsession with food was growing. I thought about it all the time, I craved sweets, and I would plan when I would binge. I had always been busy and active, and it was never a problem. Finally, when I was 16, I decided that I couldn't do it anymore. No matter how hard I tried, I couldn't stop bingeing and purging. I was obsessing about my weight and when I looked in the mirror, all I saw was a fat slob. I was weighing myself two or three times a day, and every time my weight went up, I would obsess about it all day. If my weight went down, it didn't go down enough. I needed to tell someone and I needed to get some help. I was really grateful that my mom had gone into treatment, because I know I would not have had the courage to ask for help if she hadn't done it first. That was the first time in a very long time that I had felt gratitude towards my mother. She let me know that it was ok to go for help when life got too tough to handle on my own.

I went over to Jane's and sat there crying on her bed for about an hour. She was so patient with me, gently asking what was wrong and rubbing my back. I was so ashamed of what I was doing to myself that I couldn't get the words out. Finally I told her, "I'm bulimic and I need help". Wow, what a relief! Amidst my shame, I felt like the weight of the world had been lifted off my shoulders. Someone else knew and I didn't have to keep this horrible awful secret anymore!

At first I think she was just shocked and didn't know what to say, and then, "You know, Sophie, I was wondering what has been up with you this past little while. You just haven't been yourself," And then she began to reassure me that everything would be okay. She convinced me that we had to go and tell Mike. It took me another hour to get ready to face him. He was still at the store when we got home, and so I had to wait for him. Jane suggested that we call him, but I didn't want to get him all worried, so we pretty much sat in silence and after what seemed like an endless amount of time, he came home.

"Mike, I have something important I need to tell you," I started out brave.

"What is it, Sweetheart?" he said with alarm in his voice.

I couldn't get the words out. I was overcome with embarrassment and I didn't want to tell him. I had worked so hard to do everything in life right, and now I had to tell Mike that I had an eating disorder. Finally, after an eternity of waiting, I uttered the words, "I have an eating disorder and I need help," I couldn't even look him in the eye.

"Ok ok ok," he said, and took a deep breath, "Jesus, Sophie, I thought you were going to tell me you're pregnant!" We all started to laugh at Mike's relief, and I knew everything would be ok. Mike was great. He arranged for me to meet with a counsellor in town and she found out about an inpatient treatment center for people with eating disorders. My how the tables had turned, here I was in treatment. I think my brother was secretly pleased that I was going through a hard time. He just saw his perfectionistic sister achieving over and over again; awards for good grades, medals for sports, involved in school, and teacher's pet. What he didn't realize was that being a perfectionist has its price too.

Treatment was an interesting time for me. I learned a lot about myself and that my eating disorder wasn't actually about the food or my weight. This was a very difficult concept for me to wrap my head around because I was so obsessed with food and weight, but I learned that I wasn't coping well with the my feelings or my circumstances in my life. I also learned that about

40% of children of alcoholics develop an eating disorder; I don't know how accurate that statistic is, but I thought that it made sense when they explained that we often do not learn healthy coping skills, so we develop unhealthy ones that work for us at the time. Unfortunately, those skills don't remain healthy as we continue on in life. I learned that my eating disorder had a purpose and that it gave me a sense of control in an otherwise chaotic life. So much for the 'perfect child' role that I thought I had landed; how ironic.

As I was going through treatment, Mom and Mike sold the store and moved out to the country to farm full-time; Mike thought this would stop Mom from drinking so much. It was frustrating to see him and Jake work so hard to control her. When I got home, they wanted me to 'baby-sit' her while they were in the field. Basically I was in charge of knowing where Mom went if she left the house, and ensuring that she didn't kill herself while they were gone. I grew resentful of this; this was not an approach I believed in. I figured that if Mom fell and hurt herself that was her problem, not mine. I felt like Mike and Jake wanted to take all responsibility away from Mom. I knew that alcoholism had control over her life, but I did not want to be a part of anything that would create a safe atmosphere for my mother to continue drinking. As far as I was concerned, this approach was helping her to kill herself. There were times where I had to bring Mom in when she passed out in the driveway, or I saw that the car was parked crookedly in the driveway when I got home from school, so I knew she had driven to town to get booze. There was a big dent in our garage door from a number of times when she had driven into it. She's lucky she didn't kill herself or someone else. When I was with her, I warned her that if she stepped foot into her car, I would call the cops. She believed me and never drove when I was there. I quickly became tired of this babysitter role, and grew more resentful of my mother's alcoholism.

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Coming in the door after practice on a Wednesday afternoon, something feels different. Mom isn't around, which is neither here nor there, but Mike is, which is unusual. I usually run supper out to the field for him when he's combining. My intuition that something is wrong is kicking into overtime as I find him sitting at the table, papers scattered around him, and a look of distress on his face. My immediate thought: "something has happened to mom!" My heart is racing and I can't quite catch my breath as I prepare myself for the news.

"Mike?"

“Ah!” He let’s out a little cry; he didn’t hear me come in, “Oh, Sophie, your home.”

“What’s going on? What happened to her?” I am panicked and my voice is about three octaves higher than normal.

“What?” Mike is confused.

“Mom, what happened to her. Something is wrong isn’t it?”

“Oh your mom’s passed out. She’s fine,” Relief. I could feel it wash over my body like a hot shower.

“Ok, Mike, what’s going on then? You look so distressed and it’s scaring me.”

“I just don’t know what to do,” Mike’s face is ash-white and his hands are shaking while he stares at disbelief at a piece of paper. He is lost for words, so I peer over his shoulder and see \$68 500. It’s a bank statement of some sort, but his hand is covering the top of the paper so I can’t read what type of statement it is.

“Mike? What does the \$68 500 mean?” I immediately regret asking this question as Mike EXPLODES with anger.

“She racked up over \$68 000 on our line of credit and I didn’t know anything about it!” I have never seen Mike so enraged, and even though I know his anger isn’t directed at me, I step back a bit and give him some space.

“Can you believe this! I’ve had our line of credit paid off for over four years and she has gone and done this without me knowing! How could she?” With his burst of anger, Mike’s ash-white, devastated face had contorted until it was hardly recognizable. Sweat beaded on his now-purple forehead as he clenched his fists in rage and I back up for fear that he was going to hit something. I didn’t blame him one bit. Mike has always been so calm about Mom and is always so quick to forgive, it’s almost refreshing to see him riled up. I had occasionally wondered when he was going to break. Since Mom had gone into treatment, it was rare that I heard Mike raise his voice with her, and I had wondered what he did with all that anger that used to be there. Well, here it is, coming out full force! I let him go on and blow off some steam. It’s a good thing we are out in the country or the neighbours would be talking about what went on. Finally, I sense that he is losing stamina and he sits down in his chair, his face filled again with devastation.

“What am I going to do?” Hopelessly, he was asking ME what he should do.

“I don’t know, Mike,” I whisper. My heart is aching for him and I feel the relief that I had previously felt for my mother turn back to the familiar resentment. Look at what she was doing to him, to us, to OUR family. Look at what alcoholism was doing to him, to us, to our family.

To this day, I don’t know how Mike dealt with that shock. I know he had a few appointments at the bank, and he told me that my mother had been gambling at the VLTs in the local bar when no one was home, and often bought her vodka on the line of credit so that Mike wouldn’t see how much money she actually spent on alcohol. Eventually, the situation blew over and life returned to ‘normal’.

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When I didn’t want to ‘baby-sit’ Mom, and she would ask me where I was going, I would tell her I was going to hang out with Chelsey. If you recall, I have not mentioned my friend Chelsey up until this point, and that is simply because this friend doesn’t actually exist. I didn’t want to share any of my life with my mom; looking back, I think I was also testing her to see just how detached from my life she was. So, I made up a friend and Mom didn’t know the difference. She would always tell me to say ‘Hi’ to Chelsey and to have fun with her. My friends and I would laugh about this, and I would roll my eyes. In a town this small, how could my own mother not even know my friends?

After I got home from treatment, I began to see a counsellor in town on a regular basis. Melanie’s office was located downtown at the local mental health center, and I was grateful for this, because then the kids at school didn’t see me go. I didn’t want to admit how ashamed I was of my eating disorder and of the chaos in my life, but shame was a big monster that I needed to overcome. I also needed to start building some self-esteem. To the outside world, I looked like I had everything going for me, but inside, I felt turmoil and I could not shake the feeling of never feeling good enough.

Melanie was great. She was easy to talk to, she had some awesome suggestions, and I always felt a sense of validation when I talked with her. I started doing a lot more journaling, I began to slowly focus on the positive aspects in my life and myself, and I began to write down two positive things a day, about myself. I almost always felt better when I left our sessions together; I had someone there to listen to me, to let me cry, and I never felt judged for anything I said or did. I didn’t realize it at the time, but this was the beginning of my own personal healing;

a journey of self-discovery and self-exploration that would continue on throughout the course of my lifetime.

My relationship with Jake had changed at this time in my life. My role as the protective older sister was still in tact, however Jake was becoming an angry, resentful person. His devotion to protecting Mom was remarkable, but I can see now how that was compromising for him. Through my own experience with counselling, I began to understand that Jake coped with growing up in an alcoholic home by partying and getting into trouble. When his life was too calm, he subconsciously created chaos because that was ‘normal’ to him in his life. We both had our own outlets, unhealthy coping, and ways of dealing with the turmoil that was our home life. Mine was an eating disorder and perfectionist tendencies, which gave me a sense of accomplishment and a sense of control; Jake’s was through marijuana and acting out, which would allow him to forget his problems but still allowed him to feel in his element because the consequences of this were negative and created friction between him and Mike. I also came to understand that Jake may have been acting out because I received a lot of positive attention in our family, and he wanted attention as well; whether that was positive or negative was of no concern to him.

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I began to date Chad Jones in my Grade 12 year. I had a crush on him for as long as I could remember, and I felt so proud to be on his arm as he escorted me to our prom. We had a good relationship, and within three months I was head-over-heels in love. This was the first time that I had felt unconditional love from someone other than my family and close friends, and it gave me a sense of confidence that I had never experienced before. I knew Mike was not happy that I had started dating anyone; he often told me I wasn’t allowed to date until I was married, but it didn’t take long for Chad’s warm personality and cute smile to win over Mike’s heart as well.

At this time in my life, I also started serving at one of the restaurants in town. Many of my friends were getting jobs, and I decided that it was time for me to get one as well. I enjoyed the extra cash, and the sense of freedom it gave me. I was learning to live independently, and was ecstatic when Mike came with me to pick out my first car! It was a black ’92 Cavalier, and I felt on top of the world when I picked up my friends and drove them all to school the first day I had it.

A few years back, Jane and I had planned to go travelling after graduation. We saved our money and backpacked across Europe together. It was difficult to say good-bye to Chad, but he promised me that he would be waiting for me when I got back. I felt so free for the first time in my life! I didn't have to worry about my mom, and was solely focused on enjoying those moments of my life and seeing what the world had to offer. This sense of freedom gave me the drive to move forward in my life, and continue to become my own person, separate from my mother's alcoholism. As we saw the world together, the bond between Jane and I grew stronger. I knew that she was dealing with her own personal problems with her family, but that did not stop us from having the time of our lives in Europe!

Chad stayed true to his word, and he was waiting for me when I came home from Europe. However, I sensed that something had changed in our once-fabulous relationship; within a few months we had grown apart and broken up. I was devastated. I loved him so much and he was such a strong source of support for me. The weeks after our break up I went into a depression and found myself moping around the house, feeling sorry for myself. My friends did their best to cheer me up, but I felt like there was a hole in my heart the size of the Grand Canyon, and I didn't think it would ever heal.

I answered a knock at my door one day, and to my surprise, there was my grandma, "Come with me," she said. I hadn't even showered for three days and I had no desire to leave the house, but something about the look on her face said that she would not let me stay in the house and rot any longer. We went for a drive in the country and we talked about how I was feeling about the break-up. She reassured me that the majority of people in the world get their heart broken at least once in a lifetime, and that there are many other men out there. She assured me that I was a great person with a lot to offer, and that I would have no trouble finding a new boyfriend. She told me to take some time to grieve my loss, but not to let myself dwell on it for long, because I didn't need to waste my time pinning after some boy. She encouraged me to take what I had learned in that relationship and use it in a positive way, rather than focus on the negative. She told me that time would heal, and that my heart wouldn't hurt forever. I took comfort in her words of wisdom as her soft hand held mine. When she dropped me off back home, I knew that I would survive.

My adolescence had been a time of grappling and uncertainty, but also a time of hope and self-discovery; it is the latter that I chose to focus on into my adulthood. This is when I really

discovered myself, what I wanted in life, and how to take care of myself. These positive notions of adulthood were peppered with struggles, however when it counted the most, I prevailed.

Adulthood: Finding Me

When I had saved up some money, I decided to go to university, and when I was 19, I enrolled in my first year at the University of Saskatchewan in Saskatoon. University was intimidating for me. I wasn't used to living in the city, and I found myself wondering what I was doing here. I reassured myself that millions of students had gone to university before me, so I could do it too.

The halls are packed as I struggle to push my way through the crowd in attempt to get to my first class. I don't even know if I'm going in the right direction, and I can feel the breath being pushed out of my lungs as I fight off the familiar attack of claustrophobia. I hate crowds, and I'm struggling to breathe. There isn't enough air in the hallway for all of us and I'm not getting my share. I breathe hard trying my best to force the stuffy air into my resisting lungs, and continue to push my way through the sea of bodies. The various smells of perfume are making me sick to my stomach and I feel the bile creep up my throat. I can't get enough air! I can't breathe! My breath is coming in short gasps and my heart feels like it's going to pound out of my chest. I feel like I'm near the brink of panic when suddenly I burst through the sea of people into an open area by the doors. I run out the doors as fast as I can and gulp in the cool, crisp September air. Is this what my daily life at university is going to be? When I feel like I have my bearings, I debate just going home, but I turn to go back inside. The crowd of people has thinned out as classes have begun. I walk into the big lecture hall and take a seat at the back. I can't even fathom the number of students that are in this room. I try to focus in on the professor at the front of the room. He is wearing a brown plaid shirt with a navy blazer. His belly is threatening to pop the button on his shirt, and I wondered how long he has worn the huge beard that was covering his face. His voice is pleasant and I listen as he welcomes us to university. He explained that this may be an adjustment for all of us, and that university is a lot different from high school. I received my syllabus and thumbed through it. Wow, I had better start reading! A chapter a day was what we were covering; a far cry from the chapter a month we covered in high school. What if I couldn't do it? If I have this much material in all of my classes, how was I going to learn it all? I left class feeling overwhelmed and walked to the apartment on Duchess that I shared with

another student. I was grateful that she wasn't home yet to see my discouragement. I looked over at my pile of textbooks and started reading.

Despite my lack of confidence, I did adjust to university, although it came with its surprises. I wrote my first Biology midterm, thought I had aced it, and received a 67%. All of that studying for a 67%?! I couldn't believe it. I had heard that sometimes students' marks dropped in their first year, I guess I was just hoping I would be the exception rather than the rule, and it wouldn't happen to me. I made a goal for myself to learn to master the art of university exams, and by the end of my first year, my average was in the 80s.

