


# The Influence of Parental Alcoholism on Parent–Adolescent Relationships From Adolescence Into Emerging Adulthood: A Qualitative Inquiry

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## Abstract

Exposure to parental alcoholism can inhibit a child's ability to become a successfully functioning young adult. Based on qualitative interviews, this study provides a deeper understanding of how those parent–adolescent relationships are associated with risky internalizing and externalizing behaviors. This qualitative study explores the lives of 13 young adult children of alcoholics (ACOAs) and provides a unique perspective through an adaptive developmental approach by evaluating emerging adults who were ACOAs and successfully functioning. Compelling findings emerged with respect to how young adults define alcoholism and being a child of alcoholism and how the parent–adolescent relationship adapts in the unstable environment associated with family alcoholism. Salient findings revealed that when emotional and physical detachment from a parent's alcoholic behaviors in addition to an acceptance that those behaviors are not the adolescent's responsibility, individuals gained better control of their environment aiding them in becoming healthy, functioning young adults.

## Keywords

parental alcoholism, children of alcoholics, adolescents, emerging adults, parent–adolescent relationships, internalizing behaviors, externalizing behaviors, qualitative methods, attachment

One in five youth in the United States will have lived with an alcoholic parent or other related family member at some point during their childhood (American Academy of Child and Adolescent Psychiatry, 2011). This places youth at risk of internalizing behaviors such as anxiety or depression and/or externalizing behaviors consisting of aggression or substance abuse (American Academy of Child and Adolescent Psychiatry, 2011). While not every child of alcoholism (COA) will repeat their parent's negative behavior patterns (Roosa, Tein, Groppenbacher, Michaels, & Dumka, 1993; Wolin & Wolin, 1995), these possible negative consequences can impact an adolescent's development into adulthood (Black, 1981; Smith, Ireland, & Thornberry, 2005). In addition, parental alcoholism impacts the parent–adolescent relationship, which is the pri-

mary context for developmental outcomes (Roosa, Michaels, Groppenbacher, & Gersten, 1993). As it is well understood that parents play a vital role in the development of a child through adulthood (Abar & Turrisi, 2008; Crawford & Novak, 2002; van den Bree & Pickworth, 2005; Wood, Repetti, & Roesch, 2004), adolescent depression, acting-out behaviors, and how they feel about themselves all hinge on the type of parenting environment they experience as they age (Conger, Schofield, Neppl, & Merrick, 2013; Gilliom & Shaw, 2004; Lewis, Collishaw, Thapar, & Harold, 2014). To this regard, a parenting environment that includes exposure to parental alcoholism can leave long-lasting implications. For example, many studies have demonstrated the strong association between high-stress alcoholic home environments and an increased risk of negative externalizing behaviors in COAs such as heavy drinking (Alati et al., 2014; Thompson & Wilsnack, 1987). Consistent with this body of research, alcoholism has conventionally been known as a family disease, where alcoholism directly and/or indirectly influences everyone in the family (Black, 1981, 2001; National Council on Alcoholism and Drug Dependence, Inc. [NCADD], n.d.).

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Rangarajan (2008) supported these ideas by explaining that in alcoholic families, daily functioning is diminished due to the focus of the family centering on the alcoholic. As a result, alcoholic homes are regularly identified as high-conflict environments which has been shown to further inhibit a family's overall functioning (Barnow, Schuckit, Lucht, John, & Freyberger, 2002; Rangarajan, 2008).

Jaeger, Hahn, and Weinraub (2000) acknowledged attachment theory as a useful mechanism for better "understanding the process by which parenting in alcoholic families can affect adult emotional and interpersonal adjustment" (p. 267). Bowlby (1988) initially demonstrated the influence of the caregiver–infant bond. Ainsworth's (1978, 1984) early influential works extended this research by recognizing that insecure caregiver attachment is associated with an individual's ability to have secure attachments with others, affecting their relationships throughout a lifetime. Insecure attachment can be manifested in three forms: avoidant, ambivalent (Ainsworth, 1985), and disorganized (Ainsworth & Eichberg, 1991; Hesse & Main, 2000) attachment. In other words, instead of a child showing the desire to positively interact with a parent and/or caregiver (i.e., smiling and/or wanting to involve the parent in their activities), a child would display behaviors directed toward the parent or caretaker of being dismissive (e.g., pushing away), not showing emotion and/or acting distant (e.g., not caring if the parent is around them or not), or behaving very negatively from being afraid (e.g., hitting).

