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Narrating Identities: Adult Children of Alcoholics and Their Social Support Systems

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This research is a product of the graduate program in Speech Communication at Eastern Illinois University. Find out more about the program.

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Narrating Identities: Adult Children of Alcoholics and their Social Support Systems

BY

Laura J. Wolff

1978

THESIS

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Abstract

This study examines communication between adult children of alcoholics and the social support systems that result from their relationships with their alcoholic parents. These relationships may form either with the alcoholic parent or with others around them. Surveys and a focus group were used to draw information from participants concerning social support systems, communication patterns, coping methods, and critical incidents that occurred during childhood. Adult children of alcoholics were also found to suffer from interpersonal problems, dependency problems, poorer communication skills, approval seeking tendencies, and intimacy problems. The findings of this report suggest that good social support minimizes the negative effects of alcoholism on children.
Dedication

The task of choosing a thesis topic is never easy for most graduate students. The only advice that I had received was that I should pick something of interest to me that I would not grow bored with. After reviewing these simple guidelines, it was obvious to me that I wanted to choose a topic that had affected my family and me in a very personal and significant manner.

This thesis is written in dedication to my father, Ronny Wolff, who has successfully stayed sober from alcohol since 1993. His strong will and dedication to the pursuit of his health and happiness is forever an inspiration to me.

The concentration, hard work, dedication, and heartfelt emotion that have been put into this text only reminds me of the similar tribulations that have occurred throughout your life to arrive where you are today. You will possibly never know how proud I am of your accomplishments, most prevalently, the fact that you were capable of fighting off an addiction that few ever recover from completely.

Now, as an adult myself, I have discovered an even deeper appreciation of our relationship and of the wonderful person that you are. Thank you for everything you have ever done for me, but most importantly for being my friend. This is for you, dad.
Acknowledgements

This report has been a long journey for me, but I could have never completed it without the help of several individuals. Most notably, I would like to acknowledge Dr. Melanie Mills, my thesis advisor, for her overwhelming support on this thesis. She went above and beyond her advisory duties by meeting often several times a week and sacrificing other academic duties in order to assist me. I will never forget your guidance, your good nature, or your dedication to speech communication as a discipline. I consider you an excellent professor, a mentor, and now too, a friend.

In addition, I would like to thank the other members of my thesis committee, Dr. Christine Helsel and Dr. Mehdi Semati. Dr. Helsel, your drive and ambition have been a guiding force throughout the success of my college education. Dr. Semati, thank you for your insight, your intuition, and your dedication to helping me complete this project.

Without the assistance of ten survey/focus group participants, this thesis would have never been possible. These individuals took time out of their personal lives, with no compensation, to further advance research on a problem that we all inevitably suffer from.

Furthermore, I would like to thank the rest of my family for their support throughout this endeavor. This is written for not only my own interest, but for my mother and my brothers who have endured many of the same hardships that I have, in addition to any other child or spouse of an alcoholic.
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Social Support Systems and Communication Patterns Between Adult Children of Alcoholics and their Alcoholic Parent(s)

Since its creation, alcohol has been an increasing source of physical and emotional problems for many humans. However, the battle that people fight with alcoholism is not fought alone. Alcoholics' actions, attitudes, and coping strategies affect their family members. Those who are arguably affected in the most complex ways during their upbringing are the children of these alcoholics.

In the past several years, there has been a growing concern for these individuals who many believe are at risk for mental health problems. Adult children of alcoholics have become a specific group of particular interest to psychologists and theorists. The qualitative data for this study will primarily be drawn from college students, which is appropriate considering 20% of all students in the U.S.A. come from alcoholic families (Oliver & Powell, 1998).

Past research has focused heavily on the actions and personality traits of adult children of alcoholics, and not on how they negotiate identity issues. Researchers have also discovered large volumes of information on social support systems used within human relationships. There is however, a lack of research forming a correlation between the effects of growing up as a child of an alcoholic, the types of social support that these individuals seek later on in life, and issues of self identity related to being a child of an alcoholic.

Within this report, I focus on some identity issues related to alcoholism for adult children of alcoholics, and social support systems that adult children of
alcoholics develop. In addition, coping strategies and communication methods practiced by alcoholics and their children are reviewed.

The Effects of Alcoholism

With the number of adult children of alcoholics at an estimated 34 million in the United States alone, it is necessary to gather as much accurate information about this group as possible. It has been argued that any individual related to an alcoholic is capable of having problems because of that individual's addiction. Even the grandchildren of alcoholics may be at risk of taking on the "alcoholic gene" (Seefeldt & Lyon, 1992).

In order to understand the effects that alcoholism has on individuals, we must first understand this ailment that is often understood as a disease.

According to a study by Bostrom and White (1979), alcohol is our most widely used drug. At least 90 million American adults and 10 million young persons use this depressant with some regularity. A substantial amount of communication behavior occurs while alcohol is being used, and this usage is often a factor in receiving and encoding behavior (p. 73).

The increased emphasis on studying the significant traits of adult children of alcoholics is creating a new understanding of the consequences of growing up in a home with an alcoholic parent. There are two primary reasons that this is a highly important topic to discuss. One reason is because there is such a large number of Americans who are raised as children of alcoholics. Another key reason for this importance is because any individual who was raised by an
alcoholic, is an adult child of an alcoholic for the remainder of his or her life (Carney, 1991).

According to a Vail, Protinsky, and Prouty (2000), the greatest difficulties in researching adult children of alcoholics is participant misclassification and misidentification of terminology. A problem with terminology is raised in the way that a person identifies his or her parent as an alcoholic. The word "alcoholic" may be intentionally avoided because of the concern that some respondents would refuse to admit having an alcoholic parent. Many individuals place a negative connotation on the word "alcoholic" and would not place themselves or others within this category even if they knew that the person was, in fact, an alcoholic. However, within this study it was found that the basic assumption is that the words "drinking problem" and "frequent intoxication" are usually synonymous with alcoholism (p. 114).

Another problem identifying alcoholism is dependent on what the child views as the extent of the parent’s drinking problem. Many American adults consume alcohol, so some problems and behaviors associated with alcohol are not always indicative of alcoholism. Children are often unable to identify the difference between "normal social drinking" and "extensive over-drinking." It is identified by children and adolescents as alcoholism when frequent intoxication often resulting in atypical behaviors is observed (Vail, Protinsky, & Prouty, 2000). The frustration of alcoholism, for those who do not suffer from it, is that people have the behavioral skills needed to avoid the problem. What people appear to
lack, however, is the necessary affective motivation to change their actions (Taylor & Booth-Butterfield, 1993).

Carney (1991) stated that a constitutive rhetoric, or a way of explaining this specialized language, related to alcoholism has mostly been developed since the early 1980's. Formerly unrecognized, adult children of alcoholics have achieved a social identity and progressed to become a distinct social group, which is beginning to be a proactive social movement (p. 33). This is partly due to an increase in studies involving the dynamics and consequences of an upbringing in a dysfunctional home. In many cases, the "adult" is still a child in terms of blocked inner development. In addition, adult children of alcoholics often suffer from the psychologically crippling consequences of shame and a need for nurturing of this repressed "inner child" (p. 34).

According to Harman and Armsworth (1995), adult children of alcoholics have been found to experience greater adjustment problems in early adolescence, including more distress, socialization difficulties, and emotional problems. The primary problems associated with these individuals are an increased level of depression, anxiety, and paranoia (p. 459).

Many clinical reports have addressed the interpersonal problems of adult children of alcoholics, and these problems have been considered the most critical for America's current population. These reports have shown that adult children of alcoholics have intimacy problems such as getting into early marriages, displaying a high level of dependency, and engaging in sexual promiscuity. Many times, they often remain in relationships long after they have soured. In
addition, difficulty trusting other people, fear of abandonment, and fear of being vulnerable have also been associated with adult children of alcoholics (Martin, 1995).

The most common feature that has been associated with this population is a strong need for social approval. Because of their approval seeking tendencies, adult children of alcoholics are likely to avoid initiating conversations with coworkers and supervisors. They also tend to avoid answering questions directly until they have figured out what is wanted or expected of them (Oliver & Power, 1998).

Harman and Armsworth (1995) reported that differences in gender have emerged, with male adult children of alcoholics displaying more antisocial disorders and females displaying more affective disorders. These studies also suggest that adult children of alcoholics have increased difficulties with alcohol and with the law. Adult children of alcoholics have been found more likely to have an alcoholic spouse, lower self-esteem, more problems trusting people, more intimacy problems, more separation and divorce, more dependency problems, and poorer communication skills (p. 460).

Menees (1997) found that parental alcoholism, in addition to an adverse family environment, increases the risk for maladjustment of the offspring. Parental alcoholism in combination with the family communication environment has also been found to lead to problems for the child of an alcoholic (p. 10).

One form of coping and social support has been developed through the Alcoholics Anonymous (AA) movement. AA's twelve-step program employs
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easily intelligible terms, and is an effective and achievable strategy for recovering from addiction. In the 1970's and 80's, AA served as a model for similar support systems. Groups such as Alanon, Alateen, Families Anonymous, Gamblers Anonymous, Overeaters Anonymous, and Co-dependents Anonymous have developed a similar format to AA in order to provide support for those in need (Carney, 1991).

Coping Strategies

In order to balance an addiction and a family, it is imperative that alcoholics learn how to cope with their drinking problem and the adverse effects of their drinking. The alcoholic must learn to make use of certain coping methods for the betterment of his or her own health and to maintain a family life. When the alcoholic is not capable of dealing with his or her drinking problem on a realistic level, the addiction will inevitably have adverse effects on the alcoholic's family members. In turn, the children of alcoholics must actively cope with their parent’s alcoholism in order to maintain balance in his or her personal life, as well as to maintain balance within the family.

Schwarzer and Weiner (1991) conducted research concerning coping as a predictor of emotions and social support. Attribution theory, a social psychological approach that focuses on perceived causality, has been extended to the study of social stigmas. Alcoholism is treated as a social stigma because it is a condition that defines a person as flawed, limited, or spoiled (p. 133).

Schwarzer and Weiner (1991) found that onset controllability had a direct impact on social support. In this sense, if people believed that an alcoholic had
control of his or her problem, they would be more likely to show a higher level of social support for the alcoholic. In addition, the target person was described as either actively coping with the stigma or as not coping (p. 133).

Another popular means of coping and social support for adult children of alcoholics is through interactive coping. Barbee and Cunningham (1995) identified interactive coping as a dynamic behavioral process in which one individual responds verbally and nonverbally, in either helpful or unhelpful ways, to another individual's problem or emotion (p. 386). In most cases, the behavior people use in personal coping would also be used in interaction to assist a friend with coping.

Adult children of alcoholics are reported to have difficulties in identifying and expressing their feelings. They have been described as emotionally distant, often concealing their true selves to meet their parents' needs (Martin, 1995).

In addition, the behaviors that people use when engaged in individual coping, such as denial or escape behaviors, could be considered negative, or detrimental to effective adaptation within the family environment (p. 386). People do not always use positive behaviors or messages when interacting with friends or loved ones who are trying to handle distress. The terms "coping" and "social support" primarily convey the use of positive and helpful behaviors, rather than the full spectrum of behaviors that may occur intrapersonally or with a friend (Barbee & Cunningham, 1995).
Social Support

One of the most prevalent communication needs for adult children of alcoholics is social support. Adult children of alcoholics employ varying types and varying levels of social support within their individual family environments. These dyadic interactions are usually pursued with the intent to provide information, assistance, or emotional support (Dunkel-Schetter & Skokan, 1990). It is a process variable that represents people's interpersonal interactions and beliefs and cognitions about those interactions (Hobfall, 1990).