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I joined a recreational volleyball team, and began to make some friends in Saskatoon. I noticed that I gravitated towards the people who were also from small towns in Saskatchewan. I found the city kids to be intimidating and their confidence levels were far beyond mine. I met a few girls in some of my classes, and the first time we went out drinking together, I noticed that they did not drink like the people that I grew up with. I started out drinking faster and more drinks than they did, and the thought didn't even cross my mind that they weren't out to get drunk; they were out to be social. They had one or two drinks, and called it a night. I found this interesting, and I had not really been exposed to this type of drinking. I felt awkward when I started to get buzzed, and was self-conscious about the amount that I had drank. They didn't seem to notice, or care, but I wondered what they thought of me.

When I woke up the next morning I reflected on the night before, and I decided that these girls were a bit boring. I also began to question my own drinking practices; being very aware that I was at high risk for becoming an alcoholic, I found myself wondering where I was on the continuum towards alcoholism. This was something that had crept into my thoughts in the past, but I had always pushed it aside because, in comparison, I drank no more than anyone else I knew. However, my experience the night before changed this perspective, and made me realize that there was a different way to drink. Despite my decision that these girls were rather boring, I found myself hanging out with them more and more, until I no longer hung out with the people that partied like those from my hometown. These girls felt more like friends to me than the people who partied, and I guess I had to choose between having friends and partying, and the girls won.

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Every weekend when I was in university, I would get a phone call from either Mike or my brother, asking me to come home to watch Mom. I had my taste of freedom, and there was no way that I wanted to go back into that unhealthy environment again. At first, I made up excuses and told them I had to study on the weekends, but soon the guilt of lying weighed heavy on me. I had heard that there was an Al-Anon group on campus, and despite my resistance, I decided to go check it out.

My experience with Al-Anon was not the life-changing, fabulous experience like I have heard from so many others who have claimed it changed their lives. Maybe that was what I was hoping for, but as I walked into the room of middle-aged women and listened to them complain about their husbands, I did not feel like I was in my element. Once again, I felt like I didn't belong, and the amount of people who were approaching me and encouraging me at the end of the meeting was overwhelming. However, something made me go back; probably hope. At first, I just listened and didn't offer much. I didn't do many of the readings, but I did appreciate the Serenity Prayer that they recited at the end of each meeting.

'God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference'. This was the prayer that was hung on my grandmother's wall, and I had no idea that it came from her personal experience with the Al-Anon program. Slowly, I began to share parts of my story and gained what I needed from this group of unique individuals. I have never seen such a combination of pain and hope all in one room. What I received there, was validation. The people there validated my decision to stay away from home, and not succumb to Mike and Jake's pleas to baby-sit my mother. They validated my reasoning behind this, that to baby-sit was to give her permission to continue killing herself. The label they used was 'enabling'. They use a lot of labels there that I feel hesitant to apply to people. But I think that the purpose of that program is for people to take what they need out of it. I don't need to use the labels, but for some, it seemed to provide a sense of concreteness that they didn't have in their daily lives. It also provided them with the words to make sense of their lives living in an alcoholic home.

Not only did I gain validation from going to Al-Anon and more understanding of alcoholism and the detrimental affects it can have on people, I also came to realize that I didn't need to take on the guilt that plagued me every time I told Mike and Jake that I wasn't coming home. I was making a decision that was in my own best interest and reflected my personal

beliefs. I started to be more honest with them about my perspective on it, and they began to ask me to come home less and less often. I learned through Al-Anon about detachment, and realized that this was what I had been doing throughout my entire life. Not only was I detaching from my mother and her addiction, I had also externalized the alcoholism and separated it from her. I knew that my mother didn't want to be an alcoholic; who would? I knew that she did not like the fact that she didn't know her own children or that she had missed out on our childhood and adolescence. It helped me to attribute this part of my life to the alcoholism, and view my mother as a person, rather than an illness.

Al-Anon also helped me to build confidence in myself; I began to learn self-care; I began to trust my decisions. This was something that I started to work on in my sessions with Melanie, but as I began to practice it more, I began to really understand what it was like to love myself. Despite my flaws and imperfections, I was still a loveable person. I didn't realize that in my past I had been waiting to achieve perfection before I could love myself unconditionally. My self-love had always been conditional on good grades, achieving in sports, being thin, keeping a clean house, and striving for nothing but the best. Subconsciously, I felt like I didn't deserve to love myself until I had achieved at whatever it was I was striving for. What I came to understand at this time in my life, was that I would never stop striving for greatness, and that I needed to start focusing on what I had accomplished rather than on what I still needed to accomplish in life. The insight that I gained through this program has been invaluable throughout my life, so despite the relatively short time I spent attending Al-Anon, I find myself wondering where I would be in my journey of self-growth if I had not chosen to attend this program.

I also began to take a closer look at my spirituality. Throughout my life, I had been exposed to the church and what it had to offer. Within Al-Anon, I was introduced to the concept of a 'higher power', and each person was able to decide what that meant to them. I began to engage in prayer and meditation on a whole new level, and my belief in God became stronger as I developed a new understanding of Him. I realized that I don't need to be in a church to pray or to have faith, although some people do need that, and I came to believe that I had a greater purpose on this earth than achieving human perfection.

I began running down by the river when I had first moved to Saskatoon. This experience gave me a sense of calmness inside as I marvelled at God's creations while I ran. The geese that flew south for the winter in their 'V'; the trees that turned beautiful reds, yellows, and oranges in

the fall and transformed into luscious greenness in the summer; the flowers and the long grass that danced in the breeze; the people that walked along the river; the laughter that erupted from families enjoying the weir; all of this I began to notice and become grateful for.

Implementing the Serenity Prayer into my life gave me a sense of freedom, because it meant that I didn't have to be in control over every aspect of my life. I could rely on God's guidance to get me where I needed to be, and as I began to surrender some of my control over my life, I noticed that my life didn't fall apart. I'm not saying that letting go of some of the control in my life was easy! It was very difficult, but I noticed a change in myself when I could actually do it, and I liked that feeling. I continued to have faith that God would guide me through my life, and over the course of my adulthood, I became more trusting that He would get me where I needed to be. So far, He hasn't failed me.

I began to drift away from Al-Anon. The program was supposed to be a place where judgment was not passed, but I felt like I was being judged whenever I missed a meeting. I didn't feel like the group members understood when I had an exam and couldn't make it, and I began to feel guilty when I missed. I had felt enough guilt in my life; I didn't need it from a group that was supposed to be supportive of me. The group members would also tell me that I should go to open meetings, where all AA and Al-Anon members attended the same meeting. I didn't feel like I needed to do that; I felt like I was getting enough from the meetings that I chose to attend. Despite the pressure that I was feeling from the group members, I gained strength from the group to do what I needed to do for myself. Once I gained confidence in my decision not to 'baby-sit' my mother, I found other outlets that fulfilled me and Al-Anon became less and less of a priority.

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At home, not much had changed. Mom was still drinking and Mike and Jake were still farming. The first few Christmases that I went home while I was in university felt like regular days; Mom was drunk and my family didn't even have Christmas. This was very unusual for our family, because Christmas was always a big celebration, whether Mom was sober or not. We usually had a lot of family and friends over, there was always an abundance of food, we went to midnight mass, and Christmas was a special occasion. Mike told me that the family had backed away because of Mom's drinking, and no one wanted to come to our place for the holiday. We were welcome to go to my aunt's if we wanted to, but none of us were in the mood. There wasn't even a decoration in sight. It was depressing and I didn't care to stay home for very long.

After I had graduated and had been in the work-force for a couple of years, Mike called to tell me that Mom was trying to sober up again. I did not take the bait, nor did I have any expectations that she would remain sober, but for Mike's sake, I hoped she would pull through. "She seems really determined this time, Sophie. I know she has tried many times before, but she realizes that she's killing herself and it feels a bit different this time," I knew that Mike had to have hope that Mom would eventually sober up, otherwise his future with my mother was looking very bleak.

Mike was bringing Mom to the city to detox. I knew this wasn't a pleasant experience, and I knew withdrawal from alcohol or drugs could be very scary and hard on a person's body. At around midnight on the first night that Mom was in the center, I received a phone call.

I'm jolted awake and reach over to pound the top of my alarm clock. It can't be morning yet, I feel like I've hardly slept. The ringing continues and as I rise out of my unconscious state, I realize my phone is ringing. "Really? Who is calling at midnight?" I think grumpily.

"Sophie? Is that you?" A small, scared voice is unrecognizable in my sleep-induced state.

"Yes, who is this?" I ask as a flicker of recognition permeates my brain.

"It's Mom. Can you please come get me? I'm stuck in a room with a man and they won't let me change rooms," I knew my mother in her traditional ways would never be comfortable with a man in her room, so I agree to go and talk to the attendants at the detox unit. They explain to me that their beds are full, and that they had no choice but to put my mother in a room with a man. While I'm having this conversation, Mom appears, suitcase in hand, and asks me to please take her to my house. Too exhausted to argue, I agree and we sit in silence as I take her back to my apartment.

I settle her in my spare room for the night, knowing I will be sleeping lightly tonight for fear that something might happen to her. What is that? I'm startled awake by moaning and I jump out of bed and run into my mother's room. She isn't there. I find her hunched over my toilet vomiting, shaking, and sweating. She looks so small and helpless and I can't help feeling sorry for her. The guard that I had built over the years towards her is in competition with the fact that this is my mother and she is in such a vulnerable state. I feel a lump in my throat and I get a cold cloth and press it to her head and I try to comfort her as best as I can. She is crying and shaking uncontrollably in my arms and then suddenly she goes limp. "Mom! Mom!" I'm yelling at her.

Oh my goodness, she is unconscious! I gently lay her on the floor and run to call the ambulance. I'm trying so hard not to give into the panic that's building but I have to hold it together. Ok, she's breathing. The pulse on her wrist is faint, but it is there. She is pale white, glistening with a sheet of sweat covering her body. It feels like forever but I can hear the sirens faintly, growing louder and louder as the ambulance gets closer.

I call Mike, "Mom's gotta go to the hospital so I'm going with her. She's unconscious and the ambulance is on its way!" Mike agrees to meet us at the hospital as soon as he can get into the city. The rest of the night is a blur as I sit in the waiting room breathing in the repulsive smell of hospital; a cross between medication and death. Waiting for what, I don't even know.

Mike shows up eventually and the doctor comes out to tell us that she is stable. I go into her room and look at the small frail woman under the blue hospital sheets. She has a tube under her nose for oxygen and an IV running out of her arm. The heart monitor beeps rhythmically and I watch as Mike approaches her bed. He takes her hand and begins to cry, "Oh Em, what has your life become?! Look at you! Look at you!" The desperation in his voice is enough to bring tears to my eyes. I have so much compassion for Mike. His love and dedication to this woman who has caused nothing but misery for as long as I can remember, is unbelievable. I feel a sense of awe creep up into my chest as I watch him compose himself and gently stroke her forehead. I walk over and put my arm around him as he begins to pray so quietly that I can't make out his words. When he is finished, he brings her bony white hand up to his lips and kisses it so gently. I am touched by this simple gesture and I have a whole new respect for my step-father.

As far as I know, my mother never drank again after her hospital episode. I don't know how she quit or what struggles she went through in the process of sobering up. I had my own life, and I refused to get involved in my mother's alcoholism. I don't mean to sound so callous; I am proud of her for defeating the biggest demon in her life, but I can't let myself get sucked in to the cycle of addiction without sacrificing myself. And the decision to not compromise myself was a decision I had made long ago, and I don't even know if I was conscious of it.

That now brings me to the present; my life is very different than it was so many years ago, and though it is not exciting or profound, I live with a certain contentment which I believe can only be achieved by knowing chaos and turmoil in comparison.

Life Today: Healing Hearts

While Mom was sobering up, I decided to go back to school to get my Master's degree. Academia seems to be engrained in my sense of self and I have never overcome the desire to achieve. When I'm not in school, I feel like something is missing in my life, so I will probably continue on to do my Ph.D.

Throughout my university years, I dated off and on. I never met anyone who had captured my heart the way that Chad had so many years before. I didn't let myself get too close to anyone, for fear of getting hurt, and I didn't want to rely on a man for anything in my life. The few guys that I had dated usually lost out because they drank too much and partied too hard and I didn't want that in my life.

Will came along about 6 months ago. I met him when I was serving and he asked me if I wanted to go out sometime. Usually, I'm not one to give my number out to random strangers, but I felt different about him. He had a genuine look in his chocolate brown eyes, and an easy smile that I'm sure he has used on many women before me. I gave him my number, he called and took me out for supper for our first date. He quickly won me over with his wittiness and charming nature, and I found out that he had been through his own heart break a few years back. Hesitant to start dating again, he thought he had better before he got used to being single and decided to stay that way. He told me that he had dated a little bit in the past year, but nothing too serious has come out of it.

We started off taking things very slow, and are still together now. I feel grateful to have found such a caring, respectful man, because my dating experiences have not been very positive. He loves to go hang out with the boys and watch sports, but he also has a romantic side, which I reap the benefits from quite often. He has met my family and they all think he's fantastic. What I love about our relationship is that there are no expectations right now. We both want to have a family some day, but neither of us are in a hurry to do so. We are honest and respectful of each other, and right now I'm really enjoying getting to know him and what he is all about. I am focused on living in the moment and taking things one day at a time.

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Sobriety is treating my mother well. She has tried to apologize to me numerous times, and most of these times I have brushed her off; feeling like her apology was in her own best interest and her attempt at relieving some of her guilt for missing out on my life. I have heard

many broken promises, lies, and excuses from her throughout my life, and I didn't want to hear anymore. During my childhood she promised she would quit drinking millions of times and the next day she was right back at it. Now I understand that she didn't have any control over her drinking, but when I was a child, I would dream of having my Mom back and those broken promises were the cause of endless disappointment. And so I took the motto 'Actions Speak Louder than Words' to heart, and still implement it into my life to this day. The past is in the past and it can be forgiven, but not forgotten and, despite my mother's sobriety, she has not fully gained my trust.

My mother has now been sober for 10 years, and what I find difficult to wrap my head around is that in the past 4 months we have started to build a relationship. I am really trying to understand her now, and I sense that she is being more genuine about having a relationship with me than she has been in the past. This is so new to me because I have spent my whole life learning to live independently of my mother, and now I am learning to live alongside her. We are talking on the phone regularly, and I am making an effort to go visit her. Will and I took her out for brunch on Mother's Day and she was beside herself with excitement. She was really touched that we were celebrating a day that was honouring her as my mother. She has started to send me cards that show that she is thinking of me and her final apology was filled with the most sincere words that I have ever heard come out of my mother's mouth. I agreed to meet her in town for supper to celebrate her birthday.

I find myself smiling because I didn't actually believe Mom would live to be 58. Pulling up to the restaurant, she is standing there looking fantastic in a red floral-print sundress. She has recently had her hair cut into a stylish bob, and her smile is radiating warmth and love. She is so excited for tonight!

"Oh, Sophie, it's so good to see you!" She pulls me into a tight embrace and then takes a step back. She looks at me and I see the shimmer of tears sitting on her eyes. Happy tears, not the sad tears that have been shed over the years. I know now where I get my emotional tendencies from. We are going for Chinese, her favourite. She has already been inside and saved us her table by the window, and I look around and see some familiar faces. Over supper our conversation flows pretty well, but we do have trouble finding common ground. Mom is a fabulous gardener and that is where the conversation goes to. I am learning to garden and she loves to teach me things about flowers and plants. Supper is enjoyable and she is ready to go

outside for a cigarette. We walk away from the restaurant, the sun shining warm on our backs and I smell the familiar scent of her cigarette as she sparks it.