In most cases, COAs are not able to internalize a secure model of attachment wherein their needs and relationship expectations are met (Murray, 1998). For example, it was found there is a higher prevalence of avoidant attachment particularly among adult daughters of alcoholic fathers (Jaeger, Hahn, & Weinraub, 2000), while other research demonstrated that COAs have a higher tendency of developing an ambivalent pattern of insecure attachment as an adult (Brennan, Shaver, & Tobey, 1991). According to Black (2001), parents who are considered to be alcoholics often leave their children feeling physically and emotionally abandoned. Despite the increased risk of developing an insecure attachment, many COAs are able to show resiliency by positively adjusting in response to their often stressful life circumstances and can adapt their developmental outcomes beyond survival (Walsh, 2006, 2012b).

Building on the nature of the attachment framework, the purpose of the current study is twofold: (1) to create a more comprehensive understanding of the relationship between the parent and adolescent through emerging adulthood within a family of alcoholism where limited research has qualitatively explored (Murray, 1998) and (2) to provide a deeper understanding of the internalizing and externalizing behaviors specifically associated with parental alcoholism and healthy adolescent developmental outcomes (Finan, Schulz, Gordon, & McCauley Ohannessian, 2015; Jaeger et al., 2000; Park & Schepp, 2015; Peleg-Oren, Hospital, Morris, & Wagner, 2013). Healthy development as an adolescent is especially important as it greatly influences their ability to be functional

members of society as young adults (Havey & Dodd, 1992; Masten, 2001).

## Parent-Adolescent Relationships in Alcoholic Homes

Parental drinking problems are associated with higher levels of environmental risk such as family-centered arguments, criticisms, and disappointments which result in lower parenting efficacy (Roosa, Michaels, et al., 1993). In accordance with the foundational works of R. Hill (1958), coping is a perceptual response to an external stimuli. If this is the case, then problem-drinking parents who view themselves as only minimally contributing to the emotional support of the family would elevate stressful life events during adolescence such as family conflict (King, Molina, & Chassin, 2008). In other words, if an alcoholic parent perceives they are not contributing, this may give rise to more family negativity and hence more family conflict. Parental irritability, as well as conflict (i.e., parental physical and/or verbal aggression), has been linked directly to adolescent outcomes such as internalizing and externalizing behaviors (Conger, Patterson, & Ge, 1995; Conger et al., 2013; Davies & Cummings, 1994; Gilliom & Shaw, 2004; Lewis et al., 2014). This is especially true for children who are raised in an alcoholic environment. COAs are particularly vulnerable to experiencing internalizing behaviors such as depression (Barnow, Schuckit, Lucht, et al., 2002) as well as externalizing behavior such as being heavy drinkers themselves (Finan et al., 2015; E. M. Hill, Nord, & Blow, 1992; Hussong, Huang, Curran, Chassin, & Zucker, 2010; McCarty et al., 2013; Ohannessian, 2009), which may persist into adulthood (Alati et al., 2014; Cranford, Jester, Puttler, Fitzgerald, & Zucker, 2005; E. M. Hill et al., 1992). What is more, if a child exhibits more impulsivity, the parent may feel that their parenting is less effective which may lead to an increase in the parent's substance abuse (King et al., 2008).

### *Internalizing Behaviors*

Family conflict exacerbates adolescent internalizing symptoms and depressive disorders (Birmaher et al., 1996), especially in the presence of parental alcoholism (Barnow, Schuckit, Lucht, et al., 2002). Built on the work of Black (1981), adolescents, especially younger adolescents, who originate from an alcoholic home are 30–50% more likely to experience depressive disorders when compared to only 3% of their peers who do not have parents with alcohol-related problems or dependency (Anda et al., 2002; Birmaher et al., 1996).