Tardy (1992) defined social support as the actual building of supportive ties, seeking and obtaining aid, and behavioral, cognitive, and emotional reactions to that aid, as well as thoughts, emotions, and behaviors that mediate such reactions. Conn and Peterson (1989) identified social support as the psychological, informational, or material resources provided by one person to another person in need.

Social support is a provision of the social environment and an important aspect of exchange between a person and the social world. Social support may enhance appreciation for the common bonds shared by diverse types of people. This form of interpersonal connectedness is usually displayed through bonding, attachment, friendship, intimacy, and companionship (Newcomb, 1990).

According to Tardy (1992), social support affects health and well being directly or indirectly through stress-buffering processes. Also, attention should be given to the processes by which relationships provide support (p. 175). Emotion also plays an important role in support provision in that providers'
feelings of concern are a strong determinant of their supportive responses (Trobst, Collins, & Embree, 1994).

Sarason, Sarason, and Pierce (1994) identified relationship-specific support as the specific expectation of support from particular significant people in our lives. This research includes proof of supportive and counter-supportive qualities of relationships between parent and child as a function of both personality characteristics of each individual and quality of relationship (p. 296). Social integration, cognitive social support and behavioral social support are distinguished and related to personality, stress, and coping (Schwarzer & Leppin, 1991). Important advances have also been made by social support researchers in developing models of the associations between stress, support, and individual adjustment (Julien & Markman, 1991).

In a social support study, Brennan, Shaver, and Tobey (1991) found that adult children of alcoholics scored higher on both avoidant and anxious-ambivalent scales. They also fell predominantly into Bartholemew's fearful-avoidant category, suggesting that at least some fearful adults are grown-up versions of "disorganized, disoriented" children (p. 451).

Brennan, Shaver, and Tobey (1991) also found that individuals who fearfully avoid intimacy, such as children of alcoholics, view themselves as "undeserving of the love and support of others" (p. 452). In addition, individuals who dismiss intimacy possess a positive model of the self that minimizes the subject's awareness of distress or social needs. These people are frequently
characterized as defensively self-assertive, psychologically distressed, and prone to deny troubles and vulnerabilities (Barrera & Baca, 1990).

Adult children of alcoholics often suffer from loneliness because of their experiences, and because of their self-concepts (De Jong-Gierveld, 1989). Berg and McQuinn (1989) argued that loneliness is said to occur when the quantity and/or quality of an individual's social interactions falls below the quantity and/or quality he or she desires. This research found that loneliness is directly related to how many close, supportive friends a person has (p. 359).

An interesting phenomenon when researching adult children of alcoholics is to identify the friendship level that the person gains with his or her alcoholic parent upon adulthood. A common complaint among these adults is that their relationship with their alcoholic parent is much like an unsupported and estranged friendship (Barbee & Cunningham, 1995). Within dyadic interactions the relationship is often treated more like a newfound, awkward friendship instead of as a parent-child relationship (Sarason, Pierce, & Sarason, 1990).

Westmyer and Myers (1996) identified eight communication skills that are believed to be important when researching social support systems. In order to be a successful social support communicator, a person must be capable of many of the skills listed here. Comforting skills are the ability to make a person feel better when depressed. Ego support skills are the ability to help a friend feel good about him or herself. Conflict management skills are the ability to develop mutually satisfying solutions in conflicts. Persuasion skills are the ability to modify another individual's thoughts and behaviors. Referential skills are the ability to
convey information clearly. Regulative skills are the ability to help someone who has violated a norm fix the mistake. Narrative skills are the ability to tell stories and jokes. Conversational skills are the ability to initiate, maintain, and terminate casual conversations. Social support is a collection of communication skills valued by friends, but it is often dependent on friendship level (p. 192).

Sarason, Sarason, Shearin, and Pierce (1987) developed a social support assessment that may be made in a few minutes by researchers and psychologists. This psychometrically sound form is known as the Social Support Questionnaire or the SSQ. This tool is useful in situations where time pressures are a limiting consideration, and when the social support construct itself is multifaceted (p. 497).

The previous research on adult children of alcoholics, coping strategies, and social support all assist in arriving at the point of the current study. Childhood and adolescence is a difficult time for both the child and the parent. The life of a child of an alcoholic is especially difficult because of factors that are outside of the child's control. Adult children of alcoholics grow up differently than many other American children, and the occurrences during their childhood often stay with them throughout adulthood. This report will attempt to identify the coping strategies and social support methods used by these adults and explain how adult children of alcoholics are still affected in adulthood by their situations as a child.

To examine social support and coping methods in families of alcoholics, the following research questions were formulated:
RQ1: What consequences do adult children of alcoholics describe as resulting from of their parent’s drinking behavior?

RQ2: How is alcoholism discussed in families with an alcoholic parent, if it is discussed at all?

RQ3: What kinds of social support do adult children of alcoholics seek?

Method

The participants for this study were ten undergraduate and graduate students enrolled at a mid-sized mid-western university in the United States. All participants voluntarily agreed to participate in the study, and were offered the opportunity to view the findings of this report upon completion.

The participants included six females and four male students. The age of the participants ranged from 18 to 23 years. The majority of the participants were students who resided within relatively close proximity to the university. All of the participants did not necessarily live with their alcoholic parent on a full-time, or even part-time basis.

The participants for this study were each provided with a packet including pertinent information for the study (Appendix A). Each participant completed a questionnaire designed by me, in consultation with my faculty advisor. The questionnaire asked demographic information as well as open-ended questions concerning communication patterns, coping methods, and social support systems. Subjects were asked to complete this eleven-question survey on their own time, and to answer the questions with as much or as little description as
they desired. Critical incidents were requested from them by asking them to cite specific examples.

The six-item short form of the Social Support Questionnaire developed by Sarason, Sarason, Shearin, and Pierce (1987) was also used to collect data for this study. These six questions were included within question eight of the thesis survey in order to collect additional social support information from the respondents for comparison to a larger population. This instrument was derived from their twenty-seven-item Social Support Questionnaire. The shortened instrument was developed because it is more easily administerable and the reliability and validity are very close to the level achieved by the longer survey. This six-item questionnaire asks respondents to identify key people who have assisted them on a social support level. It also allows for the subject to elaborate on their answers by offering examples of incidents.

Anonymity was protected through the administration of this questionnaire in a number of ways. Participants were able to obtain the survey by contacting the administrator of the study, or by picking up a copy of the survey at a neutral location on campus. The participants discovered information concerning the need for volunteers through classroom and meeting announcements, word of mouth, newspaper advertisements, and fliers distributed throughout campus. The participants were given the opportunity to mail their completed survey to the administrator without any of their personal information through campus mail. Participants were also required to sign a consent form for speech communication research in order to give permission for their information to be reported within the
findings of the thesis. A separate envelope was provided so that this consent form could be delivered separate from the survey.

Those who completed the survey were also given the opportunity to participate in a focus group in order to offer additional information regarding the social support systems and the communication used with the alcoholic parent. This was not demanded of those who filled out a survey, however, those who were interested were invited to attend. This focus group took place on April 25, 2001. All participants in the focus group offered their consent in the recording of the conversation and discussions (Appendix B). The focus group consisted of one male and four female survey participants who agreed to take part in a short group discussion concerning alcoholic issues. My advisor also participated in order to assist with questions and any unforeseen difficulties that subjects might have with disclosures about their alcoholic parent (on the advice of a professional counselor).

Furthermore, I provide an autoethnography in order to correlate the findings of this report to my own personal experiences. This autoethnography provides additional insight into the topic.

Results and Discussion

A survey and a focus group were used to measure and identify the communication patterns and social support systems prevalent in families of alcoholics. By incorporating both of these separate methods into this study, a larger amount of information was collected. This allowed the participants to share their feelings and their experiences in a very impersonal manner by simply
stating their answers on paper through use of the survey. The focus group encouraged students to discuss issues openly with others who had experienced similar situations. By differentiating and comparing the results of these two methods, it is easier to identify the themes that emerged.

Several individuals have been shown to have difficulties identifying themselves or a family member as an alcoholic (Vail, Protinsky, & Prouty, 2000). These people sometimes choose to identify the person as having a “drinking problem” instead of as an “alcoholic.” Several members of the focus group identified with problems that their alcoholic parent had with being titled an alcoholic. Lisa claimed that the word “alcoholic” was too clinical for most people and that it had a somewhat harsh connotation. Kelly, another focus group participant explained her alcoholic father’s feelings concerning this terminology. “Like if you say you drink too much, he’ll be like ‘yeah I know,’ but if you say you’re an alcoholic he’ll be enraged, he’ll be so mad.” In this sense, it is obvious that the person with the drinking problem has difficulty in identifying him or herself as an alcoholic, while family members may be perfectly capable of making this distinction.

Interpersonal problems have also been shown to result from being raised as a child of an alcoholic (Martin, 1995). These problems can include intimacy problems, sexual promiscuity, staying in relationships long after they have soured, trust problems, fear of abandonment, and fear of being vulnerable. These problems appeared to be common among the participants in the focus group. Overwhelmingly, all five participants felt that they had significant
problems staying in relationships long after they had soured. Both Lisa and Michelle confessed to being part of a sour relationship at the time of the focus group.

A high level of dependency is common among adult children of alcoholics. Kelly explained a conversation she had with a friend concerning her high school boyfriend, “And he was always like, ‘Why do you depend on him so much?’ And I was like, ‘I don’t know.’ And he was like, ‘It’s the relationship you’re missing with your dad, you seek out in other males.’” Often this lack of a relationship with an alcoholic parent, causes a high level of dependency on a friend, significant other, or another family member. Lisa discussed her dependency on her significant other, “I like constantly need to be by him and sleeping in the same bed, and where are you, and this and that. It’s sick and I learned it from my mom.” This statement identifies her mother’s dependency on the alcoholic father, which has in turn caused an increased level of dependency on Lisa’s partner.

Sexual promiscuity has also been identified as a primary interpersonal problem by researchers (Martin, 1995). The participants in this study did not find themselves to be sexually promiscuous, or having a sexual relationship with several different people. A common issue, however, for these individuals was serial monogamy. This occurs when a person has a tendency to only be with one distinct person at a time. Many adult children of alcoholics get involved in serious relationships at a young age to escape their problems at home, or to find dependency in someone else. Lisa stated, “I’ve been seeing the same guy for like five years. We’re not boyfriend-girlfriend, we’re just hanging out.” This
statement shows an obvious high level of dependency and fear of being alone. Michelle identified an inability to attach to others for a long period of time. "My relationship now is the longest relationship I've ever had - like five, six months. That's long for me."

Difficulty trusting others is a recurring problem for adult children of alcoholics (Martin, 1995). Michelle stated, "(My mom) always tells me, 'know that you're in a good relationship, don't stay with someone too long.' She's always warning me of these things. That's why I don't trust anyone. It's really bad." Courtney stated similarly, "My main thing is that it is hard for me to trust him." In contrast, Steve claimed that he had very little difficulty trusting others. He did state, however, that he did not prefer to place others in a situation where he may need to depend on them.