“You know, Sophie, I didn’t want to bring this up, but there have been some things on my mind for a while and now seems like an appropriate time to talk to you about them,”

“Ok,” I didn’t really know what she was going to say, so I waited through her long pause until she spoke again.

“I really need you to listen to what I have to say and don’t interrupt,” I nod. “I want you to know how sorry I am. I’m sorry I missed out on your games and performances. I’m sorry I wasn’t there to help you with your homework. I’m sorry I yelled so much when you were young. I never realized that I told you you were a burden or that I didn’t want you as a child,” She can’t contain her tears and the pain on her face as she speaks these words is enough to break my heart. “I didn’t realize that I told you that I wished you had never been born. I need you to know that you are the best thing that has ever happened to me. I don’t know how long it’s gonna take for you to believe me, but however long it takes, I’m dedicated to making you believe that,”

I have never been more proud of my mother than in this moment. The genuine look of hope in her face as she looks into my eyes was unmistakable, and for the first time in my life, I have no doubt that she means every word she has said, “Thank you, Mom. That means a lot to me,”

That moment was a turning point in our relationship, and the future is looking good for me and Mom. I try to keep my expectations low, but I have developed hope that we can have a relationship. It seems odd to me that I am just getting to know my mom at this stage of my life, but I find myself looking forward to our time together. Her words are now followed by actions, and her promises are not broken nearly as often as they used to be.

Mike and I continue to be close, and the change in him since my mom has been sober has been incredible. This is what he has been waiting for in their marriage, and he is so happy now. There is never a day that I see him that there isn’t a twinkle in his eye and a smile on his face. It warms my heart. I can’t describe the appreciation, love, and respect I have for the man who waited 20 years for my mother to sober up. Throughout my life, I have drawn strength from him, whether I have been aware of it or not. We have talked about his dedication to my mother and when we discuss his life with her, he focuses on the positive. He has no regrets and knows that he was able to be there for her in her most desperate time of need. Now he focuses on the great

ten years they have had since my mother has achieved sobriety. To me, this is amazing, and Mike has become yet another hero in my life.

Jake is on his own journey in life. That is his story to tell, but over the course of our lives together we have had times when we were close and when we were distant. Over the past few years we have been working to build our relationship, and I hope to have the closeness with him that we had when we were young. I don't know how realistic that is, but I believe as long as we are both willing to put in the effort, we can accomplish this.

Grandma is getting old. It is sad to see, even though I know it is part of life. Recently, she has been diagnosed with cancer, and as I tell you this story, I sit here with my head shaved in her honour. I spend as much time with her as possible, knowing that her time here on earth is limited. I smile to think of the reunion in Heaven that will take place when she passes over and Grandpa is waiting there for her on the other side. In the meantime, I reflect on the woman she is; the wisdom in her little finger is more than I can ever hope to accomplish in my lifetime. Her role in my life was one of a saviour, and I will be forever grateful for her presence in my life.

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To me, alcoholism cannot be summed up as a simple concept. A simple word, perhaps, with complexities that go beyond my personal experience with it. To me, it's an illness that can happen to anyone, at anytime, in any life circumstance. I have no reservations about saying that because it wasn't a happy life for my mother when she was drinking. I highly doubt that she enjoyed having black eyes, and not knowing which piece of furniture she smashed her face on to get them. I know she drank partly because she couldn't handle feeling the guilt or shame that comes with being an addict. I can't imagine she enjoyed needing to drink to forget. I can't imagine, now that she is sober, what goes through her head when she looks at her adult children and can't remember their childhood. If you were to ask her what she remembers of mine, she remembers that I was never around; that I was always playing sports.

I cannot believe that anybody on this earth would choose the life of an alcoholic, and so I try to make sense of it and use it as motivation for meaning-making in my life. Through my mother's addiction, I learned ways of coping. I learned how to cook and clean, I learned independence, and I also learned perspective. Despite growing up in an alcoholic home, there are a lot worse homes that I could have grown up in. I have learned a lot about myself and about what is important in life. I was lucky enough to be loved, to have support, and to be able to make

meaning of growing up in my own circumstances. It seems to me that everyone is dealt a hand in life, and the important piece is how you deal with that, not that you were given a bad hand. I feel grateful that I am able to take a potentially horrible situation and make the most of it by focusing on the learning and self-discovery that has come from it. I take power from it; in my mind, alcoholism has allowed me to be more aware of where I want to, or do not want to, be in life. It has given me the power to discover who I am, including my potential and limitations. And so, despite the negativity and heartache that alcoholism has caused in my family, it also allowed for healing, relationship building, and set the stage for me to begin my personal journey of growth and self-discovery; for these things, I am ever grateful.

So that is my story; the story of how I developed resilience despite the risk of growing up in an alcoholic home. It has not been an easy life; however, I realize I am lucky because life could have been so much worse.

Summary

Sophie's story was derived from a combination of the personal stories that each participant told of their experiences of growing up in an alcoholic home and the common themes that emerged across these stories. The main focus of the story was resilience and the themes that were generated include: *Being in Relation: Others Create a Difference; Belief Systems: Spirituality, Values, and Beliefs; The Self: An Evolving Being; Alcoholism: Meaning in Itself; and Personal Characteristics: Participant Commonalities*. I have further broken down the themes of *Being in Relation* and *The Self* into smaller sub-themes in order to address each component of these themes. Through plotting, I was able to gain an understanding of the meaning that my participants made of their lives (Polkinghorne, 1988). These themes and their components, as well as the meaning that the participants have made from their experiences will be discussed in detail in the following chapter.

Chapter Five: Discussion, Implications, and Conclusions

In the previous chapter, the character of Sophie was created to embody the data that was generated from the participants. Through her character, I have addressed the themes across participants' stories and those that emerged for each individual participant. The purpose of this chapter is to provide a discussion of the findings by considering each theme, address the meaning making that the participants engaged in, identify common personal characteristics among the participants, discuss the conclusions and implications of the research, outline the limitations of the study, and address my experience as a researcher/participant.

In order to protect participant confidentiality, each participant has been assigned a pseudonym: Amy, Claire, Olivia, and Breanne. The majority of the data that will be presented in this chapter will come from Amy, Claire, and Olivia's experiences. This is not to devalue the importance of Breanne's data, however the other participant's data proved to be more in-depth and revealed more aspects of their lives and their experiences than Breanne's data.

In the subsequent sections I will present the themes that have emerged from the data that were generated by the participants in my research study. My goals in this discussion are to: provide the reader with a full understanding of the themes that were the basis for the analysis that was presented as a story in chapter four (Polkinghorne, 1988); clarify my purpose in creating such a narrative (Labov, 1972); provide the reader with my interpretations of the meaning that was made for the participants as they appraised their life experiences (Clandinin & Connelly, 2000; Rosen, 1987); present evidence-based findings in the form of excerpts from the participants' experiences and interviews; and honour the women who shared their lives and stories for the purpose of this research. In addition, I will integrate the literature in the field to present the reader with a holistic understanding of my interpretations of the data. I have included academic literature, as well as literature from the Alcoholics Anonymous and Al-Anon programs. Note that it is not my intention to promote these programs, but to consider them as a noteworthy component of the literature on alcoholism that is available in the public domain. It is also literature that many are referred to when looking for resources on alcoholism. I will identify each participant by their pseudonym; however I am not going to introduce each participant individually in order to protect their confidentiality, as well as my own.

Two participants had alcoholic mothers, one had an alcoholic father, and the fourth had alcoholic stepfathers. Because I used a mother-figure as the alcoholic parent in Sophie's story, I

will continue to use a mother-figure to represent the alcoholic parent throughout the discussion; this will further protect the confidentiality of my participants and provide an opportunity for me to draw from my own experience, without my identity being revealed based on the gender of my own alcoholic parent. In turn, I will also refer to the non-alcoholic parent as a father-figure so that it coincides with Sophie's story and further protects confidentiality. A bracket around each reference to the alcoholic or non-alcoholic parent informs the reader that the alcoholic and non-alcoholic parents' genders are ambiguous for the sake of confidentiality.

The themes that were generated in answer to the research question, *describe the qualities, processes, or internal motivational factors which have facilitated resilience for adult children of alcoholic parents* are as follows: *Being in Relation: Others Create a Difference*; *Belief Systems: Spirituality, Religion, and Values*; *The Self: An Evolving Being*; and *Alcoholism: Meaning in Itself*. Throughout each theme, I will integrate the meaning that has been made by each participant, and will include a section summarizing my perception of the meaning-making that has occurred following each theme. As previously established, according to E.M. Bruner (1986), reality is subjective and the participants were able to articulate the meaning of their lived experiences based on their own perceptions of the events in their lives. I will also address the common personal characteristics of the participants that have emerged and have been used in the development of Sophie's character. I will present the conclusions and implications of my research, and address the limitations of my study. Finally, I will discuss my experience as a researcher and co-participant in this study.

Part I: Themes and Meaning Making

In this section, I will address the themes that have been generated in the data, present the meaning that has been made by the participants, and integrate the previous literature that has been conducted in each area. The themes were generated from patterns, commonalities, and narrative threads that held meaning and significance within the participants' narratives (Clandinin & Connelly, 2000).

Being in Relation: Others Create a Difference

One of the major themes generated from the participants' interviews was the importance of being in relation to others. This consisted of relationships that were formed throughout their lifetime with friends, family, and other sources of support, and it also encompassed the relationship with their alcoholic parent. The first section, *Support Network: A Vital Component*

will include a discussion of the support networks that became integral to each participants' development of resilience. The second section, *Reparations in the Making: Forgiveness and Healing*, will consider the amends that were made to three out of four participants by their alcoholic parent.

Support network: A vital component. According to Relational-Cultural Theory (RCT), “people need to be in connection in order to change, to open up, to shift, to transform, to heal, and to grow” (Jordan & Hartling, 2002). This theory stresses the importance of growth-fostering relationships that develop through reciprocal interactions of empathy and empowerment. Despite the distance that was created for each participant in their relationship with their alcoholic parent, each woman identified very important, integral relationships in her life. This was a central theme throughout the interviews, and is in accordance with RCT in terms of the development of a healthy being (Jordan & Hartling); the relationships that each participant identified as vital in their lives were ones that facilitated the ability to freely express feelings and receive a positive response, develop feelings of worthiness, and develop a sense of connectedness.

Claire's support network consisted of her non-alcoholic parent, grandparents, and a close group of friends,

I have some really key girlfriends that I grew up with...my [dad] and my grandmother...I always had SOMEBODY there. My [mom] was never around so on a day-to-day basis I would get disciplined from [Dad]...[he] did notice if I didn't get home past my curfew, whereas my [mom] never would have noticed....And I think if I didn't have that day check-in, I probably would have just been a party girl or whatever.

Claire's friends were a very positive influence in her life; they came from good families, had goals and expectations for themselves, and they rescued her when the drinking got to be too much for her to handle. She refers to them as her “girls”, “and to this day I still have the same girls and we've been friends for twenty-five years.” Claire remembers her friends being there for her when she was younger; they would hang out and get slurpies together, and as they grew older, Claire learned to talk about her alcoholic parent's drinking and other issues with them.

Masten and Coatsworth (1995) base their definition of resilience on a set of competencies that are acquired throughout one's lifetime. One of the competencies that they outline is the individual's ability to engage in social relationships. Claire's social relationships have been a

very important source of support for her across her lifespan. She has had the same group of friends for 25 years, indicating that she has developed social competence in terms of developing and maintaining friendships. This has emerged throughout her lifetime as an important factor in fostering resilience.

Claire's relationship with her grandparents was also a very important source of support. She describes her grandmother, "She was my SAVIOUR my whole life...if I was hungry, if there was no food in the house, I'd go to Grandma's. If I was scared I'd go to Grandma's, if I was mad...I'd go to Grandma's...I always had a place to go."

After her grandfather passed away, Claire found out that he was an alcoholic; news that did not sit well with her because of her idealized view of him, "I didn't like it. I didn't like hearing negative things about Grandpa...because he was amazing for me...he had zero faults and he truly was like an angel in my head." She had many memories of her and her grandfather, dancing in front of the television together, putting extra brown sugar on her oatmeal with instructions not to tell her grandmother, and playing games. She recalled her grandparent's home as a very safe and happy place.

Claire has also experienced supportive intimate partner relationships. She had one relationship in university that significantly affected her confidence; this relationship lasted about five years,

I guess...I felt unconditional love for the first time in that way...Even though my [dad]... provided me with unconditional love, I still felt insecure about it. With this guy, I never felt insecure, I really felt...he would still love me no matter what.

It is clear through Claire's excerpts that her network of family, friends, and an intimate partner provided her with sources of support that met her needs, provided her with a sense of worthiness, built a sense of trust, and fostered unconditional love; Breanne had a similar experience.

Breanne's support network consisted of her non-alcoholic parent, siblings, and grandparents, as well as her extended family of aunts, uncles, cousins, and friends of the family that she referred to as 'aunt' or 'uncle'. She described her relationships,

[Mom] has three brothers and I'm pretty close with all my aunties...all the grandchildren, we are good friends...Growing up we went to the farm.

Everyone goes to the FARM on the weekends, we all play, go on the quads...and we all help each other.

There were times throughout her life when her family moved in with her grandparents, which facilitated the development of these core relationships in her life. Not only have her grandparents provided her with a much-needed source of support, they also provided her with a model of a healthy relationship.

Breanne treasured the relationship she developed with her non-alcoholic parent. They were very supportive of each other while going through tough times, and the lines of communication always remained open between them, “within the family we are very open, and we can talk about these things, which is nice.” She was also very close with her siblings and they stuck together when they needed support from each other. Breanne felt very grateful for the support in her family, and did not take it for granted. She shared,

I know I am one of the lucky ones, barely touched by the harshest results of living with an alcoholic. I am fortunate my family had so much support from our extended family to help us cope with such things. The situation never got so bad as I know it has for others, and I am very grateful.

Although this theme was generated by all of the participants, Breanne identified her family and her support network as her major source of resilience.

Amy had an extensive support network as well. Her experience was different from Claire and Breanne’s in that some of her family members were supportive throughout, and other members became disengaged, when Amy’s [mother] was drinking,

I recall family members that were non-judgemental...versus those who didn’t want to have anything to do with you because they had their own busy life...I never knew why but they just didn’t wanna have anything to do with us when my [mother] was drinking heavily. When [she] was not drinking they’d come back into our lives. But there was always the stable people that would come to the house no matter what. So I learned...who those people are...I know who are good family supports...because they were supportive to ME whenever I needed them...They didn’t judge me...I don’t believe they UNDERSTOOD the situation...but I don’t believe they were ever judgemental.

Among the family members that were supportive was Amy's grandmother, who provided Amy with a tremendous amount of support when Amy's [mother] was unable to do so. Despite the support of her extended family, Amy identified the most vital relationship in her life to be the relationship with her non-alcoholic parent. Her [father] became the disciplinarian and provided her with guidance throughout her adolescence, "We were very close. I probably knew [him] better than my [mom] or my brother...we talked...[he] showed me how to cope."