Within an alcoholic home, a parent's ability to respond and be there for their children is inhibited due to the drinking parent consequently acting as the central focus of the family (Gravitz & Bowden, 1985; Rangarajan, 2008). To explain further, COAs are at risk of internalizing their alcoholic parent's negative behaviors, increasing their vulnerability to emotional and cognitive developmental gaps. For example, these gaps may present as impeding their ability to form healthy, long-lasting

relationships and/or appropriately process and express their feelings (Black, 1981; Haverfield & Theiss, 2014; Sher, 1997). These challenges can make it difficult for COAs to feel safe and secure, which often results in feelings of blame, guilt, and shame (Black, 1981). Exacerbated by substance use, these types of feelings can manifest into suicidal thoughts and even suicide attempts in COAs, especially when the mother is the drinking parent (Anda et al., 2002; Klaus, Mobilio, & King, 2009). As COAs age into adulthood, there are additional barriers to healthy internal functioning in relation to what they may have encountered due to their parent's alcoholism, which can increase the difficulty of being able to effectively address stressful life circumstances (Jaeger et al., 2000; Park & Schepp, 2014).

### *Externalizing Behaviors*

Parenting styles, coping abilities, and negative life events are also associated with adolescent externalizing behaviors (Koegl, Farrington, & Augimeri, 2009). COAs are susceptible to aggressive and acting out behaviors in an attempt to cope with their often stressful environment (Eiden et al., 2010; Handley & Chassin, 2013; Kim, Conger, Elder, & Lorenz, 2003; Obot & Anthony, 2004; Park & Schepp, 2014). In addition, the level of distress an alcoholic parent experiences is directly linked to child externalizing behavior problems and can elevate instances of acting out such as being aggressive (Loukas, Piejak, Bingham, Fitzgerald, & Zucker, 2001).

Another contributing factor associated with externalizing behaviors is low parental support and harsh, inconsistent parenting (Alati et al., 2014; Conger, Schofield, & Neppl, 2012; Halgunseth, Perkins, Lippold, & Nix, 2013). An individual who does not feel supported by their parents might direct those feelings outward by acting violently toward other people such as hitting or verbally threatening to harm them (Finan et al., 2015; Saner & Ellickson, 1996). Several studies have demonstrated that these forms of negative parenting are common among alcoholic parents and their children (Black, 1981; Latendresse et al., 2008; Mares, Lichtwarck-Aschoff, Burk, van der Vorst, & Engels, 2012; Ryan, Jorm, & Lubman, 2010; Seljamo et al., 2006; Vermeulen-Smit et al., 2012). Alati et al. (2014) supported these notions by providing evidence that children who develop less feelings of closeness for their parents are at greater risk of developing a variety of poor coping strategies as well as becoming alcoholics themselves as they transition into adulthood (Vungkhanching, Sher, Jackson, & Parra, 2004). For example, COAs are at an increased risk of not developing healthy management of their emotions and, as a consequence, are prone to heavy drinking (Alati et al., 2014; Chaplin et al., 2012; Thompson & Wilsnack, 1987), in addition to abusing other substances such as marijuana and opiates (Chassin, Pitts, DeLucia, & Todd, 1999). As these self-destructive behaviors are not uncommon consequences of a child who has grown up in an alcoholic home (Meyer & Phillips, 1990), some researchers argue that this behavior is only indicative of children who have had three or more

alcoholic family members in their lives (Barnow, Schuckit, Smith, Preuss, & Danko, 2002).

### *Resiliency Development*

According to Järvinen (2015), adult children of alcoholics (ACOAs) who are able to build an understanding about their family's alcoholism enable them to exhibit more help-seeking behaviors (i.e., going to attend a support group), which further assists them to detach from feeling responsible for their parent's drinking. Black (1979) was one of the first to recognize that if COAs were able to accept their parent's drinking as no fault of their own, it would aid in their ability to express resilience against potential negative developmental outcomes. With these ideas in mind, resiliency, at its core, relates to how some individuals fare better than others in similar situations (Friborg, Barlaug, Martinussen, Rosenvinge, & Hjemdal, 2005; Masten, Obradović, & Burt, 2006). It is the ability to view individual and family development through the lens of a strengths perspective versus a model of deficit. By doing so, there is a distinguishable shift toward forward thinking, which enhances cognitive growth and hope, in that their negative life experiences are not an end all (Walsh, 2006, 2012a).