Adult children of alcoholics frequently suffer from approval seeking tendencies with their parents, friends, and strangers. According to research, male adult children of alcoholics display more antisocial disorders, while females display more affective disorders (Harman & Armsworth, 1995). This correlation could be deduced from the findings of the focus group at hand. Steve spoke of his difficulty in initiating conversation, "I do sometimes. I totally feel like I do. It's difficult sometimes to approach girls." This proved to be parallel with the research, because all of the female members of the group stated that they had very little difficulty initiating conversations with others. Kelly spoke of her alcoholic father, "I have problems initiating conversation with him, nobody else."

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Several adult children of alcoholics are more likely to have an alcoholic spouse as a result of their experiences ensued during childhood. Lisa talked about her significant other’s drinking problem, “It’s driving me crazy. But I told him, I’m like, if this continues, I’m not gonna be with you. Which I hope I could stand by that and mean it, because it’s just like the same pattern that my dad had.” In this statement, Lisa identified her dependency problems and problems with staying in a relationship long after it had soured. She recognized her weaknesses and identified that she “hopes” that she could leave him. Steve stated in opposition to the norm, “I’ll never hang with a girl whose a sloppy drunk. No way.”

Another problem for adult children of alcoholics that has been discovered through research is with alcohol and the law. This factor did not prove relevant for this group as only one member of the focus group claimed to have problems with the law due to alcohol. Steve stated, “I’ve been arrested a couple times in high school...for drinking and drug abuse. I was really stupid and got caught.” While this experience was unique to Steve in the group, it is also consistent with my experience as an adult child of an alcoholic, as indicated in the upcoming autoethnographic account.

Research has shown that adult children of alcoholics, as well as their alcoholic parents, cope with the issues caused by their problems in a variety of ways. Some of the participants identified their alcoholic parent as in denial of their alcoholic problem. These individuals cope with their problems by ignoring that alcoholism exists within their lives. Kelly explained her father’s addiction,
“He knows it’s a problem, but I mean...he just doesn’t know what to do.” Lisa explained her father’s alcoholism, “He’s in denial of the fact that he needs help. He doesn't think his meetings help, he had a sponsor before, but he only went out with his sponsor, but he started to drink and use drugs with his sponsor.”

Social support is very important to adult children of alcoholics as well. Tardy (1992) defined social support as the actual building of supportive ties, seeking and obtaining aid, and behavioral, cognitive, and emotional reactions to that aid, as well as thoughts, emotions, and behaviors that mediate such reactions. Alcoholics also frequently use social support systems in order to provide themselves with emotional support.

Members of the focus group identified a variety of separate people whom they go to for social support. Courtney claimed that she reaches out to several people when discussing her father’s alcoholism including her mother, her sister, friends, sorority sisters, and primarily her church. Kelly said that she seeks social support from her aunts and her cousins.

An interesting commonality that was discussed was that many of the participant’s grandparents were in denial that their child had an alcoholic problem. All members of the focus group claimed that their alcoholic parent’s parents were in at least a minimal level of denial that their son or daughter suffered from alcoholism. Steve explained a conversation that he had with his grandparents. “I tried to talk to my grandparents about it, cause I felt like they could have helped. You know they could have been around during the days when we were all gone, and so that was a bad idea. That went no where, and
maybe because my grandfather was an alcoholic too.” Kelly explained a similar conversation that her mother had with her alcoholic father’s mother. “I guess my mom said something to his parents, and my grandpa had Alzheimer’s but she was you know, like ‘he has a problem,’ and my grandpa, even though he was practically incoherent, was sitting there nodding his head, and my grandma said ‘you’re ridiculous,’ and like she hated my mom until the day she died because she couldn’t believe that her angel son had a problem.”

Adult children of alcoholics are also often required to grow up at a young age, taking on adult responsibilities, and often taking over the duties of the alcoholic parent. Steve discussed his relationship with his younger brother, “My dad kind of worked a lot, so I kind of took care of my little brother. Yeah, I kind of felt like a big asshole, but I had to kind of be a father at times. Like, don’t do this and don’t do that, you know. He was kind of negative towards me and I felt kind of, I express that to him now, like I felt terrible about it, but you needed it here and there, and you weren’t getting it elsewhere.” Lisa discussed the occurrences in her home as a child, “I remember protecting my little sister, like, we used to write letters to my dad.”

Although the members of the focus group were all raised in different geographic areas with varying types of childhoods, they all share similar experiences. The experiences pursued by these individuals also differ significantly in some respects. The childhood of every adult child of an alcoholic is filled with positive and negative memories that combine to form a unique personality type for that individual. The participants of this focus group only offer
a limited view of the large spectrum of emotions and feelings experienced by the average adult child of an alcoholic. This sample does, however, offer a varied outlook of the emotional and mental effects of being raised by an alcoholic. The information provided by the members of the discussion offers a realistic and straightforward way to understand the feelings of an adult child of an alcoholic.

Ten students completed the survey, which identified social support systems and relational patterns among adult children of alcoholics, their alcoholic parent(s) and those on whom they primarily depend. The survey designed for this study included the six-item short form of the social support questionnaire by Sarason, Sarason, Shearin, and Pierce (1987). By comparing and contrasting the results of the 1987 study to the present study, we can examine consistencies between this small, specialized sample and the general population.

According to Sarason, Sarason, Shearin, and Pierce (1987), the fact that social support is usually available when needed, may be translated into the idea that the perception of being loved and valued is central in the concept of social support. Also, this belief may be a counterpart in adult life to the attachment experience in childhood, or the affective bond formed between the child and the parent (p. 507).

Most survey participants offered a wide variety of individuals who they depend on for social support. These individuals included various family members, significant others, friends, fellow sorority/fraternity members, and teachers. Some people identified that when they are forced to deal with issues concerning their alcoholic parent, they kept their emotions and feelings held
inside of them. This is consistent with the 1987 findings, in that as social support increases, loneliness and depression decrease. The participants of this study also exhibited a lack of social anxiety when they were able to share their emotions with several separate individuals. As shown in the Sarason, Sarason, Shearin, and Pierce report as well, the recent surveys show that these individuals have a strong sense of social desirability with a high number of friends and family members who support them.

Some participants also identified that they relied upon their alcoholic parent for emotional support concerning their problems within the family or within their personal lives. These individuals claimed that they felt comfortable disclosing personal information to their alcoholic parent on a somewhat regular basis. Jake, a survey participant, stated that his relationship with his alcoholic father became increasingly strong since he joined Alcoholics Anonymous. He stated, “He is better able to express himself to me and we have better communication with each other...Over the years, he has learned not to expect certain things from me and he accepts me for who I am. He is allowing me to find my own way through life.”

Sarason, Sarason, Shearin, and Pierce (1987) indicate that this questionnaire shows social support as a general aspect of interpersonal relationships rather than as specific assistance for particular types of situations. Securely attached children are often more likely to immerse themselves in activities outside of themselves, than are children who are less adequately attached (p. 508). This was represented within this study.
A few participants identified their girlfriend or boyfriend repeatedly as their sole source of social support. This concept may relate back to the idea that many adult children of alcoholics suffer from a high level of dependency and may also stay in a relationship long after it has soured. If an adult child of an alcoholic depends only upon his or her significant other for emotional support, he or she may stay with that person for the wrong reasons. These reasons may be that the child of the alcoholic feels as if he or she is not capable of depending upon anyone else or because the individual has already disclosed a large amount of personal information to the significant other. If the relationship persists only because of these or similar reasons, the adult child of the alcoholic may, in turn, stay in the relationship long after it has soured.

My Life as an Adult Child of an Alcoholic

As you have probably realized by now, there is a very specific reason why I chose to write my thesis on the effects of growing up as a child of an alcoholic. My father was an alcoholic long before I ever entered the world. Although he has not consumed a drop of alcohol in several years, he knows that he will have to attend Alcoholics Anonymous meetings for the remainder of his life in order to remain sober. I admit that my childhood with an alcoholic parent was incredibly difficult at times, but my relationship with my father is now better than almost any other relationship that I share with anyone.

From the earliest stages of my infancy, I remember signs of my father’s alcohol addiction. My earliest remembrances are consumed with thoughts of parties, bottles of liquor, forty-ouncers, and most significantly, the fights between
my parents. My father was, and in some sense still is, an alcoholic in every
description of the word. The cheapest beer in the biggest bottle was his drink of
choice. His alcoholism consumed our family activities at times. The cooler that
traveled in the back seat with us became a permanent attachment to our family
vehicles. My two younger brothers were somewhat too small to remember the
traumatic and sometimes dangerous situations that we encountered as a result
of being raised by an alcoholic. There are some critical incidents that vividly
reappear in my mind from time to time.

I specifically recall an evening when my dad took the three of us to get ice
cream. He drove us out into the country to look at the stars, and continued to
pass out in the back seat of the car. Terrified, I woke him, and he told me that I
needed to drive home because he was too drunk and he didn’t remember the
way. I explained to him that I was too little and that I was scared, but he
persisted. At the age of ten, I sat in the driver’s seat of our large, four-door,
family car and struggled to reach the pedals. Finally, after I cried and
complained long enough, he got up and drove us home.

Possibly the most vivid remembrance of my father’s alcoholism was from
one of the last instances preceding my parents’ divorce. My two younger
brothers had a church choir concert, and my mother had instructed my father to
have the boys home from their day-long fishing trip in plenty of time to get ready
for the event. He arrived at our house about the same time that the concert was
starting, with two young boys in the car and several beer bottles rolling around on
the floorboard. This encounter would inevitably mark the end of my father’s days
as an active alcoholic. He finally realized the immense danger that he was putting himself, as well as his children, through on a daily basis.

By explaining these incidents, it becomes clear to you that my father had dangerous, expensive, and constant drinking habits. The good news is that there is a happy ending to these traumatic experiences that occurred because of my father’s alcoholism. Almost immediately following the second incident previously listed, he went into daily treatment through Alcoholics Anonymous. This program helped him to regain his health, his ambition, and most importantly, the respect of his family.

My father is now a dependable source of social support, and I feel that I can go to him with most any problem that I may encounter. Had he not entered his support group and gained sobriety, we would not have a loving relationship, or possibly any relationship, as of today. Since I was only entering high school when my father quit drinking, I do not feel that I suffer from all of the problems that many other adult children of alcoholics suffer from. Had he not joined Alcoholics Anonymous, my brothers and I would undoubtedly suffer from more severe communication and social support problems. Although, my father is alcohol-free now, the fact remains that I was raised as a child of an alcoholic, which will undeniably affect me for the rest of my life.

The research referred to throughout this text identifies key personality traits that have been found among adult children of alcoholics. Several of these ideas fit into my personality and behaviors, while others do not.
I suffer from a very high level of distrust in most everyone else I come in contact with. My primary method of reducing distrust in my life is to simply take care of everything on my own. I would rather do something myself and get it done the right way, on time, instead of having to trust someone else. In addition, I am an extremely independent person who wants to be self-supportive and not have to rely on anyone else. This positively correlates with the members of the participants for this study as well as past research.

Often, I tend to avoid answering questions directly until I discover what is wanted or expected of me. I have a fear not being approved, which causes me to sometimes say what I think people want to hear instead of saying what I really feel. This approval seeking tendency is most likely a result of my childhood desire to tell my parents what they wanted to hear.