Not only did Amy's [father] teach her how to cope with difficult aspects of her life, [he] also showed her how to cope with her [mother],

[He] could've left. [He] always stuck with [her] and they had a fabulous life after [she] sobered up...[His] commitment to [her] was amazing...If I have resilience, that's where it came from...Because [he] never lost faith or hope in [her]...[He] knew what [he] believed in. [He] knew why [he] was there...[He] knew [he] sacrificed but [he] never regretted it...and that was probably the most reassuring, is knowing that [HE] would always be there...There wasn't a doubt that [he] was a stable force in my life.

In addition to her supportive family members, Amy has gone to counselling periodically throughout her life, and has found this experience to be positive and very supportive; she has become more aware of her inner self and was able to develop independence through this experience because when her counsellor was away, it became imperative that she resolve her own issues at that time. She suggested that the counselling process and the opportunity to stand on her own made her stronger.

Later in Amy's life, she began to rely on her co-workers for support when she did not have the support of her family or a counsellor, "The staff that I worked with were really awesome and supportive so they became my support." She also relied on her church community throughout her life. This speaks to Amy's ability to generate outside sources of support for herself in terms of counsellors and her church; this is similar to Olivia's experience with her support network.

Olivia's support network consisted of her non-alcoholic parent, her friends, two counsellors, God, and her [paternal] grandmother. Unlike the other participants, she did not feel as though she had an abundance of support from her [mother's] extended family,

My [mom's] side of the family blamed my [dad] for [her] drinking... They thought [he] was being paranoid, so there was no sense of support there... I felt a sense of almost ostracism from my [mother's] side once it was understood that [she] had a drinking problem. But I don't see that as a bad thing now... I think it made our nuclear family... bond together in a way that we may never had... [Mom] even had to take a step back from [her] own family.

Olivia had close friends who were supportive, "I remember when I told my friend [Gina] that my [mom] was an alcoholic... She was SHOCKED... But still very supportive... My [mom] drank at home after I was in bed, so no one really knew the extent of [her] drinking."

Olivia also had her [paternal] grandmother for support. Olivia's grandfather passed away when she was young, and he was also an alcoholic. She recalled her grandmother being present for the whole family, and not judging them or her [mother] for what they were going through. She believed this was due to her grandmother's own personal experience of living with alcoholism.

Olivia attributed one of her main sources of support to a counsellor that she started seeing when she was in high school,

At the time, I was going through my [mother's] alcoholism and I also had some issues of my own... I remember going to a fantastic counsellor who helped me to understand alcoholism and start building some self-esteem... I was very insecure and uncertain about myself... I lacked a great deal of confidence and I feel to this day that my work with her has had a huge impact on who I am.

For Olivia, her support network was vital in helping her develop a sense of acceptance, a sense of worthiness, and a sense of self; the supportive people in her life were fundamental for her own healing process.

Sankaran et al. (2006) outline protective factors that contribute to developing resilience in children of alcoholics, including that of having strong familial relationships. They are very specific when describing the elements of the relationships that need to be present for the development of resilience, including: "cohesiveness, rituals celebrated in the form of festivals and traditions ... routine activities like mealtimes, [and] strong social support networks both

within and outside the family,” (Sankaran et al., p. 132). Although my participants did not discuss such precise strategies in their development of resilience, they did discuss the protective factor of strong relationships both within their immediate and extended families, as well as other sources of support that they cultivated over the course of their life spans. The contribution of these relationships in developing resilience is consistent with Bhatti, Shah, and Kumar’s (1998) findings which state the importance of having support, both internal and external to the nuclear family, in developing resilience.

Another important aspect in each participant’s support system was that one, not both, of their parents was an alcoholic; Orford and Velleman (1995) suggest that this is a major protective factor in the development of resilience in COAs and ACOAs. They have found having one non-alcoholic parent increased the likelihood of stability, healthy communication, and positive interactions within the home.

The findings generated in this study are compatible with the findings of previous resilience literature which indicates that a strong support network can aid in the development of resilience. The findings from the present study are also consistent with the studies that are presented in the literature review; Enoch (2006), Sankaran et al. (2006), and Workman and Beer (1989) found that positive role models, healthy interactions within the family, cohesive relationships, strong parent-child relationships, and strong social support networks both within and outside of the family environment were protective factors that facilitated the development of resilience and decreased the chance of developing alcoholism and/or other pathology. One piece of data that was generated in this study was the importance of the alcoholic parent making a sincere apology. This has rarely been addressed in the resilience literature.

Reparations in the making: Forgiveness and healing. In Western culture, the act of apologizing is common-place after a transgression has been made; it is generally intended to “soothe vengeful feelings, engender forgiveness, increase empathy for the offender, [and] repair damaged interpersonal ties” (Smith, Chen, & Harris, 2009, p.1). Within the addiction literature, the impact of apology on COAs and ACOAs is limited; however Worthington, Scherer, and Cooke (2006) have found that individuals who have been wronged are less likely to desire punishment or strict justice if forgiveness is sought by the wrong-doer. Three out of four participants began a journey of forgiveness after their alcoholic parent had sincerely apologized for the damage that was done, for the moments in life that had been missed, for the hurt that they

had inflicted, and for the choices that they had made. The apologies expressed by others in the lives of my participants were endless; the term “broken promises” was expressed in the accounts of every participant. However, there came a time in three of their lives, after the alcoholic parent had achieved sobriety for a varying number of years, when genuine apologies were made and the relationship between child and parent began to change. Olivia recalled this moment,

Although I don't remember the exact details, the day will be forever etched in my mind when my [mother] made amends to me. [She] took me out on a walk to the creek on a fall day. The leaves were turning colour and the sun was shining. [She] told me [she] was sorry for all the things [she] had done. For missing my homeruns and for being an absent parent...I already knew [she] was sorry. [Her] actions and sobriety told me so...but it was still really nice to hear.

Olivia had begun to forgive her [mother] prior to the apology that was made. She had already interpreted her [mother's] actions as a form of apology, and her ability to conceptualize her [mother] as being ill, rather than deliberately hurtful, gave her the inner peace that she needed to come to terms with the hurt that her [mother] had caused. Olivia was able to see the hard work that her [mother] was putting forth to achieve and maintain sobriety; she was a witness to the new person that her [mother] was becoming. This change took place over a number of years, and the open relationship between the two of them became an important foundation for trust to be built, forgiveness to be had, and acceptance to prevail. Olivia knew that her [mother] was still going to make mistakes during [her] sobriety, however, she also knew that learning came with making these mistakes and that she could be a source of support for her [mother].

For Claire, the moment that her [mother] apologized was not so well-defined. It was a process that had taken place over many years. She shared,

I'd have to say [her] promises aren't broken anymore...[She's] really tried to...send me a card on my birthday, or just send me a card in the mail saying “thinking of you”...[She] tells me all the time how proud [she] is of me...and I know [she's] really proud of me and [she's] really happy for me... [She] still has some empty promises but more following through on [her] word than [she's] ever done before.

In Claire's experience, the process of learning to trust her [mother] was one that began about four years ago and it is still ongoing today. Her [mother] is working on making the little things count, and Claire recalled a particular time when her [mother] made arrangements for someone to cover part of [her] shift at work so that they could go out for supper together. The small, meaningful acts that Claire's [mother] has been taking the time to carry out has shown Claire that [she] is serious in trying to establish a relationship with Claire. Following her [mother's] most recent apology, Claire was able to accept [her] apology and take it to heart. The tears rolled down Claire's face as she recalled her [mother's] words to her,

Some things have been on my mind for a couple years now and I want you to know how sorry I am...You're the best thing that's ever happened to me...and I don't know how many years it's gonna take for you to believe that that's true but I'm dedicated to making you know that.

The impact of her [mother's] words was magnified by Claire's statement, "Five years ago I probably wouldn't have cried...But now it really FEELS different...so that apology was pretty powerful."

Like Olivia, Claire is now open to developing a relationship with her alcoholic parent. Claire still remains somewhat guarded in order to protect herself, but her [mother's] apology has opened the lines of communication between them, and has created the potential to develop a healthier relationship. Similar to Claire, Amy's relationship with her own [mother] has begun to develop more recently in her life.

After Amy's [mother] achieved sobriety, [she] became more involved in the community and [she] became physically involved in Amy's life. Despite the fact that [she] has been sober for a number of years, Amy and [her] are only now developing an emotional relationship, and Amy stated, "NOW [her] and I are developing a relationship and understanding of who we are...and it's only now. [Her] and I have more time to spend with each other, and so I'm really trying hard to understand [her]."

Despite the disharmony that was created in their lives by their alcoholic parents, Olivia, Claire, and Amy were all able to entertain the idea of forgiveness following the apologies from their alcoholic parents', and attempt to build a relationship with them.

The founders of the Alcoholics Anonymous and Al-Anon twelve-step programs have included making amends with those that one has harmed within two of the steps of their 12 step

program. Step 8 and 9 respectively state, “Made a list of all the persons we had harmed, and became willing to make amends to them all; made direct amends to such people wherever possible, except when to do so would injure them or others” (Alcoholics Anonymous, 2010, p. 59). These steps are intended to provide the alcoholic with a means for introspection to understand the harm that they have committed both to themselves and to others, to realize that they have control only over their own actions, to acknowledge their wrongdoings, and to move forward in their lives, rather than dwell on their past (Al-Anon Family Groups, 2002).

According to my participants, the apologies that have been made needed to be accompanied by the actions to demonstrate that the alcoholic parent was not just making yet another promise that would be broken. It is through the combination of actions and words that my participants began the process of forgiveness and have been able to begin building relationships with their [mothers]. Also, the acknowledgement of specific instances where wrongs were committed, and a true display of understanding and follow-through allowed for an element of trust to be established and reparations within the parent-child relationship to begin.

It is important to note that the participants displayed many aspects of resilience before any apologies were made to them by their alcoholic parent, therefore, the act of making reparations in the alcoholic-child relationship may not be a necessary component of developing resilience. This is the case for Breanne, who identified herself as resilient, yet never received an apology from her alcoholic parent. This indicates that there may be other ACOAs who are resilient who have never received acknowledgement for the wrongs committed to them by an alcoholic parent.

Creating meaning from being in relation. Each participant was able to draw meaning from the relationships that they have developed over the course of their lifetime, and through the amends that were made to them from their alcoholic parent. The participants began to make meaning of their relationship with their alcoholic parent by coming to the understanding that their [mother] has the ability to change, that [she] does not have to remain the same throughout her entire lifetime, and that it is possible that a stronger relationship can be built because of the past experiences of living in an alcoholic home. This experience of becoming closer in relationship with someone who one has experienced disconnection with, coincides with RCT, which states that disharmony within relationships provides an opportunity for those involved to strengthen their connection once the disharmony is resolved (Jordan & Hartling, 2002).

Many of the participants expressed gratitude for the important people in their lives; they were able to take the learning, and utilize the modelling, from the positive relationships in their lives and apply it to creating and maintaining healthy relationships. Through these relationships, they were able to receive strength, support, and validation which may have contributed to building a healthy self-esteem, potentially playing an important role in developing resilience (Enoch, 2006; Sankaran, et al., 2006; Workman & Beer, 1989). The participants have also been able to learn and develop healthy coping skills through their relationships, and they were able to transfer these skills to other aspects of their lives. They were able to appreciate that the adversity of living with alcoholism has not been all negative, as it has created a means for them to develop and maintain close relationships with people; it is possible that without the experience of growing up in an alcoholic home, these relationships would never have been fostered or maintained. Their relationships have aided them in becoming more resourceful as they have learned to understand that not all relationships are the same, and that each one serves a different purpose; when they do not have a need fulfilled, it is easier for them to recognize that they may need a new source of support in their lives. For some of the participants their belief systems serve as a source of support, and for others it is a separate theme altogether.

Belief Systems: Spirituality, Religion, and Values

Within the literature, there is controversy about the concepts of religion and spirituality. Hodges (2002) describes them as separate, yet overlapping, constructs. She refers to spirituality as “the broader concept [that] represents transcendent beliefs and values that may have or may not be related to a religious organization” and religiosity as “a set of rituals and creeds which may be manifest in the context of a religious institution” (Hodges, p. 110). Childs (2009) conducted a literature review of 12 articles with the intention of clarifying common definitions for these terms. She found religiosity to be comprised of “traditional forms of organized religions, and communal forms of prayer and worship” (Childs, p. 12). She found that Wuthnow’s (1998, as cited in Childs) understanding of spirituality best encompassed the definitions presented in the literature,

Spirituality is an exploration of one's own beliefs by borrowing elements from various religions and mythical traditions and perhaps blending participation in institutionalized Western religion with Eastern practices. Spirituality places an emphasis on self growth, emotional fulfillment, and the sacredness of ordinary

objects and experiences. There is an individual tenacity in pursuing meaning in which autonomy generally takes precedence over external authority and traditional religious doctrines. (p. 916)

For the purpose of this study, I have combined spirituality, religion, and values to encompass the overarching belief systems of the participants.

According to Barnes, Plotnikoff, Fox, and Pendleton (2000), there is a dearth of literature that directly studies the relationship between resilience and spirituality/religion; however, they suggest that the concept of religion and/or spirituality may provide many avenues for children, including: making constructs for moral development available, providing a basis for children to develop a sense of personhood, aiding in the development of understanding the social, natural, and sacred worlds, and aiding in a child's understanding of healing, coping, sickness, and suffering. Based on a meta-analysis, Barnes et al. found that children may utilize spirituality/religion as a means to develop healthy coping skills for dealing with numerous issues and situations, substance abuse included.

Three out of four participants discussed the importance of a belief system in their lives. Breanne did not adhere to a particular belief system and chose to refer to herself as "agnostic" or "humanistic". Amy and Olivia both had very strong religious and spiritual connections. Amy was brought up as a practicing Catholic, attended church regularly, and engaged in regular prayer. Church created a sense of stability and consistency for Amy and her family and they attended faithfully every week, whether her [mother] was drunk or not. Amy's church tied into her support network because it also created a sense of belonging and acceptance within her community. She stated, "There were people there who treated us with respect irregardless of who or what we looked like. And I can only imagine what I looked like when I tried to dress myself...with clothing that was...not ironed."

Amy used the church to make sense of her [mother's] alcoholism, and reflected, "I had time every week to sit down and think about what was being done and if there was a God then...He didn't want this."

Presently, Amy still turns to the church and her sense of spirituality to cope, "If I ever have issues where I'm torn or struggling, just walking into a church now and sitting there quiet brings me to that sense of calm...Knowing that there is some reason for this." She has extended her faith into the bigger picture of her life, using it to find an understanding of her alcoholic

parent's drinking, as well as for making sense of other aspects of her life. The comment, "I don't think I would have made it through childhood the way I did without it," illustrates how powerful Amy's religious beliefs were in her life.

Olivia began her spiritual journey when her parents began attending Alcoholics Anonymous and Al-Anon. Her family attended church, and she went to Sunday School with her friends during her younger years, but she stated, "I was never very religious [and it was at this time] that I started to develop my own understanding of God." From this time in her life until the present, her spirituality and faith in God has grown. Now, she relies on God in every aspect of her life; like Amy, Olivia also does not know how she would have survived if it was not for her spiritual beliefs,

I learned how to turn my will and my life over to God...now this is a lot easier said than done, but the concept is one that has gotten me through a lot in life...I also started using the Serenity Prayer... 'God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference,' I use this prayer when I feel as though I have no control over my life. It helps me to put things into perspective.