According to Masten (2001), resiliency is not an uncommon occurrence; however, Walsh (2006) argues that it depends on the type of fortitude that really matters because being resilient in the face of adversity does not simply mean getting through negative life experiences but to work through these experiences and thrive. Walsh (2006) further explains resiliency is the ability to let go of anger and hurt from past experiences and have an internal desire to achieve success in life (Walsh, 2006). Wolin and Wolin (1995) supported these notions along with acknowledging that resiliency is complex and is more than getting over being hurt but "being hurt and responding with strength" (Wolin & Wolin, 1995, p. 426). Additionally, in one of R. Hill's (1958) seminal works, it is argued that individual internal protective mechanisms alone (i.e., stronger perception of one's ability to cope) are not sufficient in overcoming adverse life events and/or exposure to a negative living environment. It is proposed that the availability and access to external resources (i.e., community social support groups) are equally critical in the development of long-term resilience (R. Hill, 1958; Price, Bush, & Price, 2017).

Research has also shown that the more resources an individual possesses, the better chance they have at achieving successful adaptation as emerging adults (Masten et al., 2006). Specific to COAs, there is much promise in their ability to be resilient, but there is limited research investigating successfully functioning developmental pathways (Carle & Chassin, 2004; Masten & Wright, 1998; Rutter, 1985). Prolonged exposure to a negative environment increases the likelihood of detrimental outcomes (Masten, 2001), but this does not diminish the possibility for those individuals to rise above adversity (Walsh, 2006, 2012b). For a COA, this can mean the possibility of attaining health coping skills and learning how to reframe their

internal representations of themselves (Walsh, 2012b), which were previously established by the type of attachment they had with their parents growing up (Waters & Waters, 2006). There are many environmental risk factors associated with parental alcoholism (i.e., emotional abuse; Black, 1981; Roosa, Michaels, et al., 1993), but resiliency factors associated with the successful functioning over time for COAs have been given limited attention (Carle & Chassin, 2004; Masten & Wright, 1998; Rutter, 1985).

It has only been within the last couple of decades that emerging adulthood has been recognized as one of the sensitive developmental periods across the life span. This is due to the many inherently new challenges presented to emerging adults such as an individual living on their own for the first time and/or the creation of more intimate interpersonal relationships within their peer group (Masten et al., 2006). This time period is also predictive of an individual's future well-being in terms of their cognitive, social, and emotional development. In other words, emerging adults can be more vulnerable to additional stressors especially if they already have existing problems in any of those three areas of development. In contrast, successful adaptation can be strengthened by the sustainment of healthy coping skills (i.e., positive perception) and resource networks (i.e., peer support; Masten et al., 2006).

Drawing from this foundation, there is much encouragement to dive deeper into areas of research pertaining to resiliency, especially within the developmental period of emerging adulthood (Masten et al., 2010; Masten et al., 2006; O'Connor et al., 2011). This includes the many facets of resiliency in connection with COAs and successful developmental outcomes which have yet to be fully explored (Carle & Chassin, 2004). Hence, rather than focusing on the potential negative outcomes of growing up in an alcoholic home, the current study explores the processes and pathways that aid adolescents growing up in alcoholic homes to become more adaptive, functional emerging adults.

## The Present Study

There are many areas of research that have encompassed the parent-adolescent relationship in the presence of negative life events such as exposure to parent alcohol abuse. However, further research is warranted to understand individual differences in the outcomes of COAs as they move into emerging adulthood (Haverfield, & Theiss, 2014; Park, & Schepp, 2015; Roosa, Tein, et al., 1993). To date, there is no literature, of which we are aware, that specifically examines the processes and pathways to successful, adaptive functioning for COAs. This study aims to provide a novel, in-depth perspective to some of the positive and adaptive developmental strategies used by emerging ACOAs which contribute to their successful functioning as an emerging adult in terms of internalizing and externalizing behaviors. For the purposes of the current study, successful functioning is described as low reports of depression and high academic performance.