As a child and as a teenager, I frequently felt that I was forced to grow up at a young age. Due to the fact that I had two younger brothers and my father was frequently intoxicated, I had to perform parental duties at times in their place. This increased feeling of responsibility may have caused me to retaliate, which caused me to suffer from problems with alcohol and the law. I do not consider myself an alcoholic, because I was raised by one and I know their behavioral patterns. I did begin drinking at age 14 and I have been drinking on a somewhat regular social basis ever since. This, in turn, has caused me to suffer from some occasional trouble with the law as an underage drinker.

My immediate family and I repeatedly begged my father to join a support group preceding his entry into Alcoholics Anonymous. Occasionally, he would
attend meetings for a few weeks or even a few months, but he always ended up drinking again until he finally quit in 1993. His alcoholism was frequently discussed within our family environment, but preceding his sobriety, it was mostly discussed as more of a way of life than as a problem. Unfortunately, unless I retreated to my mother for social support, I usually kept all of my emotions and feelings bottled up within me as a child. These emotions would be overwhelming at times, but I consistently kept all of my feelings contained within myself. Preceding this thesis, I have failed to examine many of the characteristics, emotions, and feelings that affect my life as an adult. I feel that possibly my lack of success in coping with the effects of my father’s alcoholism stemmed from the fact that he was not dealing with the problem himself. I will have to cope with the problems that resulted from my childhood throughout the remainder of my life time, although this research allows me to better understand my feelings and emotions.

I often found myself embarrassed of my father’s actions and emotional outbursts due to his alcoholism. We now discuss the effects of his past alcoholism in a healthy and sincere manner. The friendship level that I now have with my father is at an all time high because we are finally at the point in our lives where we can see eye to eye as adults instead of as father and daughter.

The personality traits listed here are indicative of the fact that my behaviors directly correlate with other adult children of alcoholics. The key difference between me and other children of alcoholics is that I was given the rare opportunity to be raised by a father who did not suffer from alcoholism as
well. He is now a very different person in many respects from when he was abusing alcohol. However, he now possesses all of the positive characteristics from when he was an active alcoholic, as well as new personality traits that make him the great father that he is today. This shows that sobriety, no matter how late in life it is pursued, can make an incredibly positive impact on the alcoholic as well as everyone else within his or her life.

Conclusion

This research has examined communication between an alcoholic and his or her child, and the social support systems that result from that relationship, either with the alcoholic parent or with others around them. Various researchers have investigated the effects that alcoholism has on people during childhood as well as into adulthood. Research has also looked at social support systems between children and their parents. This study is an effort to combine both the effects of alcoholism and social support systems in order to form a better understanding of the communication and coping methods used by adult children of alcoholics.

According to the present study, the eight communication skills important to social support systems cited by Westmyer and Myers (1996) are improved as a result of the emotional support that adult children of alcoholics seek. These individuals improve their social support and communicating skills by listening and sharing their feelings and emotions with others. Individuals primarily communicate with friends and family members concerning social support issues, however, they sometimes call upon others to assist them with their supportive
needs. In this way, conversational skills, referential skills, and comforting skills are improved.

Adult children of alcoholics are usually better at coping with stress, problems, and anxiety in comparison to others. These individuals are often forced to fine-tune their conflict management skills at a young age. This assists the individual in learning how to face problems and cope with them in a mature, straightforward manner. As a product of the social support relationships formed by these individuals, adult children of alcoholics can be capable of communicating better with others and coping more effectively with conflict.

This correlation between social support, coping strategies, and communication patterns among adult children of alcoholics is a topic that should be examined further. A primary suggestion for future researchers is to make a more well-defined connection between these separate ideas. This report offers a somewhat wide array of issues that could be identified more descriptively on an individual basis. Also, this report only included information collected from young adult children of alcoholics with ages ranging from 18 to 23. Future research should expand the age range to include older children of alcoholics to determine how social support functions throughout the life span. Another topic that arose consistently was denial on the part of parents of alcoholics (grandparents of my subjects). It would be interesting and informative to see how parents' strategies for dealing with adult alcoholic children affect grandchildren, as a specific examination of social support in the family. Alcoholism and social support is a
topic that needs to be examined further, given the evidence here that good social support minimizes the negative effects of alcoholism on children.
References


Appendix A

Laura Wolff
Student Life Office
316 MLK Union
Charleston, IL 61920

To Whom It May Concern:

Thank you for showing interest in assisting me to obtain information for my graduate thesis. The information derived from this study will be used to compile a semester-long study for a thesis that examines communication patterns and social support between adult children of alcoholics and their alcoholic parent(s). The information used in this study will be kept confidential. The only people who will review your surveys will be me as well as my thesis advisor, Dr. Melanie Mills. If you choose, you may provide a code name that will be used in the thesis.

The questions in the survey are meant to allow you to offer as much or as little information concerning your alcoholic situation as you feel comfortable sharing. Many of the questions ask you to explain your answers by elaborating on the situations that you have encountered.

Upon completion of the survey, please mail it back to me via campus mail along with the “Consent Form for Speech Communication Research.” Campus mailboxes are located within every academic department on campus and can be used free of charge. Also, if you are interested in being part of a small group discussion please fill out the half sheet titled “Group Discussion” as well. You many mail the survey and the lower portion regarding the discussion in the two campus mail envelopes if you prefer. The group discussion will be approximately an hour long and for helping us out – we will provide pizza that night.

Please do not hesitate to contact me via email at ljwolff7@hotmail.com or at (217) 581-3829. You may also contact Dr. Mills at (217) 581-3819 if you have any questions. Thank you again for your assistance and cooperation!

Sincerely,

Laura Wolff
enclosures
Appendix A

Survey

Please answer the following questions on a separate sheet of paper.

Code Name (Name to be used in the thesis) __________________________
Age: __________________
Sex:  Male      Female

1. Which of your parents have an alcohol problem? (If answer is both, please answer following questions accordingly for each parent)
   Mother      Father      Both      Other ________

2. How long have you known that your parent was an alcoholic?

3. Is your parent now or ever been a member of Alcoholics Anonymous or any other self-help group? Explain.

4. If you answered yes to #3, how has their membership in that organization affected your life? Cite at least one specific example.

5. If you answered no to #3, do you wish that they had joined or would join in the future?

6. How would you describe the relationship you had with your alcoholic parent as a child?

7. Wow would you describe your current relationship with him, her, or both?

8. Who do you turn to for support regarding issues concerning your alcoholic parent? Why? Identify individuals for the following questions and your relation to them.
   A) Whom can you really count on to distract you from your worries when you feel under stress?
   B) Whom can you really count on to help you feel more relaxed when you are under pressure or tense?
   C) Who accepts you totally, including both your worst and your best points?
   D) Whom can you really count on to care about you, regardless of what is happening to you?
   E) Whom can you really count on to help you feel better when you are feeling generally down in the dumps?
   F) Whom can you count on to console you when you are very upset?

9. Identify the first time that you realized your parent(s) had a drinking problem (use an example and describe the situation in detail).

10. Describe how your parent's drinking has affected you. Cite specific examples.

11. Have you or anyone in your family discussed your parent's drinking problem with him or her? Explain how this conversation took place or why it did not.
Appendix A

Consent Form for Speech Communication Research

I understand that ________________________, a student at Eastern Illinois University, is conducting a research study for his/her thesis and s/he has informed me about the methods being utilized. I hereby freely agree to participate as requested and give full permission to release the findings of this study. I understand that my anonymity will be maintained in all presentations of this data.

I do / do not (circle one) wish to receive a report of the study's findings.

Signed: ____________________________ Date: ____________________________
(Signature of Participant or Parent of Minor Child)
GROUP DISCUSSION

If you are willing to participate in a group discussion on this topic please fill out this sheet and mail it back to me in the campus mail envelope provided.

Any questions – Please contact Laura at 581-3829 or Dr. Mills at 581-3819.

Name: ________________________________
Phone number and/or e-mail address: __________________
Evenings and times that would be best for you: ________________

Thank you very much for your support!!!
Laura: Just to refresh everyone's memory, basically the reason why you're here is because I'm doing my thesis for graduate school on communication patterns and social support systems between adult children of alcoholics and their alcoholic parents, and the reason why I chose this topic is because I myself am an adult child of an alcoholic, and I decided doing something I was interested in would be pretty smart because for anyone who has never done a thesis, it's pretty time consuming. Anyway, my dad is, just to give you a little history, my dad is now nine years sober so I kind of have a different outlook on it 'cause my whole childhood was spent with him being an alcoholic, and now he is recovering, so it's kind of an interesting situation to see the difference, you know, between the way we communicated then and now. So that's kind of why I was interested in it. But anyway, that's pretty much it, this is really laid back and no pressure to do anything or talk about anything you don't want to talk about, you know, so basically what we're going to do is just go down here and talk about these six different issues, and then, you know, just feel free to shout out whatever you want to say, and talk about whatever issues and, does anyone feel
later on in my adult life he had problems with it even still. So basically spanning from childhood 'til just here recently, you know, as a grad student.

Lisa: My name is Lisa. I'm graduating this summer after my internship. My father is a drug addict and an alcoholic, so the alcoholic part we're gonna focus on started when I was real young, but it never like affected our household. It was always known, but we were always just a normal family. So pretty much, I have an awesome relationship with my dad. I don't know how, I think because he's so open and everything. And my mom, I think she did drink before, but she hasn't drank in about ten years, so I don't know if she was ever an alcoholic, but there is a lot of stuff she doesn't tell me, so as of right now my dad is still drinking, still using drugs, but still working, has his life together. He hasn't hit bottom or anything so he hasn't changed, and I don't think he will until he dies.

Dr. Mills: I am Melanie Mills, and part of the reason that I was interested in Laura's project is because it is related to my family background too, although growing up as a kid I don't think I identified my father's behavior as alcoholism, because he didn't lose his job and he didn't beat us, and you know stuff like that. So it's only since I moved away from home as an adult when I could look back and say, "Gee, that wasn't quite right." So I have a personal interest in this, too.

Laura: Before I forget I want to go ahead and pass this around, and some of you guys, on that consent form that you signed, it said I do or do not want to see the results from the study, and what I'm gonna do is just type up a short, you know 'cause you probably don't want to read my really long thesis. Just kind of a short part that would, you know, just kind of have a short part that would talk about
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what you guys had to do with it - not by name, but just the focus group part of it. So, I probably won't get that out until mid-May or so, so just somewhere that you could be reached at that point, if it's gonna be at home or whatever, or by email. I could attach it as an email......Basically, I'm just gonna start up at the top here.

Some of the research that I did identified that some people have problems associating with the word "alcoholic." In all my fliers, I identified everything as a drinking problem, and not as alcoholism, because some people have problems using the term alcoholic. I don't know, what do you guys think about that? Do you have any issues with that.

Lisa: I think the word alcoholic is too serious for people to...

Dr. Mills: Feels like a skid row bum...

Lisa: Yeah, so if you say you have a drinking problem it's like part of the denial, like you're denying that you really have a problem, but saying drinking problem is so much less than alcoholic - like more clinical.