Similar to Amy, Olivia has also used her spiritual beliefs to make sense of her alcoholic parent's drinking. She reflected on God's will for her family and how her family did not really understand at the time why they were going through this horrible experience. Now she believes that this was the lesson that God had placed in her life for her to learn and grow from.

Crawford, Wright, and Masten (2005) are in agreement with Barnes et al. (2000), also suggesting that there is a dearth of research that studies the relationship between religion/spirituality and resilience. They have written a comprehensive chapter that outlines some important processes of religion/spirituality that may facilitate resilience in youth. They draw from the work of many authors and have developed themes of resilience that transpired in the literature. These themes include: "Attachment Relationships; Social Support; Guidelines for Conduct and Moral Values; and Personal Growth, Development and Transformational Opportunities" (Crawford et al., 2005, p. 358). These themes will briefly be discussed and related to the data that was generated in the current study.

Crawford et al. (2005) suggest that if an individual has difficulty forming a secure attachment to a parent, an attachment to a higher power may become an alternative. This may be the case for some of the participants in the current study who had not had the opportunity to form an attachment with their alcoholic parent. Not only did spirituality/religion provide an attachment opportunity, it also created a possible sense of comfort and stability for participants. Crawford et al. also suggest that religion/spirituality may provide opportunities to form relationships with prosocial mentors and peers who are also a part of the church and who share similar beliefs. This ties into the theme of social support that they outline; religion/spirituality may provide opportunities to develop a sense of support or communal belonging. Individuals may also gain a sense of unconditional love from both the network of people involved in the church and through their higher power. The participants in the present study have all struggled with low self-esteem and have expressed difficulty accepting themselves. Perhaps their religious/spiritual connection gave them a sense of unconditional love and belonging that they were not otherwise receiving at home. Prayer is another method that may provide a sense of comfort that is not attainable through non-religious/non-spiritual sources of support (Crawford et al.). Prayer can provide a sense of protection and comfort, and three of the participants in the current study reported praying in different ways, to varying degrees.

Crawford et al. (2005) found the guidelines for moral conduct and values to include: “integrity, compassion, forgiveness, empathy, altruism, and kindness/love” (p. 358). They draw from the work of Hill and Pargament (2003, as cited in Crawford et al.) to illustrate the potential importance of practicing values and morals. The implementation of values and morals into one’s life may provide a sense of empowerment and desire to meet these goals, thereby using constructs such as “compassion, forgiveness, gratitude, honesty, integrity, and hope” (Crawford et al., p. 361) as a means to cope with stress. This coincides with Claire’s belief system in the current study; Claire’s beliefs were not as spiritual or religious as Olivia and Amy’s beliefs. She stated,

I have faith and I believe in God and I pray...but I don’t use God or faith in any way...So in religion terms I would say I believe in God and Christian faith but I don’t take the bible too literally. I believe in VALUES...honesty and [treating] your neighbour like you would wanna be treated...and fairness.

Crawford et al. (2005) suggest that religious/spiritual involvement may also provide opportunities for individuals to develop a healthy sense of self. They draw from the work of Spencer, Fegley, and Harpalani (2003, as cited in Crawford et al.) who found that individuals who utilized religion/spirituality as a coping mechanism were more likely to develop improved emotional well-being, more optimism about the future, perceived popularity in peer relationships, and feelings of worthiness and value.

Crawford et al. (2005) implied that religion/spirituality as a process of resilience is often the result of interactions with others, and this piece of their work suggests that in order to utilize religion/spirituality as a means of developing resilience, one must be involved in an institution where there is the support of others and there is opportunity to interact with those in a similar position. In the case of the participants within the current study, only Amy regularly utilized the institution of church. Olivia developed her own sense of spirituality based on her own understanding of God and the spiritual realm, and Claire utilized values and beliefs based on her sense of moral judgement, rather than relying on the church for guidance. This suggests that there are many concepts and belief systems that can serve as a means to develop resilience, and that religion/spirituality can be extended further than the realm of an institution. A relevant example of this occurs within Alcoholics Anonymous and Al-Anon; the foundation of these programs is spirituality as personally understood, with the final step being based upon having a “spiritual awakening” (Alcoholics Anonymous, 2010, p. 60). This is based on each individual’s experience with a higher power, and is dependent on one’s own interpretation of what their spiritual experience means to them. Despite the similarity that each participant shared in having a belief system, they have each created their own individual interpretations, understandings, and meaning of this system as they have adapted it to their own lives over time.

Creating meaning through belief systems. Amy and Olivia were able to utilize their religious/spiritual beliefs to understand that there is a reason for why things happen; despite the fact that they did not fully understand the reasons for alcoholism being a part of their lives, they believed that it was part of a larger picture. This belief made it less challenging for them to accept their alcoholic parent’s drinking, and they were able to attribute their struggles with alcoholism to a process of learning that their higher power intended for them. Claire was able to use her belief system as a means of bettering herself as a person through adhering to

positive values and expectations of herself. This served an important role in the development of her self-worth and in the evolution of her sense of self. Regardless of the belief system of each participant, it is evident that this has become an integral part of their lives and that they believe it has contributed to their process of becoming resilient.

The Self: An Evolving Being

Over the course of the participants' lives, they have grown and evolved, and cultivated techniques to cope with alcoholism in their lives as they developed a sense of self and identity. This section will focus on the prevalent aspects of the self that were generated in the data, including: expectations of the self, developing independence, detachment, externalizing the alcoholism, and becoming mindful of substances.

Expectations of the self: Goals and extracurricular involvement. All of the participants had high expectations of themselves; they were involved extensively in extra-curricular activities, and set high academic and personal goals. They all strived to be the best that they could be in their endeavours.

Breanne became involved in “everything...volleyball, basketball...badminton, track, everything.” She was also involved in kayaking and started attending aerobics classes with her non-alcoholic parent. She was involved extensively in extra-curricular activities, and excelled at school. She always made sure her homework was finished and her grades were excellent. She has also gone on to university and has set educational goals for herself.

Similar to Breanne, Olivia became involved in many extra-curricular activities throughout her childhood and teenage years,

I was in gymnastics, track, volleyball, baseball...I was also on the yearbook committee in grade eleven, and become involved in SADD [Students Against Drinking and Driving] in high school...I also was involved in drama from grade seven to twelve. I thought that I had to do it all...and receive good grades. I got an academic entrance scholarship my first year of university for a combination of my grades and extra-curricular activities.

When high school was over, Olivia continued to push herself to achieve and set goals for herself. She travelled parts of the world and went on to university where she became a volunteer research assistant and joined student societies. She also became interested in running and has set

a goal to run a half-marathon in her future. Her future goal is to have a successful practice in her academic field.

Whereas Breanne and Olivia seemed to be motivated to accomplish goals for themselves, Claire believed that her reasons for putting so much effort into achieving were to get her alcoholic parent's attention and recognition. She recalled, "I was kind of a keener...I [had] really good marks and was in every sport...joined every club and I think [I was] just trying to get [her] attention." She discussed the expectations that she held for herself in terms of doing well in school, as well as the small goals that she had set for herself in her past, for example biking a set distance or running a race.

Claire viewed herself as, "[Never taking] relationships very seriously...I was always very career driven and orientated." She shared Olivia's aspiration, in that she would also like a successful practice in her career of choice. Claire also acknowledged the unhealthy expectations that she had of herself being flawless. She believed that if she made a mistake, that her non-alcoholic parent would not accept her.

Amy's motivation to become involved in extra-curricular activities when she was young was different from the other participants; she was driven to participate in activities so that she could avoid being at home when her [mother] was drinking,

[I] played every sport possible cuz then I was at practice all the time...And after practice I'd do figure skating. So literally...if I went in the morning, I'd come home for lunch, maybe come home for supper in between...go to figure skating in the evening, [and] go to someone else's house to sleep.

Amy played volleyball, basketball, badminton, softball, curling, and participated in dance and figure skating. Once in university, she also volunteered at the local addiction center. As with the rest of the participants, Amy has set high academic goals for herself and has been very successful in her field.

The findings in this study are consistent with Werner and Johnson (2000) who found that resilient ACOAs utilize their abilities to their greatest potential, whether they are gifted or not. They also found resilient ACOAs to generally like school. However, the academic competence displayed across participants in the current study is contrary to Carle and Chassin's (2004) findings that COAs are less competent than children who grew up in a non-alcoholic home. Their findings are attributed to the potential lack of healthy interactions within an alcoholic home, and

the possibility for COAs to receive less parental help with their homework. All of the participants in the current study have attended or are currently attending university and were working on degrees that ranged from a bachelor's to a doctorate, indicating that academic competence was important for all of them. They were all middle-class which appeared to afford them access to services such as sports lessons and equipment, for example, baseball gloves, jersey, skates, etc. Each participant demonstrated a degree of independence through the motivation and determination they displayed in participating in activities, volunteering, setting expectations for themselves, and following through on their goals. Therefore this section on goals and expectations overlaps with the next section which focuses on independence as a factor of resilience.

Developing independence: A process for thriving. All of the participants displayed aspects of independence. For most of the participants this was born of a need to survive adversity. If they were not able to cultivate independence, they would not have thrived to the degree that they have. The processes of learning what they wanted in life, being able to make their own decisions, and becoming confident in their abilities emerged as key features in the development of independence.

As previously stated, Amy's [mother] did not start drinking until Amy was in grade five. Before this time, both of her parents were contributors to the family business and household. As her [mother's] alcoholism progressed, Amy took on the responsibility of the household duties while her [father] maintained full-time work to support the family. She described how her role in the household evolved and how she exerted her independence to sustain the family home, "I was doing all the housework, all the washing, cooking...I started to take on all the duties. [The] garden...I did the canning...I felt it was my responsibility."

Throughout her life, Amy became involved in the extracurricular activities presented in the previous section, made personal decisions to become resourceful by accessing support for herself through counselling and a self-help group, was able to know when she was ready to move on from these supports to find new ones that met her needs as she escalated in her personal growth, made the decision to pursue an education despite her family's desire to have her stay home, made decisions to leave unhealthy relationships, and cultivated the ability to learn how to live without her [mother's] involvement in her life. Amy stated, "I became stronger, and learned

how to depend on myself.” She has developed a sense of personhood outside of her family life, a person outside of the alcoholism.

After her [mother] achieved sobriety, Amy “had already learned to live without [her]” Amy’s experience coincides with the literature which has found that COAs often adopt age inappropriate responsibilities and roles (Sankaran et al., 2006). However, in Amy’s case, she was grateful for this experience because it helped her become more independent and believe in herself.

Claire’s alcoholic parent made many broken promises and, similar to Amy, Claire “became more and more independent and just learned to rely on [her] less and less.” She was able to move out when she was seventeen, and worked to pursue her university education and create a better life for herself. Claire became stronger at making decisions for herself, and learned to believe in herself as she realized her ability to control her own life and destiny. She decided that she wanted to become a better person, and took the learning from her experience with alcoholism and used it to her advantage.

When Claire reflected on the impact of growing up with an unreliable [mother], she referred to herself as, “Alcatraz. I’m a hard person to break because for thirty years I’ve learned not to rely on [her].”

When Olivia was a child she was very dependent, however, as she became more and more confident in her own abilities, she developed independence. She shared,

I was so scared of everything as a child. My parents would tell me stories of how I used to hang on my mother’s leg when company was over... Then I realized that when I put myself out there, I could accomplish a lot more than I thought.

She always saw herself as a follower, but began to take more risks as she got older. In her teenage years, Olivia found that she was suffering from depression and did not understand what was happening to her usually joyful self; she decided that some counselling and understanding of addiction and her role in her family would be beneficial and reflected on her experience,

I think going to counselling really validated for me what I already knew... That I had the ability to do things, I just needed to overcome my fear of failure first... I think even now I have a lot of fear about doing things... but

I value strength and independence and I always want to be able to take care of myself and be successful on my own terms.

Breanne was always labelled, “The Good Kid,” Her parents never had to worry about her being responsible and she developed a good work ethic at a young age. She was the child in the family that always had her homework done, who stayed out of trouble, and who developed trust with her family members. When her home life was chaotic, she learned how to adapt and still reach her goals, “Definitely [I] learned how to be very independent.” Her independence and view of relationships has extended into her current intimate relationship, where she believed that she developed independence to a point where it might be beyond healthy. She was fearful of her relationship not working out, and therefore ensured that she was able to take care of herself, rather than feeling safe enough in her relationship to rely on her partner.

All of the participants were able to use their experience growing up in alcoholic homes as a means to pursue independence and a journey of self-growth and discovery. A common thread with the participants was the lack of priority they placed on pursuing intimate partnerships, despite their need for a strong support network and loving people in their lives. Breanne stated, “Relationship-wise, I wouldn’t be afraid...to just pack up and leave...I wouldn’t delude myself into thinking I could change someone...you know who was...an alcoholic or...had some issues like that.”

Bernard (1993) uses the term ‘autonomy’ to describe the aspect of resilience that involves, “having a sense of one’s own identity and an ability to act independently and exert some control over one’s environment” (p. 44). Wolin and Wolin (1995) found independence to be an important attribute that buffered the chances of a negative outcome resulting from risk; this was found in addition to positive influences such as insight, creativity, and humour, as well as previously discussed attributes of resilience such as close relationships and initiative. Consistent with the literature, the participants in the current study became self-reliant as a way to develop a sense of self, to take control of their own lives, and to separate themselves from their alcoholic parent and the alcoholism. This separation is addressed in the next section as detachment.

Detachment: A life beyond the alcoholic. Another important aspect that was generated as a factor of resilience was the participants’ ability to detach themselves, to a certain extent, from their alcoholic parent; this became an important aspect in evolving as a separate being from alcoholism and the alcoholic parent.

Claire realized the amount that she had detached from her [mother's] addiction when she thought about her [mother's] sobriety,

It was anti-climactic...I don't even remember when [she] sobered up because I wasn't at home. Even now...[her] ten year anniversary...I think in some situations a lot of people would have some kind of celebration...I'm happy for [her] obviously and proud of [her] that [she's] been sober for ten years, but it's not a big milestone in my life.

Amy realized that she had detached from her [mother] long before [she] achieved sobriety. Amy recalled her family being intent on protecting her [mother] from hurting [herself]. Amy did not share this attitude and felt that, "if you walk and go and hurt yourself that's your problem. You deal with it."

Amy remembered her family members trying to control her [mother] as a means of protecting [her] but Amy believed, "[she] needed to see what was happening to [her] in order to do something about it...And they were too afraid [she] would kill [herself]...THEIR WHOLE LIFE...revolved around keeping [her] alive. Their ENTIRE life. I didn't have that belief system."

Amy's detachment from her [mother] and her [mother's] alcohol addiction extended further into her adult life, and, like Claire, she had already learned to live without [her] by the time her [mother] reached sobriety. Her motto throughout her life was, "That is [her], not me." Amy has extended this detachment into other experiences of adversity in her life. When she was involved in an abusive relationship, she began to detach from her partner on an emotional level. She also had difficulty deciding what the important aspects of her life story were for this research project, because she felt like she was so detached from the alcoholism. This suggested that detachment had become an important tool in her life to help her cope and overcome unhealthy situations.