This study advances the research by providing an in-depth, humanistic viewpoint through qualitative inquiries and revealing a more accurate depiction of the COAs' interpretations along with being able to uncover their perspectives regarding their parent-adolescent relationships within the context of an alcoholic family (Murray, 1998). The following two research questions were addressed: (1) How does parental alcoholism influence adolescent internalizing and externalizing behaviors in relation to successful functional developmental outcomes for emerging adults (high academic performance, low depression)? and (2) How does the parent-adolescent relationship evolve over time in positively functioning emerging adult ACOAs?

## Method

### Participants

The participant selection process was employed through purposeful sampling procedures where the participants were intentionally selected for information rich cases (Merriam, 2002). This study collected a sample of academically categorized college seniors who were carrying a minimum of a 3.00 grade point average (GPA) and identified at least one parent as being an alcoholic. The chosen academic criteria were selected to demonstrate successful academic functioning. Academic achievements have been well tested as a benchmark for resilient behaviors in other areas of an individual's life and are predictive of future success (Dubow, Huesmann, Boxer, Pulkkinen, & Kokko, 2006; Masten et al., 2010). That said, it is recognized that some COAs can elicit strong external functioning but, at the same time, struggle with negative internalizing behaviors (e.g., Bowen, 1974). To compensate for this possibility, study participants were also required to complete an established mental health assessment, the Brief Symptom Inventory survey (BSI-18; Derogatis, 2001) as an online confidential survey.

Other eligibility criteria, used to maximize the selection of students exhibiting sustainable adaptive developmental outcomes, included participants' acknowledgment they were not currently using illegal drugs and/or abusing prescription drugs as well as only drinking in moderation (no more than two drinks per day for males and no more than one drink per day for females) as defined by the National Institute on Alcohol Abuse and Alcoholism (2003) for moderate drinking. Participants additionally needed to have reported being affected by parental alcoholism by at least one of their parents. Of the 30 initially interested students, 13 undergraduate students ultimately met the study's eligibility criteria and participated in the face-to-face interviews.

The final sample included 13 emerging adults between the ages of 21 and 25 years and was currently enrolled and attending the local state university. Sample demographics consisted of nine females (69%) and four males (31%) who were primarily White/Caucasian (85%). One female identified as Chinese and one female was Hmong (from Laos). Of these 13 participants, 9 (62%) reported being affected by a drinking parent

Table 1. Demographics of Adult Children of Alcoholics.

13 Total Participants Aged 21–25	%	N
Gender		
Male	30.8	4
Female	69.2	9
Ethnicity		
White/Caucasian	84.6	11
Chinese	7.7	1
Other Asian: Hmong, from Laos	7.7	1
Identified problem drinking parent		
Father	53.8	7
Mother	23.1	3
Both	23.1	3
Duration with problem drinking parent		
From birth	46.1	6
Birth through 10 years old	7.7	1
Birth through 16 years old	7.7	1
3 years old and on	7.7	1
7 years old and on	7.7	1
10 years old and on	7.7	1
12 years old and on	7.7	1
13 years old and on	7.7	1
Problem drinking parent current drinking status		
Still drinking	61.5	8
Not drinking anymore	30.8	4
Not drinking anymore but doing illegal drugs	7.7	1

starting in early childhood (birth to 3 years of age), 3 (23%) beginning during middle childhood (7–12 years of age), and 1 participant experiencing parental alcoholism from early adolescence (13 years of age) forward. As young adults, a majority of their parents were still drinking (62%), but four participants (31%) reported that their parent had stopped drinking, and one participant shared that their parent was not drinking anymore but was using illegal drugs. For a detailed comparison of the participant demographics, see Table 1.