Kelly: That's how my dad is too. Like if you say you drink too much, he'll be like "yeah I know," but if you say you're an alcoholic he'll be enraged, he'll be so mad....He got a DUI right before graduation from high school, and I was so embarassed because our town's not that big, and he's a lawyer and stuff. Everybody knew and my friends were saying stuff to me about it, it was no big deal I guess, but I was upset, and they would talk about my dad being an alky or whatever, and it was frustrating because he still doesn't even see it.

Lisa: Last week actually, when I went home for the weekend, my dad, he was telling me that he had gotten drunk, like the night before. And I was like, "you're
an alcoholic, dad, that's why." And he was like, "no I'm not." And I was like, "what are you talking about no your not?" For the last twenty years, I have known, 'cause I'm twenty-two, and he say, "no, I'm just a drug addict."

**Laura:** So he will identify himself as a drug addict?

**Lisa:** Yeah, but he won't say he's an alcoholic, but he is.

**Laura:** So whenever you guys refer to your parent do you have a problem using the term alcoholic, or do you think that it pretty much states the way it is.

**Steve:** It's beyond that.....There might be a fine line, but after so long it effects you in a way that you can't function. Living as an alcoholic isn't that bad. That's just the way it is. It's the way it shouldn't be.

**Laura:** Yeah, that's pretty interesting. So there's also, like number two, interpersonal problems that relate, and for those of you that aren't speech majors you might not be familiar with the term interpersonal. It basically means between two or more people. Just basically, again some of the research that I've looked at says that adult children of alcoholics suffer from problems later on in life such as the things listed. Intimacy problems, getting into early marriages, I don't know if any of you guys are married. A high level of dependency on their spouse, you know sexual promiscuity, and another one is staying in relationships long after they have soured, you know the same way that a person would stay in a relationship with a parent. I mean, we all keep relationships with our parents, even though they might have soured when we were little kids, so we might have a tendency to do that with our spouses as well. So, I don't know, if any of those fit into you and if you don't want to say it out loud...
Dr. Mills: Or not.

Laura: Or if there's a reason why you disagree with this, yeah that's another one, but whatever you think.

Lisa: I have all of those, except for sexual promiscuity. I seriously, every single one. I've been seeing the same guy for like five years. We're not boyfriend-girlfriend, we're just hanging out. Just hanging there, because I am staying in a relationship after it has soured two and a half years ago. Difficulty trusting him - yes - oh my gosh, I'm so weird. High level of dependency - I like constantly need to be by him and sleeping in the same bed, and where are you, and this and that. It's sick and I learned it from my mom, and she keeps saying she started to do that to me, she's like "I'm sorry." Because my mom and dad just got divorced like two years ago, after twenty-some years and now she's getting remarried. So she finally left him after twenty years and I can't do it after five, so hopefully I will.

Dr. Mills: Is she marrying a guy whose a lot like your dad?

Lisa: Actually, no I think he was drinking before, but ever since, they've known each other for the last year and he's like completely different. Like, as far as what I know, he's perfect, like soul mates, it's almost scary. They have the same birthday, and they're getting married on their birthday. It's in two weeks actually, May 5. So he's real cool. I'm glad she's starting over, but now I have to start over.

Laura: How about the rest of you guys?

Kelly: I don't have, like, all of them but there was a counselor at my school - like he ran some clubs and stuff that I was in and I'd always help him out, but
sometimes if I was feeling crappy, I would go talk to him or whatever. He's a really cool guy. And I was dating this guy for about two and a half years and I would always come to him crying about how we fought. And he was always like, "why do you depend on him so much?" And I was like, "I don't know." And he was like "it's because the relationship that you're missing with your dad, you seek out in other males." He exactly said that to me, and I was like yeah whatever. And then I went home and I started thinking about it, and I was like all my best friends are guys. I think it's true. I think it's because of my relationship with my dad.

Laura: Is he really far away?

Kelly: No, my parents are still together, unfortunately. I really wish they would get divorced. I know that's horrible. Cause I know, they were gonna get divorced when I was in like second grade, I mean, I know this is so bad, but I was excited about it cause I knew they just weren't happy. My mom wasn't happy, my mom would be crying. I'm like really close to my mom, so I was like okay. I didn't mind, I was still gonna see my dad and stuff. Then my dad said that he was going to quit drinking, and he did for a couple of years, but he started again....They're not happy. They hate each other. They don't speak. My mom slept on the couch for five years, seven years. So they should just get. I was like, "don't stay together because of me." I say that all the time. We'll be fine. She likes the family to look good.

Michelle: My mom stayed for a really long time, and then finally like a year before my dad died, we finally... They actually were getting a divorce. They were
supposed to sign the papers two days after my dad died. So my mom was like the widow. She hates that so much. Like and she always tells me, "know that you're in a good relationship, you know, like don't stay with someone too long." She's always warning me on these things....that's why I don't trust anyone. It's real bad. Like my relationship now is the longest relationship I've ever had - like five, six months. That's long for me....

**Dr. Mills:** And you're staying.

**Michelle:** Oh, maybe not.

**Laura:** Anybody else on that one?

**Steve:** Yeah, I had a relationship. I took like a ninety-degree turn. Back in high school I dated this girl for like three years. That went really sour, fell apart, and ever since then I've dated here and there, but I haven't been together with anybody for a long period of time. And like, I felt back then I was really dependent on her and I think maybe that's what kept things together, but now I feel like I'm the most independent person out there. I don't think, I can't say I don't really trust too many people. It's not like that, but it's like I don't want to put them in that situation where I can depend on them....

**Dr. Mills:** You have time, you're young.

**Laura:** Do you have anything to say? Skip on this one?

**Courtney:** Basically I feel exactly like she does. I have all of those except for sexual promiscuity. I really, my main thing, is that it's hard for me to trust him.
Laura: And that kind of leads us into social approval, you know, having problems with being approved, feeling like other people approve of the way that you act, the way that you look.

Dr. Mills: Can I go back a minute to sexual promiscuity. Because, I'm older so I can look back at this from a different, from the advantage of many, many years from where you are. And I would never have defined myself as sexually promiscuous, but now I would call it serial monogamy. You know I always went out with one person for a long time way past when it turned sour and then, would find someone else. Now is that consistent with any of your patterns, or how are you defining promiscuity?

Lisa: I think just having sex with like a million different people and not being in a relationship. But if I go along with you do I won't get over this guy until I find somebody else. You know what I mean? I won't be by myself, and if I'm in a sexual relationship I guess I'd be sleeping with the people I'm with. You know?

Dr. Mills: I mean, because sometimes in research, the definition of sexual promiscuity gets a little varied and you know in fact I was kind of offended reading some of the articles to say, "hey I fit that, but I don't like the label." Serial monogamy is what I call it now, because I don't like that word "promiscuous" either. Cause I thought like you, I didn't want to be alone.

Laura: Yeah, that's kind of how I am too. I've been with my boyfriend, Chad, since I was fifteen and that kind of, you know some people have expressed their concern for me because they say they know that I'm a child of an alcoholic, and they think that I've stayed with him this long because of that, and I can honestly
say I don't think, I mean I'm 100% happy with him and everything like that, but this really makes me look at our relationship as well. Not that everyone fits into the labels or the categories but I mean, why is it that, I mean I've been here for five years and we're still together. That doesn't happen very often. So, maybe I'm dependent on him as well, I don't know. Anyway, moving on to social approval. I don't know, this has to do with a lot of different things. Feeling like people approve of you, initiating conversations, which personally is not a problem for me, because I could talk to a brick wall as my mother says.....Yeah, but I don't really have a problem talking to people, but I don't know if you guys do. **Steve:** I do sometimes. I totally feel like I do. It's difficult sometimes to approach girls. I've been out of the game for so long. You know? It's kind of stupid and gay, but I really feel like that sometimes. Personally, I need to work on that. **Dr. Mills:** And do you think that relates to your family history? It's threatening anyway no matter what your background is. **Steve:** Yeah, I don't think it did in that way. **Laura:** Like the third one fits into my situation too. My dad was a pretty physical alcoholic at times. If we did something wrong, sometimes I remember him finding whatever was closest to hit us with, so I think that I'm kind of like, "okay, what do you want me to say?" You know, like, "what do you want the answer to be?" And I'll just kind of guide myself in that direction. I don't know, do you guys find yourself being like that or... **Steve:** With the alcoholic?
Laura: Or just in general with people.

Lisa: I'm totally opposite from you, because my father wasn't abusive at all. He would hang a belt over the bed and like shut the door and scare me, because I was afraid of the dark, but I don't have a problem initiating conversations, I have no problem answering questions. He was always supportive. Like I never even really saw him drink. It was always behind closed doors, and all his using was behind closed doors. But we still knew what was going on, I think because he was so like open, and we could just talk about everything and I never was scared or suffered from abuse or anything.

Dr. Mills: When you say "he's open" does he warn you about abusing alcohol or drugs?

Lisa: See that's, no, he doesn't. Like my little sister, she's nineteen, she lives with him now, and he'll buy her beer and they'll drink together and her boyfriend will come over. He just wants to be like, the good guy. So he won't ever warn. Like, I thought I had a problem, so I stopped drinking for about four months, and this was about six months ago. Cause I had a black out and I had like a million shots of tequila and all that stuff. So I was like, "Oh my God, I might have a problem." So I just stopped. I didn't have a drink for four months, and he kept encouraging me like, "do you want a beer, do you want this?" And I was just like, "dad, leave me alone." Like, he tries to be your best friend, he tries to do what he thinks is right, but he wasn't doing something right, he was trying to force me to drink, which that's the only problem. He's open and he talked about, that he
knows about the drug thing. I know when he's doing it, and I get mad. I tell him how I feel about it.

Dr. Mills: What kinds of drugs does he do?

Lisa: He does cocaine. He sniffs it and smokes it I think. But when I come home for the weekend and he's in the bathroom for two days, I know what he's doing and he'll only talk about it after. He'll be like, "I'm sorry Lisa." You know that pisses me off when I come to visit you and you're in the bathroom for two days. So, it's controlling his life, so he doesn't do it on purpose....He's open with it, but he wants everyone around him to be the same - like my sister and me, everybody. You know...

Laura: What about the rest of you guys? Does the parent encourage it or discourage it? Do you think that you have problems because of being raised by them?

Kelly: I don't know. Honestly you have no idea how much I avoid that. I avoid initiating conversations with him, nobody else. The one time I confronted him, like if I say anything about him drinking he thinks my mom. It's automatically my mom's fault. My mom put me up to it to go talk to him, to go yell at him. So, he's very defensive, and beyond that I haven't talked to him since the last time I was home and I said hi. I see him once in a while, because if I come home he's usually off work and at the bar, and sometimes I mean, he'll come home later than I will. So I never see him, and he'll either sleep all day or go to work.

Steve: It's difficult for me because my mother is like the sweetest lady on the face of the earth. She's the best and when she's abusing it's like you just try to
get away from her. Get out of there whatever, cause I mean fists come down. It can get crazy sometimes. But it's just really strange. It's hard sometimes but you know I'm going home this weekend, what are you gonna be like?

**Laura:** It's like Jeckyl and Hyde.

**Steve:** Yeah, it's totally that. When she's abusing, I don't talk to her... We're out of here, we're going to enjoy life. You know you have fun. I love hanging with her, talking to her whenever she's not.