Olivia learned that letting her [mother] be responsible for [her] own sobriety and letting God's plan for her [mother] unfold how it was supposed to, helped Olivia to deal with her [mother's] drinking, "When I was able to give up my own control over the alcoholism and let God's will be done, I was able to function at a much better level than if I was worrying about my [mother] and all of the 'what if's' that came with that." For three of the participants, detachment

was an integral theme that was generated in their data, and the literature suggests that this can be an important component of resilience.

As previously outlined in the literature review, Moe and Ways (1991) identify detachment from parental addiction to be a key component in developing resilience for COAs. Additional literature supported these findings; Rubin (1996) refers to the phenomenon of detaching from parental alcoholism as the ability to transcend one's past and utilize other resources that are presented within life. He states that COAs are a marginalized population, and resilience is facilitated when one is able to utilize the experience of being distanced from others through marginalization as a means to distance oneself from an alcoholic parent; the experience becomes a survival tool. Berlin and Davis (1989) conducted a study on families with mental illness and alcoholism; their findings indicate that an individual's ability to detach from parental drinking and find meaning in other, satisfying endeavours is a major factor in developing resilience.

Within the Alcoholics Anonymous and Al-Anon programs, detachment is an opportunity to create healthier situations for oneself by choosing to focus on what life has to offer, rather than focusing on the alcoholism and the harm it has created. The following analogy is useful in understanding the benefit in having the ability to detach, "Detaching myself from a person with the flu protects me from catching the illness. Emotionally detaching from alcoholism increases the likelihood that I won't catch an overabundance of anger and anxiety" (Al-Anon Family Groups, 2002, p. 68). The following section on externalizing the alcoholism is a concept that can often be related to detachment.

Externalization: Condemning the alcoholism, not the alcoholic. Nichols (2009) defined *externalization* as, "The truly radical reconstruction of defining problems not as properties of the persons who suffer from them but as alien oppressors" (p. 69). The ability to externalize involves removing the guilt and blame from the person who is struggling from a problem, and attributing that blame to the problem itself. All of the participants in the current study shared aspects of externalizing the alcoholism, especially Amy, Claire, and Olivia. Externalizing facilitated the development of acceptance and empathy toward their alcoholic parent; this is not to say that all was forgiven, but it allowed for them to separate the alcoholism from the alcoholic parent and to place some of the blame on the addiction.

Breanne had a different experience with alcoholism in that her alcoholic parent did not remain in the home for her lifetime. It may suggest that she did not need to develop the aspect of externalizing the alcoholism to the extent that the other participants did. Despite this difference, she still came to an understanding of alcoholism as, “more of an outlet...it’s a coping method...in itself [the alcohol] isn’t really a problem.”

Amy’s experience of her [mother] remaining sober until Amy was in grade five gave her the opportunity to learn what her [mother] was like when [she] was not drinking. This aided in Amy’s externalization of the problem and she stated, “It was my own realization that something was wrong...because [she] wasn’t like that during my childhood...this was not by choice...I didn’t see [her] as bad. I saw [her] as sick.” She elaborated,

It’s not a happy life for my [mom] to not remember my childhood. I don’t even think [she] remembers a lot. But I don’t think [she] enjoyed having black eyes...and not knowing how [she] got them. And having to drink to forget that. So I cannot believe that anybody on this earth would choose that kind of life...my [mom’s] drinking did not reflect the person [she] was...and it was not an accurate reflection of WHO [she] was. It was something [she] did. But it did not DEFINE [her].

Olivia and Claire both learned about the disease concept of alcoholism. Olivia stated that this helped her to separate the addiction from her [mother],

I learned that alcohol is metabolized differently in the brains of alcoholics. A chemical in alcohol...stays in the brain of an alcoholic and it builds up, but it leaves the brain of a non-alcoholic. That’s my understanding of it anyways.

The disease concept of alcoholism gave Olivia permission to blame the alcoholism rather than her [mother] for all of the chaos that was occurring in her family’s life. Claire had a similar experience, “I knew [she] never wanted to be mean to me and I always kinda separated it when [she] was drunk.”

For all the participants, the ability to conceptualize the alcoholism as separate from their alcoholic parent was valuable in helping them to cope with the addiction in their family. This is consistent with the process of externalizing the problem that is employed in narrative therapy (Barry, 1997). In this way, the problem can be defined as the antagonist and the person can be defined as the protagonist who is fighting the problem. The Alcoholics Anonymous and Al-Anon

programs embrace the disease model of alcoholism; this a means for educating alcoholics and families of alcoholics about alcoholism, and it is used to separate the alcoholism from the alcoholic, “When I can see the disease of alcoholism, rather than the alcoholic, as the cause of my wounds, the deep healing of recovery can begin” (Al-Anon Family Groups, 2002, p. 171). The construct of externalization is used in programs and therapies, such as Alcoholics Anonymous and Narrative therapy, which are designed for healing and developing coping skills. This suggests that this may be an important tool to implement in other programs that have similar goals, for example developing sensitive programming for COAs and ACOAs.

Mindful of substances: Awareness creates opportunity. The experience of growing up in an alcoholic home has made all of the participants in the current study aware of the presence of substances in their own lives. This mostly concerns their personal use, but also includes the substance use of important people in their lives, and it has played a role in who they have chosen to develop intimate relationships with.

Claire reflected on one long-term relationship that she had; her decision to end the relationship was based on her awareness of the affects that her partner’s drinking and drug experimentation could have on their future together. She stated,

He started experimenting with a few drugs and I just wasn’t comfortable with it. And [the] same thing when he would drink...he got to a level where I didn’t like it. I couldn’t be with this person because of his drinking and experimenting with drugs...I thought he was a really great person and he’ll make an excellent father and husband...someday but I just thought, ‘this could lead to alcoholism’.

Alcoholism has affected the way Claire chooses who she will allow in her life and it has had a similar affect on Olivia and how she has chosen her relationships. Like Claire, she has ended an intimate partner relationship due to her partner’s excessive alcohol use. Not only is Olivia aware of other’s alcohol consumption, she is also mindful of her personal alcohol intake,

I’m always aware of how much the person I’m with is drinking. I even watch out for my friends...And of course, I monitor my own drinking. I know there have been times in my life when I have drank for the wrong reasons. I feel grateful that I was educated enough to even know why I was drinking...I

think there are so many people in the world that are not even aware that they are drinking to cope with life...or to numb their feelings.

Olivia has realized that she is very sensitive to the amount of alcohol that the people in her life consume, and she has difficulty knowing if she should be concerned about other's drinking or not. She said, "I just don't know when to draw the line. And some of my friends are younger than me so I wonder if it's just that they are still in that party mode or if it's more than that."

Similar to Olivia and Claire, Breanne has also used her experience with alcoholism to choose her relationships. She has chosen not to engage in very much personal use of alcohol, and only has a drink once in awhile when she has company, "If I go over to someone's place they'll offer me a beer but no more than one or two...Definitely NOT a partier...[I] DON'T want to have anything to do with that."

Perhaps as a result of growing up in an alcoholic home, Breanne became skeptical of alcohol and its affects on people, "Probably good that I've developed such a distrust for alcohol that I really do not drink it...I will just cook with it. I will put in crème de menthe and that will be fine!"

Amy was previously involved in an inter-racial relationship where alcohol use was the norm in her partner's culture. This created conflict within the relationship because she did not want to lead a lifestyle that included frequent alcohol use. She stated, "I [want] it to be clear that you [don't] always need alcohol to enjoy yourself," She ended this relationship and alcohol does not play a significant role in her current intimate partner relationship.

Like Olivia and Breanne, Amy also became mindful of her own substance use. In her university years, she began to hang out with girls who did not drink as much as the people who had previously been in her life. She reflected on her university years,

We went to a couple of parties...and they weren't drinking as much as I was and I started to see the difference...I remember questioning my own practices. I remember wondering where I was on the continuum towards alcoholism.

Through Amy's understanding of addiction, she realized that anyone can become addicted and that she is at a higher risk for becoming an addict because she grew up in an alcoholic home.

The stories that were generated from the participants speak to the importance of providing education to children of alcoholics so that they have the opportunity to become aware of the potential impact of alcohol. Moe, Johnson, and Wade (2007) conducted qualitative interviews on resilience with youth aged 10-16 from alcoholic homes. One of the themes generated from these interviews was that the youth believed that they, themselves, should be free from alcohol and drugs. Another theme that was generated in this study was the importance of knowing about parental addiction, as well as the potential affects that addiction can have on COAs if they decide to become involved in substance use (Moe et al., 2007). This coincides with previously addressed literature; Kumpher (1989) suggested that COAs should be educated on the genetic nature of alcoholism, as well as the potential risks that growing up in an alcoholic home can have on COAs and ACOAs. Education should include information on the genetics and risks of alcoholism, and Roosa et al. (1989) suggested that providing COAs with coping strategies to deal with stressful situations that they may encounter both within and out of their home life would be very beneficial. Becoming aware of the potential impact of alcohol, and learning from watching the affects of alcoholism on their alcoholic parent and on their family was a vital component for the participants in the current study. By becoming educated, they were able to make positive decisions for themselves pertaining to their own personal use of alcohol, as well as the amount of alcohol used by important people in their lives. They were also able to make educated decisions about the people that they wanted to continue being in relationships with. Due to the hereditary nature of alcoholism, it is possible that the education that the participants received and the awareness that they had about substances prevented them from getting into relationships where substance abuse was a concern; perhaps this is a step towards breaking the chain of intergenerational transmission of alcoholism.

Creating meaning through the self. Consistent with J. Bruner's (2003) understanding of the self in narrative research, the participants portrayed different aspects of themselves that created their entire being. Many characters that made up each participant's understanding of themselves were revealed throughout the data, some that were compatible with each other while others were in conflict; for example, making a decision to detach from a parental figure in light of them being ill was not an easy choice, potentially creating conflict within differing aspects of the self. It is evident that the process of negotiating these characters was vital in the development

of the participants' whole selves, and their data conveyed meaning regarding the previously identified aspects of the selves as evolving beings.

The participants' ability to create and attain their goals and achievements, detach from their parents addiction, externalize the alcoholism, become mindful of substances, and develop independence were all influences in creating purpose and a sense of self in their lives. These aspects facilitated the process of self-discovery and helped the participants to create a life separate from the alcoholic home where they could develop a sense of identity. These aspects contributed to the development of self, as well as influenced the relationships that were cultivated by the participants. Therefore, becoming detached from their alcoholic parent, developing relationships with others, and becoming autonomous individuals created awareness in their lives; this then lead to opportunity.

Throughout this chapter, I have outlined the meaning that has been generated by the participants for each theme; the participants also conveyed the ability to make meaning out of the alcoholism that was a prevalent factor throughout the course of their lifetime.

Alcoholism: Meaning in Itself

Identifying the impact of alcoholism, and having the ability to make meaning out of growing up in an alcoholic home was a common theme that emerged for the participants in the latest stages of their lives. While they reflected back on their lives, they were able to see that alcoholism has had a huge influence on their learning and self-discovery and how their experiences with it have shaped them as people over time.

Claire defined alcoholism, on one hand, as "empty promises and lies...sadness and fear and mistrust," and on the other hand, she was able to consider her past and make meaning of her life growing up in an alcoholic home. She stated,

I think I have perspective. I know what sadness feels like, and loss and hurt. I think there's so many other horrible things out there...that people deal with and look how blessed I was...I look at people now who complain because they broke a nail...or they complain because their car ran out of gas or that they needed an oil change and they just don't have time in a day to get an oil change...and [I think] 'You have no idea what hurt or loss or sadness...is if that's what you're complaining about today...you're life is pretty good'.

When thinking about growing up in an alcoholic home and what it meant to her, Claire reflected, “I think at one time I was embarrassed about growing up in an alcoholic home or having a parent who is an alcoholic. Now that I am older...I APPRECIATE my childhood...it’s made me who I am.”

Breanne also realized how much alcoholism has shaped her as a person. She stated, “I was...noticing how all of it actually SHAPED my personality...I was very QUIET and reserved.” Through her experience, Breanne also came to an understanding of how the personality and behaviours of the alcoholic can have an affect on the family unit,

I, personally, find it difficult to isolate alcohol as a mere effector... I find that its abuse is also a symptom of underlying psychological issues of the abuser. The alcohol itself is not the only problem surrounding such people. Even when the substance is out of the addict’s life, the same sort of addictive thinking takes place and causes harm...I’m happy to have...more insight.

Amy has used her experience to develop insight into herself and her life and she has also used her experience as a participant in this study as a means to “walk through [life] again and have some more insights.”

She viewed the alcoholism that impacted her life as a significant learning experience and believed that there was a reason for her journey with it. She attributed her life as a child of an alcoholic as integral in her development of confidence in “knowing who I am and what my interests are, and [I] don’t feel like I need to portray something I’m not.”

Similar to the other three participants, Olivia found value in growing up in an alcoholic home,

It has humbled me and made me a more compassionate person...I know if it wasn’t for...growing up in an alcoholic home, I would not be the person I am today, I would not have had the courage in the past to reach out for help when I needed it, and I would not have had the same journey of self-growth and discovery...I am actually grateful that I grew up how I did...lessons were learned and I have grown so much more accepting of myself and other people. Looking back, I can only describe it as unreal...and it makes me feel as though I can conquer anything that life throws at me.

The words that these women have used to describe the meaning they have derived from growing up as COAs are powerful and speak to the participants' ability to create meaningful lives for themselves by transcending alcoholism and their alcoholic parents. Rather than succumbing to the challenges they faced, they were able to learn from their situations and move forward in their lives. There is a dearth of research that explores the meaning that ACOAs make of their experiences with alcoholism; therefore this may be a direction for future research.

Personal Characteristics: Participant Commonalities

The character of Sophie was developed based on the most prevalent personal characteristics that were exhibited by the participants. The most common characteristics that were portrayed included: being responsible, obedient/compliant, shy at times and outgoing at other times, ambitious, insightful, academic, enthusiastic, humorous, worthiness, able to maintain a positive focus, and displaying good judgement. Many of these traits were representative across the lifespan of the participants, with some of them developing over the course of their lifespan. For example, self-worth was developed later on in life, after the participants had developed self-esteem and realized their potential and worth.

According to Davey, Eaker, and Walters (2003), much of the research conducted on personality has utilized the "Big 5" which consists of the domains of extroversion, conscientiousness, neuroticism, openness to experience, and agreeableness. Their findings indicated that resilience and personality are not equivalent; people with many different types of personality profiles displayed resilience.

The personal characteristics that formed the profile of Sophie are difficult to compare to many studies in the literature. This is due to the immeasurable nature of these traits. Most personality research has employed quantitative measures, and the qualitative nature of this study places limitations on the ability to make comparisons with research of a quantitative nature. However, one qualitative study on resilience elicited a theme of 'life choices'; within this theme a positive attitude was found to influence the development of resilience in children of substance users (Moe et al., 2007). Also identified as important for fostering resilience were healthy relationships and goal setting. Both of these aspects appear consistent with the findings of the present study. It is important to note that there may be many other external and environmental factors that contribute to the development of both personality traits and resilience. Perhaps there

are certain personality traits that, when combined with environmental factors, increase the potential for ACOAs to develop resilience.

Part II: Implications and Conclusions

Claire, Breanne, Olivia, and Amy have courageously shared their stories of becoming resilient while growing up in an alcoholic home. The focus of this study was on using narrative inquiry as a way to explore the qualities, processes, and internal motivational factors which have facilitated resilience in adult children of alcoholics; identifying the meaning that was made from living in this type of environment has also been an important outcome of this study. I have found that, in many ways, this research is consistent with much of the literature on the experiences of ACOAs and resilience; however, I have also found that the nature of this study has facilitated expansion in this area. This study is strength-based, and is focused on identifying influences for developing resilience, rather than the risk-based studies that are more prevalent in the literature. It is also qualitative in nature, which allowed the data to be generated directly from the participants, who were able to articulate their beliefs about what has facilitated their resilience despite the risk of growing up in an alcoholic home. The findings from this study suggest implications for COAs and ACOAs, educators, counsellors, and researchers in the addictions field.

Implications for Children and Adult Children of Alcoholics

This study has been designed to understand the experiences of ACOAs with the further intention of helping children who are growing up in alcoholic homes overcome the risks of developing addictions and/or other mental illnesses. Alcohol addiction can create horror, and loss; people can lose their jobs, families, and their lives from it. COAs are vulnerable to risk when growing up in this environment, but opportunities can be created for them to become resilient and transcend these risks.

One of the main implications derived from this study is hope. The participants in this study have risen above their experiences with alcoholism in the home; not only do they perceive themselves as successful on their own terms, but they also have thrived in life. This is contrary to the typical portrayal of ACOAs as hopeless victims destined to continue to suffer from or recapitulate the trauma of their past. When I began this research, I had difficulty deciphering between “coping” and “resilience”. What I have come to realize through my interactions with my participants, is that people cope on a daily basis with the issues that arise in their lives. Not

everyone transcends their challenges and thrives in their environment, despite their experience with adversity. The participants in this study have made meaning out of their experiences and have used their challenges as a way to better themselves and become stronger people, free from addiction. However, by no means does this mean that they have not had, or still do not face, challenging situations.

No child should have to live in an alcoholic home and be exposed to the impact of such an environment; however there are millions that are. The life experiences of the participants in the current study suggest that there are COAs who grow up to be healthy, happy, well-functioning, and resilient ACOAs. That, in itself, is both comforting and hopeful.

The results of from this study suggest that COAs and ACOAs would benefit from interventions designed to foster resilience; not one of the participants became resilient solely as a result of their own doing. All of the participants had an extensive support network, a belief system, and became educated at the hands of others about alcoholism and addiction. They displayed a great deal of insight in being able to detach from the alcoholic parent, externalize the alcoholism, and become independent. These strategies were not taught to the participants in this study, however the question arises that if there are COAs and ACOAs who do not possess the ability to engage in these processes, can they be taught? It also brings forth the question of whether thinking patterns can be influenced to make meaning out of growing up in an alcoholic home, rather than focusing on the loss, devastation, and horror that COAs often experience. Providing children with opportunities to develop resiliency may increase their chances of living a healthy life, free from alcoholism and psychopathology. If it is possible to teach children how to be resilient, there are implications for educators and counsellors, as well as for programming for COAs and ACOAs.

Implications for Educators

The findings from this study suggest that education can be a valuable tool for fostering resilience in COAs and ACOAs. Education does not always need to be formal, as is evidenced by the participants in the current study, who learned from everyone who was involved in their support networks.

Educators and school personal have the opportunity to educate all children about alcoholism, substance use, and addiction. Not only is this an opportunity, it is a necessity in today's society where drugs and alcohol are so freely accessible. To withhold education about

the potential impact of substance use is to hinder children's ability to make informed choices for themselves. More time and energy within the education system should be focused on this important topic; our children are our future and it is our responsibility to create opportunity for them to make healthy choices and decisions for themselves. This is not to say that all children who are educated about addiction are going to make positive decisions. However, too many teenagers begin using substances without awareness of the potential impact that it can have on them; creating avenues for them to become aware and mindful of substances is essential. Also, education on addiction can involve teaching children about the importance of detachment and how to externalize alcoholism. Educators can also implement self-esteem building which will increase the likelihood that children will develop independence and set goals and expectations for themselves. These opportunities can be maximized by educators as well as counsellors who work with families and children who are affected by alcoholism.

Implications for Counsellors

Considering the high prevalence of alcoholism, the chances of counsellors encountering COAs or ACOAs is fairly high. It is important for counsellors to have an understanding of addiction and the potential impact it can have on clients. Counsellors can serve as sources of support for COAs and ACOAs, and they can also be a resource for individuals to become educated about addiction. Counselling techniques can be used to aid COAs or ACOAs in developing insight about their own experiences and the impact that growing up in an alcoholic home has had on them. Counsellors can also create groups for COAs and ACOAs, as well as provide them with community resources where they can receive support. This would open up opportunity to conduct educational sessions, as well as therapeutic sessions on addiction, self-esteem building, healthy coping, etc. Counsellors working in schools have the opportunity to collaborate with teachers and others involved in the school team, such as principals and support workers, to develop individualized programming for COAs.

Counsellors have the opportunity to facilitate clients meaning making of their experiences with alcoholism; in the current study, making meaning of the addiction that consumed much of the participants' lives was an important process in fostering resilience. Counsellors may guide this process through Narrative Therapy, which "focuses on expanding clients' thinking to allow them to consider alternative ways of looking at themselves and their problems," (Nichols, 2009, p. 284). This entails gaining an understanding of clients' stories and

facilitating 're-storying' by encouraging alternative perceptions of their trauma and issues. By looking outside the client, cultural assumptions and beliefs that are destructive can be identified. Psychotherapeutic work with the client involves "creating new and more optimistic accounts of experience," (Nichols, p. 290). The participants in the current study have developed more optimistic accounts of their experiences as ACOAs. For example, meaning making has allowed them to gain an understanding of the purpose that alcoholism has served in their lives, and they were able to create opportunities for learning and self-growth as a result of their life circumstances. Narrative Therapy also utilizes externalization, which many of the participants engaged in as a means to separate their alcoholic parent from the alcoholism (Nichols).

Supplementing Narrative Therapy with Strength-Based Counselling would also be an ideal approach for working with individuals exposed to alcohol in the family home. A strength-based approach "recognizes clients' strengths as a basic therapeutic intervention" (Smith, 2006, p. 136). Although many COAs and ACOAs have lived lives full of negativity, counsellors have the opportunity to identify the exceptional qualities in their clients, gain an understanding of the way in which clients build and develop relationships, help identify clients' support systems, and gain insight into the ways that clients adapt to environmental changes in their lives (Smith). Smith suggests that helping clients become aware of their strengths and abilities increases their belief in themselves and their motivation to use these strengths for their own therapeutic intervention. Once clients' strengths have been identified, they can determine how to use them as a means for addressing their issues (White, 2002).

In my current strength-based practice with youth, I have encountered COAs. As a result of my research process and findings, I have been cognizant of the themes that have been generated in this study; therefore focusing on identifying their strengths, as well as actively listening for qualities, processes, and internal motivational factors that may have contributed to their development of resilience. I have helped them identify the individuals in their lives that comprise their support system, as well as guided them to community resources to expand this network. We have discussed ways to incorporate their belief systems as tools for coping with the alcoholism that has been present in their lives. I have also made note of the ways that they have evolved in terms of the goals and expectations that they had of themselves, and how independent they were. From this assessment, I have been able to encourage them to further develop these areas. I have also had the opportunity to provide education to them about alcoholism,

detachment, and externalization, all which have proved to be valuable tools for them in understanding and coping with their parents' alcoholism. By encouraging my clients to tell their stories as COAs, I have been able to make assessments about their current states, which has informed my intervention and treatment plans.

Implications for Future Research

The main purpose of this study was to gain an understanding of the qualities, processes, or internal factors that have lead to the development of resilience in ACOAs in order to gain a clearer understanding of resilience, for understanding the life experiences and developmental trajectories of this population, and for developing sensitive programming for COAs and ACOAs from a resilience perspective. The findings from this study imply that resilience can consist of qualities, processes, and/or internal motivation factors, as is consistent with G.E. Richardson's (2002) definition. For example, being in relation with others may be considered a process because developing relationships is a process that occurs over time. Independence may be considered a quality or a process, as some individuals possess this characteristic, while others take time to develop it. Having expectations of oneself may be considered an internal motivational factor that is the driving force for pursuing self-actualization or seeking out education about alcoholism with the intent to gain wisdom and knowledge about it. Future research can focus on teasing apart these qualities, processes, and internal factors to gain a greater understanding of the construct of resilience.

Narrative Inquiry as a research method has given voice to those who have grown up in alcoholic homes and has yielded first-hand accounts about what is viewed as vital in developing resilience for the participants in this study. This study can be replicated with several populations. It would be beneficial to carry out this study with both male and female participants of various geographic locations, age groups, cultural backgrounds, and socioeconomic status. Results emerging from such studies may vary from those presented herein and offer a more holistic understanding of the development of resilience in various populations. Such studies may also provide more insight into the lived experiences, life histories, and developmental trajectories of those exposed to alcoholism in the home. A more comprehensive contribution to the programming and counselling needs for COAs and ACOAs at different ages and stages in life may also be made through replication. This study employs an adult sample; it may be beneficial to conduct a longitudinal study with a group of youth in order to explore their experiences as

they grow up needing to cope in the context of today's society. Conducting narrative interviews with COAs may provide a developmental perspective of what their lives have entailed and the components needed in programming for them. Also, conducting narrative interviews with underprivileged populations who do not have access to middle-class amenities may yield important findings.

It was not my intention to conduct a study on gender, however, the fact that only women volunteered for my study brings into question the experiences of women ACOAs. There is a dearth of literature exploring these experiences, and the results of this study indicate that there are many avenues for future research in this domain. Feminist theories such as *The Self-in-Relation Theory* (Surrey, 1985) could be implemented in this type of research. This theory explores the development of the self in relation to others. The data that was generated from this study could be explored from this perspective, as relationships were an integral finding that all of the participants attributed to their development of resilience. The participants also occupied several stereotypical, female, domesticated roles such as cooking, cleaning, canning, and nurturing. Further investigation pertaining to sex differences and the social roles adopted by male and female COAs and ACOAs would contribute to the research base for this population. Because the participants were from rural Saskatchewan, examination of their roles in comparison to ACOAs from urban Saskatchewan would be another possibility for further research. This may aid in the understanding of the urban and rural experience of female ACOAs, and the study could further be replicated with males.

As an extension of this study, Narrative Inquiry could be used to explore the themes identified in more detail. Individual interviews can be developed that hone in on support networks, self-in-relation, belief systems, individual development, or the meaning of alcoholism. A further exploration of the socio-environmental characteristics that may contribute to resilience would be beneficial. It may also be valuable to develop, or utilize previously developed quantitative measures to explore each personality characteristic within the current study; it can then be determined whether these characteristics are correlated with resilience, and may provide a deeper understanding of the themes that were generated in this study. As mentioned, there is a dearth of research that explores the meaning that ACOAs make of their experiences growing up in an alcoholic home, the impact that a sincere apology from an alcoholic parent has on a COA or ACOA, and the relationship between belief systems and resilience. The findings from this

study can be expanded in more in-depth studies to explore these domains and potentially contribute to the understanding of COAs, ACOAs, and resilience.

Future research can also focus on developing effective programs for COAs and ACOAs, or expanding on or refining current programs. The findings from this study can be incorporated into already developed programs or can be utilized in developing strength-based programs that Smith (2006) suggests individuals at risk may benefit from. Price and Emsoff (1997) suggest that action research is needed to bridge the gap between research and intervention. Action Research may facilitate the evaluation of programs in a systematic and rigorous way, as well as determine what aspects of programs are most effective for COAs and ACOAs.

Much of the literature on ACOAs is quantitative in nature; although the research community is making qualitative contributions to this field, these studies are still needed to directly acquire information from those who live with the impact of alcoholism and other addictions. This study explored the experiences of those who have grown up, or are growing up, in homes where alcohol abuse is prevalent. Is the experience of developing resilience similar for those who have grown up, or are growing up, with other substance abuse in the home? Do individuals growing up in home with substance abuse need different programming than COAs and ACOAs? Do counsellors helping this population need to use different counselling methods than with COAs or ACOAs? This study generates many questions and provides countless opportunities for research to be expanded in this field.

Limitations

In the current study, narrative research has been used to understand the processes, qualities, and internal factors that COAs and ACOAs may use to develop resilience. The findings from this study contribute important information about ACOAs and resilience to the literature. As with all research, this study is not without limitations. The major limitations include: my role as a researcher/participant, the sample, and the limited transferability of the findings.

My role as a researcher/participant can be viewed as a limitation of the current study. Due to the necessity of protecting the details of my personal life from being attributed to me, and thus, compromising my confidentiality, I was unable to introduce my participants individually to the reader. Individual introductions may have given more insight into the nature of the participants, and provided the reader with opportunities to create an image of each participant that may be beneficial in identifying with the findings of the present study. Also, in order to

protect my own confidentiality, I was limited in discussing the differences between my participants. For those who do not know me, identifying the differences between the participants and I would not have been an issue, however, for those readers who know me, identifying these differences would have exposed me to a degree that could result in identification. Despite the possible limitation of my dual role, Polkinghorne (1988) proposes that “narrative enrichment occurs when one retrospectively revises, selects, and orders past details in such a way as to create a self-narrative that is coherent and satisfying and that will serve as a justification for one’s present condition and situation” (p. 106). Therefore, being a character in my own narrative may have strengthened the research, as I have shared both the research process and the experience of being an ACOA with my participants.

Another limitation of this study is the lack of diversity of the participants. They were all female university students who were raised in middle class homes with one alcoholic parent. It is possible that this population has already developed resilience that is different from a non-university sample, under-representing the middle-class. Further, the participants have grown up in alcoholic homes with one supportive parent, excluding ACOAs who lacked a supportive non-alcoholic parent or who had two alcoholic parents. All participants were also women, omitting the experiences of male ACOAs; a study with a more diverse sample may have yielded alternative findings. This brings into question the transferability of the findings, which may be limited due to the homogeneity of the participants. These interpretations may not be transferable to other contexts or participants, but cross-contextual generalities can be made (Mason, 2002).

As with all research, alternative interpretations and conclusions may be drawn. The themes generated from this research often over-lap, and may change across time and space even when they are interpreted from the same participants Becker (1999). It is my hope that the findings generated from first hand accounts of these participants will enhance the knowledge base of the experience of ACOAs and resiliency, and contribute to the development of sensitive programming for children and adult children living with the adversity of having an alcoholic parent.

Prologue: My Experience as a Researcher/Participant

What a journey this has been. Engaging in this research process has given me insight into the experiences of others who have grown up in alcoholic homes. It also has facilitated self-reflection and insightfulness. Being a participant and the researcher has been a unique and

fulfilling experience. At the beginning of my research, I was trying very hard to separate the two, creating two different characters of my self, if you will. I found that at times I was able to be a researcher and at other times I was able to be the participant, however there were also times when those two identities merged, and I had to let go and let the process take over.

Looking back at my notes, I began writing the story of my life growing up in an alcoholic home on February 10, 2010. I was at my parent's cabin at the lake, watching the sun come up over the hills, drinking coffee, and smelling the deliciousness of the woodstove burning. The memory is fresh in my mind. I wanted to write my own story before beginning my data collection so that the stories of my participants would not skew my own personal story. What I have come to realize is that the participants in my research have similar stories to my own. Through Narrative Inquiry, I was able to represent the similarities and differences in our lives.