**Dr. Mills:** But you kind of go into the situation, ready to adapt to whatever you're going to find?

**Steve:** Oh yeah, totally. I have to... I'm beyond trying to talk to her whenever she's abusing. It makes no sense. You can put your words of encouragement in, like you know, and that's it, then walk away, and hope for the best.

**Kelly:** I think my mom worries more about me drinking than he would. Cause I know like on my graduation night, my neighbors had a party and like it was so funny because I was hammered and so was my dad and he's shooting off fireworks in the front lawn, and cops are driving by because you're not allowed to have fireworks. I mean I don't think that he really cared that I was drunk, but my mom was the one that was like, "what are you doing?" She doesn't want me to cause you know how I guess you're more likely to become an alcoholic if your parent is one. My mom gets very, very, very nervous when I tell her about - "Oh I was at Stu's." She's not so proud of me then.

**Dr. Mills:** Does your dad encourage you to drink too?
Kelly: No. I've never, like this is terrible, I can remember when I was like three, he put beer in my tippy cup and I loved it. Like I always knew that he drank Bud Light, and I'd go for the can like when I was little. I was like raised at our local bar that he's always at. My parents friends are up there and I would always... I was like four, and I'd ask for a gin and tonic and they would give me tonic water and I would drink it, so that's the only thing, but now I mean I don't even know what he would say if I came home drunk or if I said give me a beer. I have no idea how he would react.

Dr. Mills: I think my dad got to a point where he would invite me to drink with him then so that he could drink more in the family context without my mom's disapproval, so then she'd just disapprove of both of us.

Laura: My dad quit drinking when I was like thirteen, so just... Unfortunately my geographic area of Illinois, we start a little bit earlier than the average folk, but when people started drinking at parties was not that long after that, a couple of years. I mean he wouldn't even let us watch MTV, cause it was like Satan and hate and so... He still makes comments to this day, if he sees me drink that, I mean he used to get upset about it, he sometimes thinks that it's a genetic thing and he caused me to be this way. I mean I really don't drink that much to where I would consider it, but it used to be that if he even saw me drink at all, then I'm the next alcoholic in town. I don't know.

Dr. Mills: That's his guilt, not you.

Laura: Right. I mean does anyone else have any problems? How does your mom feel about it, does she condone it or not?
Steve: What about me drinking? She knows I do. There's nothing she can do about it... We really don't talk about it. It's kind of like I'm pretty responsible about it and stay out of her way, and it's always like be careful..... Me and my dad, we'll go out and have a beer sometimes. When my mom's abusing, and you know we just want to get out of the house, and you know shoot the shit.

Laura: So they're still married?

Steve: Yeah. My dad, he puts up with a lot. We rock the boat. My dad's just like heart and soul. He's sticking it out.

Dr. Mills: Does he hate her though? I mean, you were talking about your mom hates your dad...

Steve: No, I mean, he loves her. He loves her to death, but he hates the drinking. After so many years, I mean it's taken its toll on this guy. My pops is like a workaholic, is what he is. I mean he'll have a few cocktails here and there but he's responsible about it, he's a workaholic because of probably my mom's alcohol, you know. He doesn't want to be around it, so he's just working trying to get on or whatever.

Laura: So, moving along, problems with alcohol and the law, these don't necessarily all fit in with the law, but just other parts of your life, you know, so, self esteem, trust, intimacy, separation, divorce. We aren't all probably at that point in our life yet, but not necessarily even divorce, but relationships in general. Dependency - we kind of talked about that, and communication skills so does anybody...

Dr. Mills: More likely to have an alcoholic partner...
Lisa: Well, that's me I think. The guy I'm with, he drink the first three years I'd known him, like he didn't drink, didn't touch drugs, didn't do anything - not even smoke cigarettes. And like last year, two years ago he started like experimenting with drugs, and drinks, like he went out everyday this week so far, the whole weekend. And I'm like, I told him, I was like, "I'm not gonna live like this." And he said, "I'm not gonna be like this when I'm older." And all this, and then it's just like repeating, and it's driving me crazy. But I told him, I'm like, "If this continues, I'm not gonna be with you." Which I hope I could stand by that and mean it, because it's just like the same pattern that my dad had.

Steve: I'll never hang with a girl that is a sloppy drunk. No way.

Lisa: You don't have to be really sloppy drunk to be a drunk though. That's what's scary. Like they could be like professional about it, cause he drinks every single night and gets trashed but sits there and composes himself. I'm like are you drunk? And then he can't walk but he sits there.

Steve: ....I couldn’t see myself...making an ass out of myself.

Kelly: I don't think that I really apply to that.

Dr. Mills: Why do you think then that you're different than the norm?

Kelly: I'm almost too trusting.

Courtney: I have a lot of intimacy problems. As a matter of fact, one of my good friends gave me a book for my birthday once called Dropping Your Guard: Evaluating Human Relationships. That was a hint I guess. And the poor communication skills. I think that a lot of times I don't say what I really feel...I don't want to say...Well I guess yeah, I'm afraid of the reaction I'm gonna get.
Not particularly from like, my father, in fact honestly, at this point, I could care less about his response, but people in general.

**Steve:** I've been arrested a couple of times in high school.

**Dr. Mills:** For?

**Steve:** For drinking and drug use. I was really stupid, and got caught.

**Michelle:** This more applies to my brother, because my dad was a police officer, which made it even better for him to drink and drive because he could get away with it.....No because, my brother would drink and drive too.....and he'd get out of DUls too because they'd be like oh, yeah he's Rich's son. Just let him go home. Let him drive home....Or they'd call my dad, he'd come up, he'd be drunk, and he'd be like, "oh just send him home, it's not a big deal." And he'd still go out. This would happen every weekend. He's gonna be thirty this year. I haven't talked to him in about a year, though, and we were like best friends. He's too far gone.

**Dr. Mills:** Does he remind you of your father?

**Michelle:** Lately yeah. It's kind of scary. He just moved away. When I was younger he was the main reason I would get out of the house. Because, like my sister...he'd beat my sister, and my brother would be like let's go. He'd take me to the bars, but...together.

**Laura:** Yeah, I definitely had problems with the law. A couple of times, but yeah, that definitely hits home with me just because I've gotten in more than a couple raids and you know, been caught at house parties, and stuff like that, at way too young of an age. Sixteen getting a possession ticket? Yeah, it's pretty
bad, so. I started pretty early, but anyway, I'm glad that you guys don't have problems with the law like me. Anyway, so that kind of brings us up to now, which is coping with the problems that have resulted either in your past or that you still deal with now. So, my dad, like I said, joined AA when I was thirteen, and that was how he took care of his problem. I mean, I don't know if any of your parents joined support groups, or anything like that, or tried, came in and out.

Kelly: My dad, when he got a DUI, he got sentenced to go. I don't think it was specifically AA, but it was something that was supposed to help him, and he would come home and just rip on the other people, and he would be like they're such losers. I mean he had funny stories, like it was horrible. He just didn't get the point, he just went so he could get his license back and he didn't go to think maybe I could help myself. That wasn't the point of going.

Laura: Is that the only time he ever tried it?

Kelly: Yeah. Oh he won't. There's no way. I mean, there's no way.

Laura: Does he admit to his drinking problem, does he realize it?

Kelly: No. He knows he drinks too much, but my mom always throws it in his face. "If you cared about our family, you'll quit." But she yells at him when he's drunk, like that's gonna help. I mean, they just sit there and scream at each other. Then he gets so mad, and he's retarded when he's drunk. So he'll lose control of himself. He's not like abusive or anything at all.

Dr. Mills: Is he a happy drunk then?

Kelly: No. He's just....

Dr. Mills: You know - there's mean drunks and happy drunks and....
Kelly: He's more like….When there was Eastern's parents weekend, I was so excited that they were coming up and like I wanted them to meet all my friends on my floor, and all of us, there's like five girls who were all gonna go out to dinner and take our parents and everything. And my dad was so..He went to Ike's and played pool with some guys, I don't know who. My mom was helping me, like clean stuff in my room, and when he came back, he was hammered already…..We went to dinner, and like they didn't have a table big enough for all of us, so my friends parents and my parents were sitting at a table, and I know this poor girl's parents probably thinks my dad…It was just horrible 'cause he's rude. Like he'll say something about my mom, like you know "fatass." He's just like, he's or, he'll make jokes like totally inappropriate jokes. He just doesn't think, you know.

Dr. Mills: Does he do that otherwise, or just when he drinks?

Kelly: Well, usually it's just worse, it's just ten times worse when he's drinking, which is not a very fun thing to deal with.

Laura: So, do you think most of your parents, do you think they cope with it? Or do you think they even recognize it? I mean obviously he doesn't really identify it as a drinking problem. At least not a problem he's willing to do something about.

Kelly: He knows it's a problem, but I mean, I don't know. He just doesn't know what to do, like my mom said that when I left for school it was really bad, 'cause he was like,"I don't even know her, I don't even know her." You know, just drinking, and drinking, and drinking, and then two months later his mom died, and that just blew him away. And then our dog died. My mom said she came
home and he was crying about the dog, and she said you know, "it's more than the dog." He was like, he's gonna have a breakdown. So, 'cause like, we just cleaned out my grandma's house so....

Lisa: What are we on?

Laura: Coping, how does your parent cope?

Dr. Mills: Support groups...

Lisa: My dad was in treatment like I think twice maybe three. I remember one Christmas he was in there, and I thought it was like because of alcohol, but I guess it was for drugs. But he went to like NA, and my mom went to like the OA meetings, overeaters anonymous, and she stuck my sister and I in Alateen meetings, which I wrote in the little questions, and I hated them so much. I just think, I just thought they were pointless, like we weren't really effected...I don't think we were really effected. It was out in the open and plus I didn't see all the stuff. I didn't see him use drugs. I didn't see him drinking, but so I didn't really benefit from those meetings at all. Actually, hated them, but I guess my mom benefited from the meetings she attended, and she still hangs around with her friends from, what's it called, Alanon?

Dr. Mills: Alanon.

Lisa: So she has her little retreats every month and all that stuff, and she's healthy and working her programs and all that stuff. And my dad, is he coping with it? Oh yeah, recently he's been telling me he can't believe it he hasn't used or anything in four weeks and he's doing it by himself, and that's so cool, and I can't believe it. He tells me every five minutes that, "can you believe I'm doing
this?" And I was like, "dad, no it's great." I don't know what he wants me to say, like I don't know if he's just like telling himself, like I don't know if he can fix himself. I doubt it. I really don't think after twenty-some years you can just stop drinking and doing drugs. He's been telling me for the past four weeks that he's sober and he can't believe it, and he's working out now, and I just hope he stays that way. He's in denial of the fact that he needs help. He doesn't think his meetings help, he had a sponsor before, but he only went out with his sponsor, but he started to drink and use drugs with his sponsor.

**Laura:** What a great sponsor.

**Lisa:** They were both retard. Yeah, so now he's supposedly working his own program, which is called just stop cold turkey and he says that. We went to my awards banquet or something last weekend, and he had a drink. He was like, "do you want a drink?" And I said fine. So we sat there and had a drink together and I was like, "yeah, you're really sobering up there." So he's in denial big time, and he supposedly is helping himself, so that's how he copes. He thinks he's Mr. Superman or something.