The process of writing this thesis has given me the final requirement for my Master's degree, and it has also affected me in a deep, personal way. Telling my own story of growing up in a home where alcoholism was present was very therapeutic, and listening to the stories of the women who agreed to participate in my study was validating. Through laughter and tears we journeyed together and I respect the courage my participants showed through sharing their stories. The decision to tell my story of growing up in an alcoholic home was not made in the hopes of personal gain, but because I have healed enough on my journey and am ready to share my experience with others with the hopes that they can gain from it.

This research experience has been challenging and rewarding, and as much as I look forward to closing this chapter in my life and moving forward, I know that I will look back on it as a wonderful opportunity. I have also had the opportunity to contribute to the resilience literature on ACOAs, a topic that I am passionate about and that has affected the lives of many people who are dear to my heart. I live with hope that others who have grown up in alcoholic homes can transcend this illness and its affects, and use their potential to live healthy, hopeful lives.

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Appendix A



Behavioural Research Ethics Board (Beh-REB) APPLICATION FOR APPROVAL OF RESEARCH PROTOCOL

1. Name of researcher(s) and/or supervisor (s) and related department(s).

Dr. Stephanie Martin, Supervisor
Department of Educational Psychology

1a. Name of student(s)

Dana Bain, M.Ed. Candidate

1b. Anticipated start date of the research study (phase) and the expected completion date of the study (phase).

Anticipated start date: November 1, 2009
Anticipated end date: August 31, 2010

2. Title of Study

Narratives of Adult Children of Alcoholics: "How We Learned to Cope"

3. Abstract (100-250 words)

Much of the addiction literature focuses on the devastating effects and the tragedy that is perpetuated as a result of alcoholism; this is consistent with the historical tendency of health care research and practice to focus on illness, pathology, and vulnerability. Alcoholism tends to run in families; it has a genetic component and children of alcoholics (COAs) face a higher risk of developing alcoholism and other psychopathology than children who do not have alcoholic parents. Many family members of alcoholics are portrayed as victims, ill in their own right, susceptible to labels such as 'codependency', the tendency for family members of alcoholics to adopt certain traits such as enabling behaviour, a tendency to focus on others, and the inclination to find purpose through relationships with others. There is little literature that addresses the adaptive coping factors that facilitate the development of resiliency in COAs. It is suggested that intervention and prevention programs need to promote resiliency in COAs, providing

them with coping skills and support in order to prevent further intergenerational transmission of both alcoholism and psychopathology. To accomplish this, the understanding of factors that facilitate resiliency is important. However, little research looks at the process of change and agents of resiliency that can aid in the prevention of risk for COAs. How can treatment, intervention, and prevention programs reach the maximum effectiveness without the understanding of the skills needed to facilitate resiliency? There is evidence that many COAs reach adulthood without developing alcoholism or psychopathology, however it is difficult to determine which children will and which children will not become alcoholic themselves or develop further mental illness. Understanding the experiences of adult children of alcoholics (ACOAs) who have not developed alcoholism or psychopathology themselves, and who have developed adaptive coping skills despite the risk of growing up in an alcoholic home, may aid in the development of or improvement of sensitive programming for COAs.

Research Question:

What processes have facilitated effective coping for Adult Children of Alcoholics despite facing the potential adversity of having one or more alcoholic parent?

4. **Funding** N/A

5. **Expertise** N/A

6. **Conflict of Interest**

The student researcher is an adult child of an alcoholic. There are no anticipated relationships to the participants, and the researcher biases will be stated and acknowledged in the research proposal and final paper.

7. **Participants**

The participants will consist of 3-5 self-defined resilient adult children of alcoholics, based on the belief that they grew up in a home with one or more alcoholic parent/guardian. They will be over the age of 18. They will believe that they have successfully adapted to their environment, despite the risk of growing up in an alcoholic home. They must be willing to disclose in-depth information about their experiences growing up in an alcoholic home. Participants will be recruited by posters. With the permission of each location, I plan to hang posters at the Canadian Mental Health Association, Mental Health and Addiction Services, the University of Saskatchewan campus, and doctors' offices in Saskatoon. The posters will contain a brief description of the purpose and method of the research study, the participant recruitment criteria, the expected time commitment, the potential benefits of the study, my contact information, and my supervisor's contact information. Potential participants will be asked to contact either my supervisor or myself either by email. (A copy of the poster is included in Appendix B). There will be no anticipated relationship between the researcher and the

participants, and their participation will be completely voluntary so the participants will not be coerced.

8. Consent

Participants will first be informed about the purpose and procedures of the study. Participants will then be given a consent form that they will be asked to read and sign. (A copy of the consent form is included in Appendix C). The student researcher will present the purpose and the procedure of the project to the potential participants. They will read with them the consent form, and leave them a copy of the consent form. Potential participants will then be given 7 days to consider whether they would like to participate in the study. After seven days, the researcher will contact the participants and ask them if they want to participate in the research. The researcher will answer any questions about the study before proceeding and remind the participants that they have the right to withdraw at any time, without penalty. The right to withdraw is also clearly stated on the consent form. Participants will be reminded that any data collected up to the point of withdrawal will be destroyed. If the participants agree to participate in the research, then the student researcher will invite the participants to sign the consent form.

If participants decide to withdraw, data collection will be stopped immediately and they will be thanked for their participation. Each participant will be asked if there are any questions or concerns about the nature of the study. All data collected from the participant will be deleted and destroyed.

In addition, researchers should consider whether any of the following concerns apply, and address them accordingly:

- a) *Alternative consent protocols* N/A
- b) *Recruitment from organizations* N/A
- c) *Children under 18 years of age* N/A
- d) *Participants are in a dependent relationship to the researcher* N/A
- e) *Participants are not able to given either consent or assent* N/A
- f) *Participant-Observation research* N/A
- g) *Research involving small groups* N/A

9. Methods/Procedures

The data collection process will begin with an informal conversation designed to establish rapport, ease the participants into the interview process, and generate discussion. Participants will be asked to complete one or two 90 minute interviews within

one week of each other. The second interview will only be conducted if the first one does not generate rich enough data or if the student researcher needs to inquire further about a particular disclosure. Field notes will also be taken by the researcher. Copies of the Informal Conversation Guide and Life History Interview are included in Appendices D and E respectively.

10. Storage of Data

Data will consist of audio-tapes, field notes, and transcripts. The data and consent forms will be securely stored at the University of Saskatchewan by the faculty supervisor for a minimum of five years upon the completion of the study. Consent forms will not be linked with the data. The student researcher shall be able to verify the authenticity of all data, or other factual information, generated in her research, while ensuring that confidentiality is protected where required. Such material will not be destroyed while there is a reasonable probability of questions from other investigators, colleagues or readers of resulting publications which could require access to primary data or may require a re-analysis of the data.

11. Dissemination of Results

The data collected is intended to be presented in the form of a thesis, conference presentations, and published as a journal article.

12. Risk, Benefits, and Deception

The research has potential benefits in that it may contribute to the body of literature designed to contribute to the development of effective, sensitive programming for children growing up in alcoholic homes.

During the encounters, participants may discuss sensitive information resulting in the reconnection with some of the sad feelings associated to their past experiences. Participants will be reminded of this potential psychological risk before they accept to participate in the research. The participants will be well informed of the topic, and they have ample time to make a decision regarding participation, therefore we do not believe that there is more than minimal psychological risk associated with this study. A contact number for support services will be provided on the consent form for those who may experience any emotional upset. The agency that will be provided is the Mental Health and Addiction Services at (306) 655-6735.

- a) Are you planning to study a vulnerable population? No
- b) Are you planning to study a captive or dependent population, such as children or prisoners? No
- c) Is there is a institutional/ power relationship between researcher and participant (e.g., employer/employee, teacher/student, counsellor/client)? No
- d) Will it be possible to associate specific information in your data file with specific participants? No

- e) Is there a possibility that third parties may be exposed to loss of confidentiality/anonymity? No
- f) Are you using audio or videotaping? Yes
- g) Will participants be actively deceived or misled? No
- h) Are the research procedures likely to cause any degree of discomfort, fatigue, or stress? Yes
- i) Do you plan to ask participants questions that are personal or sensitive? Are there questions that might be upsetting to the respondent? Yes
- j) Are the procedures likely to induce embarrassment, humiliation, lowered self-esteem, guilt, conflict, anger, distress, or any other negative emotional state? No
- k) Is there any social risk (e.g., possible loss of status, privacy or reputation)? No
- l) Will the research infringe on the rights of participants by, for example, withholding beneficial treatment in control groups, restricting access to education or treatment? No
- m) Will participants receive compensation of any type? Is the degree of compensation sufficient to act as a coercion to participate? No
- n) Can you think of any other possible harm that participants might experience as a result of participating in this study? No

13. Confidentiality

All data will be in the form of audio-tapes, field notes, and transcripts. The data from this research project will be published and presented at conferences; however, each participant's identity will be kept confidential. Although direct quotations from the interview will be reported, all participants will be given an arbitrary pseudonym, and all identifying information, such as occupations and place of residence, will be removed from the report. Data will also be transcribed using arbitrary pseudonyms that will not be associated with any names or personally identifying information. Consent forms will not be linked with the data.

14. Data/Transcript Release

After the interview, and prior to the data being included in the final report, participants will be given the opportunity to review the transcript of their interview, and to add, alter, or delete information from the transcripts as they see fit. A copy of the transcript release form is provided in Appendix F.

15. Debriefing and feedback

Participants will be invited to ask any questions regarding their participation and will be provided with a copy of the final report if they are interested in the results of the research project.

16. Required Signatures N/A (for this assignment)

17. Required Contact Information

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Appendix C – Consent Form

Behavioural Research Ethics Board (Beh-REB)

You are invited to participate in a research project entitled Narratives of Adult Children of Alcoholics: “How I Learned to Cope”. Please read this form carefully, and feel free to ask questions you might have.

Student Researcher(s): Dana Bain, Department of Educational Psychology, 343-8011,
deb525@mail.usask.ca

Faculty Supervisor: Dr. Stephanie Martin, Department of Educational Psychology, 966-5259
stephanie.martin@usask.ca

Purpose and Procedure: The primary purpose of the research is to train the student researcher in the methods of behavioural research. Participation is not part of participants’ regular health care and it is optional. The study will explore the life experiences of adult children of alcoholics. Participants are asked to complete one or two 90 minute interviews pertaining to their experiences with alcoholism. The interviews will ask about their past, present, and imagined future experiences, focusing on their experiences with alcohol. The second interview will be conducted only if the researcher needs to ask further questions about the research topic, otherwise it will not be needed. Participants will be asked to provide any other forms of information that they believe will be helpful in telling their stories as adult children of alcoholics. These may include journal or diary entries, letters, poems, or any other form of information that they want to include. All interviews will be tape recorded and later transcribed by the researcher. The reported data will include direct quotations from the participants; however the identity of each participant will be protected.

Potential Benefits: Potential benefits to the participants include a better understanding of qualitative research methods and the qualitative research process in educational psychology, as well as the opportunity to share their stories. Within the community, this study may contribute to developing programming for children growing up in alcoholic homes. These benefits are not guaranteed.

Potential Risks: During the interviews, participants may experience psychological discomfort while discussing sensitive, personal information. All possible measures will be taken to avoid any psychological discomfort for the duration of the study. Participants will be reminded of this potential psychological risk before they accept to participate in the research. The participants will be well informed of the topic, and they have ample time to make a decision regarding participation. A contact number for support services is provided for those who may experience any emotional upset. Counselling services can be reached at Mental Health and Addiction Services at (306) 655-6735.

Storage of Data: Data will consist of audio-tapes, field notes, and transcripts. The data and consent forms will be securely stored at the University of Saskatchewan by the faculty supervisor for a minimum of five years upon the completion of the study. This consent form will be stored separately from the data so that it will not be possible to associate names with any given data. In instances where the data is published in an academic journal and/or presented at a professional conference, the data will be stored for a minimum of five years after completion of the study. When the data is no longer required, it will be appropriately destroyed.

Confidentiality: The data from this research project will be published and presented at conferences; however, participants' identity will be kept confidential. Although direct quotations from the interview will be reported, participants will be given a pseudonym, and all identifying information, such as participants' occupation and place of residence will be removed from the report. After the interview, and prior to the data being included in the final report, participants will be given the opportunity to review the transcript of their interview, and to add, alter, or delete information from the transcripts as they see fit.

Right to Withdraw: Participation is voluntary, and you can answer only those questions that you are comfortable with. There is no guarantee that you will personally benefit from your involvement. The information that is shared will be held in strict confidence and discussed only with the research team. You may withdraw from the research project for any reason, at any time, without penalty of any sort. You may withdraw without the loss of access to counselling services through Mental Health and Addiction Services. If you withdraw from the research project at any time, any data that you have contributed will be destroyed at your request.

Questions: If you have any questions concerning the research project, please feel free to ask at any point; you are also free to contact the researcher or supervisor by the phone numbers or emails provided if you have other questions. This research project has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board on June 15, 2009. Any questions regarding your rights as a participant may be addressed to that committee through the Ethics Office (966-2084). Out of town participants may call collect.

Follow-Up or Debriefing: You will be provided with a copy of the final report if you are interested in the results of the research project.

Consent to Participate: I have read and understood the description provided; I have had an opportunity to ask questions and my questions have been answered. I consent to participate in the research project, understanding that I may withdraw my consent at any time. A copy of this Consent Form has been given to me for my records.

(Name of Participant)

(Date)

(Signature of Participant)

(Signature of Researcher)

Appendix D

Informal Conversation Guide

1. What inspired you to participate in my research study?
2. Why do you want aspects of your lived experience to be heard and shared by others?

Appendix E

Life Story Interview Guide

1. I am interested in your lived experience of being an adult child of an alcoholic. Begin by telling me the story of your life and the place of alcohol in it.

Guiding questions

- a) Describe the story of your childhood and how alcohol had an impact on you at his time.
 1. Describe the impact of your parent's drinking on you at this time.
 2. Can you help me understand how you coped with it?
- b) Describe the story of your adolescence and how alcohol had an impact on you at his time.
 1. Describe the impact of your parent's drinking on you at this time.
 2. Can you help me understand how you coped with it?
- c) Describe the story of your young adult years and how alcohol had an impact on you at his time. (If my participant is no longer a young adult).
 1. Describe the impact of your parent's drinking on you at this time.
 2. Can you help me understand how you coped with it?
- d) Describe the story of your present life and how alcohol has an impact on you at his time.
 1. Describe the impact of your parent's drinking on you at this time.
 2. Can you help me understand how you coped with it?

- e) Describe the story of your anticipated future and how you imagine alcohol having an impact on you at this time.
1. Describe how you see your parent/parent's drinking impacting you at this time?
 2. Can you help me to understand how you will cope with it?



Appendix F - Transcript Release Form

I, _____, have reviewed the complete transcript of my personal interview in this study, and have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with Dana Bain. I hereby authorize the release of this transcript to Dana Bain to be used in the manner described in the Consent Form. I have received a copy of this Data/Transcript Release Form for my own records.

(Name of Participant)

(Date)

(Signature of Participant)

(Signature of researcher)