**Dr. Mills:** Cause he's never been at a point when he was out of control.

**Lisa:** See I thought that out of control would be like losing her. My mom kicked him out, like two years ago, so he lived in his car for like a couple months. Then he moved in with some lady who just took him in and he was cheating on my mom like five years with this lady, and he finally moved in with her, and what did you ask me?
Dr. Mills: I just asked if you, you know how you hear about the proverbial rock bottom.

Lisa: Oh yeah, he already hit rock bottom.

Dr. Mills: Where you seek out....

Lisa: He hasn't lost his job, he hasn't lost his family...

Dr. Mills: A lot of men in particular will define themselves as okay as long as they have good jobs. Well you know as long as I can provide then I'm handling it.

Lisa: He has a lot of goals. He wants to be a movie star and he wants to retire in three years, and he's like set and so perfect, but it's holding on so far, and he's lucky I guess. It's not gonna be like that forever.

Dr. Mills: Does he know you think that?

Lisa: Yeah, he knows. I tell him. I'm like the most open person, but sometimes that's not good. His health is good, but he's going to be forty-six in like a month, and I notice like that he's blowing his nose a lot more 'cause of the drug thing, and you know there's bloody Kleenexes. I'm like dad you're going to need reconstructive surgery on your nose. He's working out, he's working out more, and he's like getting back in shape and stuff, but it's like taking a toll. You can tell that his face is getting older, and he's just. But he doesn't have any problems really, like heart problems or anything. He's lucky.

Dr. Mills: That's why my dad finally stopped drinking. My dad's in his seventies, and he quit because of...

Lisa: Something has to happen though. You can't just get away with this for like twenty-something years.
Laura: So would you guys like identify yourself as emotionally distant or, kind of like getting back to what I said earlier about just kind of doing whatever somebody..."Okay, if that's what, you know if that's what you think I should say, if that's the right answer. If you think that that's what the right answer should be, then that's what I'm going to give to you." You know? It kind of gets back to that idea, obviously this says concealing yourself to meet your parents needs. So...

Dr. Mills: It sounds like you do that. Have you ever said to your dad, "you embarrass me," or "I wish you wouldn't drink in front of my friends."

Kelly: A couple times, but the reaction's so bad I wouldn't even...

Dr. Mills: So now you keep it to yourself?

Kelly: Like my mom knows, but I've gotten to the point where I don't even like to say anything to my mom. It would just upset her, and she couldn't really control it, so she would just feel bad. I don't really say anything. I mean I'm not there anymore so it doesn't bother me that much, but I was always mad, like my senior year, because my mom would sleep on the couch and I couldn't sneak in late. So I was like man if he would just quit drinking I could you know have.....I was thinking that I could get away with more stuff. I could have so much more fun, but I don't want to have friends over to my house 'cause you know if he's drunk I'm just embarassed. One time my friends were....we have a trampoline in our front yard, and so we came home, we were jumping on it you know, but my dad came home so wasted and got on this trampoline. I was like get off. I started yelling at him. Of course he jumps twice and just falls flat on hi face, rolls off the
trampoline. It was like midnight. It was just horrible so we don't do a lot of stuff at my house. I don't say anything....

Laura: Yeah, I used to lie about where my dad was when he was at his meetings, cause at first he was in AA but it wasn't doing any good. Oh where's your dad? Why couldn't your dad come? Oh he's at work or you know, and I mean we were very emotionally distant. Now we're kind of more like you, sweet to each other. Now it's getting better because of AA and stuff, but I don't know.

Lisa: I tell my dad how I feel, but like she said, sometimes there's a bad reaction. Like he misses every single wedding, every single family event - perfectly, all the time, he just doesn't show up. He was just messed up. So I tell him how I feel, but then especially when he's been drinking and my friends are there, like she was saying, he just gets mean. Like we went to Cancun, Acapulco, my sister, him and I, and he was just like screaming at people and like threatening people's lives, and I was like dad come here. He thinks that he's joking around. He thinks that he's some kind of big mobster guy, and he like is so cool and everybody should listen to him, and they do, but he's just so mean. So when he's like drunk he's hardly thinking. But when he's on drugs, he's like real laid back. You could just like abuse, you could just like, like I used to yell at him. I'd be like, "give me money." Because he would. That's so mean, but so I tell my dad sometimes but a lot of times I just want to ignore it, cause he yells and stuff.

Michelle: I always say, "tell them how you feel." Because like I never did, and the main reason he got help is because we, like my mom left him and like we all
hated him, like and after he died you realize you didn't tell him everything, and like it really like sucks, but you need to tell him how you feel. Like you need to tell him to stop. Do all this kind of stuff because it helps out. My dad was working out while he died. Like he was actually at the rec. Like that's terrible. Well not the rec, but like yeah, the gym.....

**Laura:** How was your relationship with him? Were you guys....

**Michelle:** We were, I hated him. I hated him, like because of what he did to our family. Like what he did to my sister emotionally. She is in a relationship with an alcoholic, like she's married to him. And my brother you know... My mom lived in hell for like twenty years, and I was the little princess who did everything perfect so I didn't get beat.

**Dr. Mills:** Do you find yourself over achieving?

**Michelle:** Oh yeah.

**Dr. Mills:** And do you relate that back to your family do you think?

**Michelle:** Yeah. Like I have to....

**Dr. Mills:** Yeah. I have a hard time relaxing. Like if I have time to... I've gotta be doing something, cause I don't know if it's this approval seeking or what, but it's never good enough, and I spent years with counselors and you know just to even recognize that I do.

**Michelle:** You know....I'm like don't be mad at me, and it was like I don't want to be a bad child....

**Laura:** Courtney, how much do you talk to your dad now?
Courtney: I haven't talked to him since maybe early-October. I already know about him, because ironically I'm still very close to his sisters and his parents.

Dr. Mills: So you didn't see him at the holidays?

Courtney: I'm just calling him my dad to make it easier for us, but really when I talk about, speaking of my father I'm really speaking of my step-father. My biological father, the alcoholic, I don't really consider him one....Well he lives in, he moved, to another place, and he's taken with him, and he has a new family, a new wife, new children. All kind of stuff. It's like we were the dress rehearsal and ta-da, this is my new...You know what I mean? Like, and I find myself doing this in relationships also, like I give. I'm in a relationship giving eighty percent and somebody's giving twenty, and I'm like oh that's fine, that's what I'm used to. And just here recently have I gotten to the point where I'm like nope, that's not what I want. You know what I mean? So it's kind of like he's built that in me and I shouldn't let it..

Dr. Mills: So you have low expectations?

Courtney: Right. And now I've gotten to the point where I'm thinking well I just got over the point of thinking is it me? And I'm like no, it's not me. It's not that my standards are too high, it's just that I'm tired of putting up with crap basically. I said all that to say basically no, I never talk to him because he has a whole another set of children and a whole new life, and the only reason why I know what goes on is actually because he still calls my older sister. And I think that's what makes it even harder. She'll be thirty-one in July and when my parents got divorced, I was very young but my sister and I are eight years apart so she spent
eight more years of her life living with him. So I don't know if that gives them a
stronger tie, or whatever he feels the need to call her, but I have to always go out
of my way, and I know that a lot of it is because he's ashamed and some other
things that everybody tells me, but I'm thinking until he's come out and he
addresses it to me, he's just being a bad father in my opinion.

Dr. Mills: Do you remember living with him at all?

Courtney: I was old enough to yeah, remember. And I, like I said, looking back
now, the incidents were just horrific, I don't know why my mom stayed with him
the fifteen, sixteen years she did....

Dr. Mills: ....Your alcoholic parent's life or somebody...So your grandparents or
somebody?

Steve: Well yeah, on my mom's side, my grandfather was an alcoholic. He kind
of just recently quit too since my mom is becoming an alcoholic....She grew up
with it....I say, "well like what are you doing to me?" You know? She's like ah
you know. But, she dealt with it too. They grew up in Poland, so I obviously
have a totally different culture.

Dr. Mills: What about the rest of you? I know you nodded.

Lisa: My dad, well my whole dad's side, my grandpa died from pserosis of the
liver last February. He was an alcoholic all of his life, and my ma keeps telling
him he's gonna turn out just like him. My mom's parents are alcoholics, their
parents were. My aunts and uncles are all alcoholics and drug addicts.

Dr. Mills: So even though your mom's not, it's in her family and do you think that
effected her choice of an alcoholic partner?
Lisa: I think yeah definitely. Cause my mom knew the signs and she knew what was going on way before she even married him, but she just, that's why she doesn't want me to make the same mistake. She was very well aware of it....But the whole thing is that my family is so like, outside normal. Like they have their jobs, they have their families, everything's perfect, but they're all alcoholics and drug addicts. Nobody's hit bottom, well one of my uncles, her brother's in jail from when he was seventeen for rape and murder, and he was under the influence of drugs and alcohol when he got arrested. So everybody else has problems but they just hide them...That's why I don't want to drink a lot ....because I'd probably be instant - there.

Laura: Do you guys....

Kelly: My grandparents - no. Not at all. Sometimes I wonder about my dad's sister. She's not all there. But no, really, he's the only one.

Laura: It's kind of funny because my dad's parents were both extremely obese. They were like three, four-hundred pounds. You know, and both of them were huge, and he always struggled his whole life to be stick skinny, and that's another whole issue. I mean if he gains a pound it's a big deal, but he always says that his alcoholism was brought on by people making fun of him as a child because his parents were so huge. So it's kind of an interesting issue, because they weren't alcoholics, they didn't drink at all, but just another thing was wrong with them, caused him to drink supposedly. That might be just what he blames it on.

Kelly: I think my dad was just wild. Like, my parents were high school sweethearts and my dad was just wild. My dad drank all through college ......
Laura: Well, social support, I have a definition here so if you guys didn't know what it was. Basically, it's just interactions with others and it provides any kind of emotional support or assistance between two people, so pretty much anything that helps you to get through anything or just helps you to get through on a day-to-day basis with an alcoholic, or not just an alcoholic problem but any problems, but in this specific situation we're obviously talking about alcoholism, so I mean, the first question there is do you feel that you were forced to grow up at a young age because of alcoholism?

Michelle: Yeah.

Laura: You were the youngest, right?

Michelle: Yeah, but I mean everybody else was gone. They would go away to stay. Yeah, I think basically but I don't know....

Dr. Mills: Did you ever feel like you had to switch roles with your parent and take care of them?

Michelle: No, not necessarily.

Dr. Mills: I kind of sensed that from your survey.

Steve: Yeah, like my brothers, I have two older brothers and they're like thirty, then there's me with a seven year gap. Then I have a younger brother whose eighteen now. My dad kind of worked a lot, so I kind of took care of my little brother. Yeah, I kind of felt like a big asshole, but I had to kind of be a father at times. Like, don't do this and don't do that, you know. He was kind of negative towards me and I felt kind of, I express that to him now, like I felt terrible about it,
but you needed it here and there, and you weren't getting it elsewhere. So I think yeah, maybe I did grow up a little....

Laura: Do you think that was because of your mom's alcoholism or because your dad wasn't around cause he was working so much?.... You said the father figure, so I didn't know which one you meant.

Steve: He's gotta work hard for the family, you know? And he's given me everything I could possibly.....So I guess maybe I grew up a little quicker, but yet I'm not. I'm still like the child.

Lisa: I didn't grow up at a young age. Now I'm like more mature than my father is, so I try to like give him advice on how to raise my sister, cause she doesn't listen to anybody, not even my mother, cause she's out of the house now. I feel like I'm more of a mother figure to her than my mom and my dad.

Dr. Mills: So this is your younger sister?

Lisa: So that's right now the way it is, before, I had a good childhood. I acted my age.

Dr. Mills: Did you organize with your siblings ever to kind of protect each other or cover for or somehow accommodate the alcoholic parent?....

Steve: We went through some rough times. You know like where things would get out of hand and me or my brother. There'd be instances where he'd calm me down or I would do the same for him. We totally needed each other.

Laura: I had a lot of situations. I had two younger brothers, and it was like if you've gotta hit one of us hit me cause I'm the oldest. I mean I'm not trying to say that I got beat to a pulp on a regular basis, but when you have little brothers
that are pretty little, you know, I was like, I'm at least big enough to where, you
know, sometimes it was pretty rough, so I took the brunt for them sometimes.

Anybody, I mean...

**Michelle:** ....My sister...

**Dr. Mills:** Do you have a big age difference?

**Michelle:** Yeah, my sister is five years older than me, and my brother's nine
years older than me.....She was so mean to us...It was terrible. She would beat
me. Like she really did. She beat up on me, because my father beat up on her.

**Dr. Mills:** Passing along the kick the dog theory.

**Michelle:** I know, I was like please don't go out tonight. Then she'll have to
babysit me.

**Lisa:** I remember protecting my little sister, like, we used to write letters to my
dad, like just threatening letters. Like, you hurt our family and stuff like that. I
was like eight. He still has them, I found them in his drawer. Not that I was
snooping. He told me to look in there for something. But no I always protect my
sister, and if anything when he was doing drugs or drinking or something, we'd
just go watch a movie or something. I'm not going to like leave her alone cause
she's really quiet.

**Laura:** Strength in numbers? So how about the difference between now and not
necessarily when you were a child but even, you know, maybe...

**Dr. Mills:** When you were living at home.

**Laura:** Yeah, even when you were living at home even a year ago at this time,
and the difference between.....Do you think that there is a big level of difference?
I mean, for me, considering the fact that my dad has been sober for nine years, there is a huge difference between the way we communicated then and we communicate now. Anybody else? How about you?

**Steve:** Speaking of like, how I act back at home?

**Laura:** Or like the, it says friendship level, how did you get along, I mean the difference between then and now.

**Steve:** With my friends?

**Laura:** With your mom.

**Dr. Mills:** With your parent.

**Steve:** Well, it's still in spurts, because she's been out of treatment for like, in and out of treatment for like the past five years. We're talking about for a six, seven week time.

**Dr. Mills:** Does she go in for a month?

**Steve:** She's done that once...It's just, you know, it depends on when you catch her. She's gone six months, and she's gone six months right back into it. Kind of like you never know. I'll call home and I'll never know what to expect. I can tell within the first two seconds, but I mean like, the other day, things were fine and today they could be bad. You just never know. Like I said, when she's sober, things are great and I encourage her all the time. Even if I know she's had a little to drink, I'm always on the phone being the big guy, saying hey watch yourself, you know, don't do that to yourself. You've been in and out of it. Why do you want to go through detox again? Come on, you know?
Laura: So everybody's pretty much explained the next question I think. Steve, do you feel like you have a pretty good relationship with your mom?

Steve: When she's not abusing, yeah. Otherwise, it's nonexistent. You know, I mean I'll tolerate it here and there, but then she has to take my words of wisdom and take them for what they're worth. I'll catch you next time, maybe.

Lisa: About the friendship level thing, I feel totally different now that I'm like at school, because when I go home I'm like, my dad just wants to spend all of his time with me. Like there's nobody else, like my sister works when I go home and he like, he's like my date for everything. We go to the movies together, and we eat, and people are like is that your date? I'm like no it's my dad. But we're like best friends, like I go home and just, "you want to do this?" And he sets up my whole weekend for me and we just spend all of our time together, and that is so much cooler than it was, because he was my father before, and now he's my friend. So it changed..... I would say in the last two years. Cause I just turned twenty-two in March and like the first two years he was missing me and like still concentrating on my sister, concentrating on where he was going to live, cause he was still in his car I guess or something. So it was in the last two years I think, but it's improved a lot....

Courtney: I have to leave. Sorry. I can answer these questions if you want me to.

Dr. Mills: Yeah, would you?
Laura: Well we can start with that....Is your parent's alcoholism discussed like between the two of you or between everybody in the family, or the extended family or whatever?

Courtney: Really, well I discuss it with my immediate family of course, and the only person, like his parents, my grandparents are in denial....They pretty much have seen what it does to him, and how he really shows his behind basically like that so, to not want to admit that is just overwhelming... But yeah, basically my sister and I are the main people that discuss it. Occasionally, my mom and I will say something, but....Sissy, she's also the support I go for, I don't really, well that and my sorors, my fellow graduate advisors down here at Eastern, and friends. And also the church mainly. That is one of the main things that I, I think without them I wouldn't be the woman that I am right now. Sorry, I really hate to leave....

Laura: So anybody else? How do you feel like you know the alcoholism is discussed within the household or between you and the parent?

Kelly: I talk to my cousins about it. My cousins are kind of like my siblings. Like one of them is getting married in September, and there are three younger ones....I'm probably like the closest with Ryan....

Dr. Mills: Do they worry about his behavior at the wedding?

Kelly: No, I don't know, nobody really...

Dr. Mills: I worried about my dad at my wedding. I thought please don't...

Kelly: Nobody really thinks about it. I worry. And my aunts, like sometimes I'll mention something to them. Like we'll kind of crack jokes about it, but I know my aunts will call my mom and be like how's he doing? So that's about all. Cause
my grandma, his mom was still alive, this was before I was born, but I guess my mom said something to his parents, and my grandpa had Alzheimer's but she was you know, like he has a problem, and my grandpa, even though he was practically incoherent, was sitting there nodding his head, and my grandma said you're ridiculous, and like she hated my mom until the day she died because she couldn't believe that her angel son had a problem, so....... 

**Steve:** I tried to talk to my grandparents about it, cause I felt like they could have helped. You know they could have been around during the days when we were all gone, and so that was a bad idea. That went no where, and maybe because my grandfather was an alcoholic too. But, my uncle couldn't do anything because he was recovering. My aunt would take my mom in sometimes just to clear up, cause our house was - booze everywhere so we had to get her out of there. So my aunt really helped out a lot.

**Lisa:** I talk to my dad about it, and I talk to my mom. I don't talk to my sister, cause she's kind of close-minded about things. I even think that she's going to possibly have a problem, but.. She's nineteen and she has my ID unfortunately. So she goes to the bar all the time.....She's not going to be down here. I talk about like my dad's problem and stuff with my special friend, the guy I'm seeing. That's what I call him - my special friend. Cause he's not my boyfriend. So I talk to him and I tell him the bad stuff, like how I don't want him to be so that's when I talk to him. And my social support....

**Dr. Mills:** You think it helps?
Lisa: No. It doesn't help cause he says, "I'm not gonna be like your dad." And I just say, well I hope not. I'm like afraid. I tell him I'm like afraid of my future, cause I don't want the same things in our life. I was like I'm not gonna be like that, and my social support, I go to him mostly, my special friend guy. And cause he's the only one here. He's the one I'm closest to. I call him up and I tell him about my problems. And then, my sorority sisters, there's only six of us, seven now, we just got a new one. But I talk to them, but they have their own problems and their own lives. The most one is probably my mom who listens and cares and always has something to say. Opinion about it.

Michelle: Oh, who do I talk to? Well, we don't even talk about it anymore. It's been a while. At the time, I was a freshman in high school and the first time I came home hammered out of my mind and I puked on my mom's feet. Yeah, that's when we talked about it. We definitely talked about it, and yeah, that's about the only time. And we only talk, we talk about my brother too, cause, oh we don't want you to end up the same way.

Laura: So who did you go for for social support?

Michelle: Oh, I went to, well my mom sent me to a shrink

Dr. Mills: A shrink or a counselor?

Laura: How old were you?

Michelle: Oh I don't even remember, like it was just terrible. Oh I was actually, at that time when she finally did that....

Dr. Mills: This was when you puked on her shoes?
Michelle: Oh no this is after. Yeah, a couple years after, cause she thought that I couldn't like socialize, or deal with the problem. And so I was thinking to myself....

Dr. Mills: Oh the father, the problem of the father?

Michelle: Yeah, and about all that, so she sent me to him when I was sixteen. I don't know why two years later, but I went to a counselor and she was a nutjob. She didn't help at all, she just made me feel like I was an alcoholic. I'm like, I'm in high school. Usually kids drink in high school. I mean, some kids don't but I guess I did. So she made me feel like...and I'm like no I'm not. I really never do....

Dr. Mills: So you think your mom was just being over cautious?

Michelle: Yeah. She was. She just wanted to cover all the grounds.

Dr. Mills: And what do you think motivated that? I mean was it guilt, was it worry?

Michelle: She still feels guilty 'til today that she stayed with him that long, like still today, she does.

Dr. Mills: Because of the effect it may have had on you?

Michelle: Yeah.......

Dr. Mills: It's part of being a parent.

Steve: I think I came to realize recently, cause none of us would go to get help you know, and we're like we don't have problems. I'm living life. Whatever. But I think it came down to my mom trying to my mom, she gave us hints about how to cope with her. It was really weird after so many years, you know. She's like you
gotta do this, you gotta do that. It was kind of strange. Now I think we're so much better coping with her than two years ago.

**Dr. Mills:** What kinds of things did she tell you?

**Steve:** Like that you can't take away my booze, is the key. You can't steal....

**Dr. Mills:** That won't work.

**Steve:** Exactly. You can't just shut me down like that. If I'm gonna stop, if I want to go through detox, it's gonna take a little time, and that's like when my dad would like water down the bottles, and you know, things like that you know, did make a difference cause she did stop after winding down a little bit, cause you know you can't just stop cold turkey. So she helped us really deal with her problem in that way, cause like I said, we were just, I mean I wasn't going to no Alanon. I really don't talk to my friends about it, you know. After they say, "yeah, I just saw your mother walking around." It's like I don't need to hear that. I don't really talk to them about that. I just kind of keep things within myself, and you guys.

**Laura:** Well, does anybody else have anything they want to talk about? That covers everything I have on the sheet at least. Feel free to say anything else you want to talk about, or anything. Anybody?

**Steve:** I'd like to commend you on your research here.

**Laura:** And just a reminder, not that anyone would do this, but everything that was said in here stays in here as we all know. I'm sure people wouldn't appreciate it if everybody heard all of our business about our parents and stuff
so. But, if nobody else has anything to say, I just, I'm gonna get this out to you guys in a couple weeks....

Dr. Mills: It's gonna take her a couple weeks to write all this up...

Steve: Transcribe that all..

Dr. Mills: I was just gonna say, this is a long tape. It will take a while to get through it all.

Laura: And get all that information out to you guys, and so anyway, just so you know, you'll get a little idea of what we discovered from all of your information

Dr. Mills: What she'll do is she'll go back and take this discussion and compare it to research that's already been done by other people in other places, and you know, suggest possibilities for future studies and stuff like that.

Michelle: That sounds very impressive.

Laura: That's why she's the professor and I'm not...Anyway, thanks so much for coming you guys.