## Procedures

A recruitment e-mail was first sent to all currently enrolled academic seniors with a GPA of 3.00 or greater. Second, respondents were asked to take an electronic survey (preceded by a consent document) which contained both demographic and informative questions (i.e., Do you use illegal drugs such as marijuana?). Young adults who met initial eligibility were e-mailed a second time requesting the completion of the mental health assessment (BSI-18; Derogatis, 2001). The assessment was comprised of 18 questions using a 5-point Likert-type scale, ranging from 1 (*not at all*) to 5 (*extremely*). The instrument was designed to measure the participants' degree of emotional experience based on three domains of mental health: somatization (e.g., feeling weak in parts of your body), depression (e.g., feelings of worthlessness), and anxiety (e.g., feeling fearful) with an overall Global Severity Index (GSI) encompassing the three domains. According to Derogatis (2001), these measures have demonstrated strong internal consistency with Cronbach's  $\alpha$  values ranging from .74 to .89 when tested

on a large sample of community subjects ( $N = 1,134$ ). These internal consistency values are consistent across other research which has tested the BSI-18 (Recklitis et al., 2006; Wang et al., 2010).

As directed by the BSI-18 manual (Derogatis, 2001), the responses for each question were scored from 0 to 4, and the raw scores were summed to establish individual GSI scores. The GSI scores were then converted into *T* scores which were used to identify whether participants scored above or below the cutoff point of *T*<sub>263</sub> (90th percentile) which was considered good mental health. Students' *T* scores were then compared against a gender-weighted community norm table. If the students' *T* scores were equal to or less than 63 (below the cutoff point), they were categorized as having low levels of negative internalizing behaviors (i.e., depression) and asked to participate in the face-to-face interviews. For example, this meant that for females, they needed a raw score total of 21 or less or 18 or less for males. In contrast, students who scored above this threshold were self-referred to appropriate resources through a debriefing statement included in the mental health assessment and were not asked to be interviewed.

Following participant consent, interview data were collected through qualitative, narrative inquiry to assess the participants' experiences during adolescence from a retrospective viewpoint. The narrative inquiry approach enables researchers to work cooperatively with study participants to provide a comprehensive understanding behind their stories (Connelly & Clandinin, 2006). This methodological approach is also used to reflect an authentic representation of the participants' voices through the descriptions of their lived experiences by employing a structured but open-response interviewing procedure (Atkinson, 2007; Duff & Bell, 2002). The current study's in-depth interviewing process included several open-ended questions that would best tap into the two desired research constructs of this study. Examples of these questions include "How would you describe your experience during your teen years growing up with an alcoholic parent?" "How would you describe your relationship during your teen years with the drinking parent?" and How would you describe your relationship with your parents now?" An example of how the concepts outlined in the two research questions and the theoretical framework connected to these interview questions is illustrated in Table 2.

The interviews were conducted in a private area of the university's library, the city's public library, and a private office on the university campus. For two participants, interviews were conducted in their place of residence upon their request. To increase the trustworthiness and rigor of this study, brief field notes were completed immediately following each 30- to -90-min interview which were also digitally recorded for data accuracy (Glesne, 2011). Interviewed individuals received an incentive of a US\$10.00 gift certificate to a local retailer.

## Description of Analysis

The audio recordings from the interviews were transcribed verbatim and brief field notes were immediately taken following

Table 2. Example of Interview Questions and How They Relate to the Research Questions and/or Theoretical Framework.

Related Research	
Question or Framework	Example of Interview Questions
Research Question 1	Tell me about how you handled those experiences you described during your teen years?
Research Question 2	How would you describe your relationship during your teen years with the drinking parent?
Theoretical framework	How would you describe your relationship with your parents now?

each interview. The coded transcripts and brief field notes were used to conduct a constant comparison method (CCM) of data analysis. Deeply rooted and commonly practiced as a valuable technique in analyzing qualitative data, the CCM is an inductive and rigorous process. CCM involves the construction of study-specific codes derived from the transcribed interviews, comparing and contrasting the codes to determine patterns relevant to the study, assembling the codes into relevant categories, and organizing the categories into representative emergent themes (Boeije, 2002; Glaser, 1965).

Staying true to the CCM of analysis, the codes were created by labeling words, phrases, and sentences within the transcribed text relevant to the two research questions (Bloomberg & Volpe, 2008) and theoretical framework for this study. The codes and identified categories were entered into an electronic database for the purposes of organizing and more readily identifying the emergent themes (Glesne, 2011; Merriam, 2002). During this inductive process, a reflexive journal was kept and used alongside the coded transcripts and brief field notes. The triangulation of these data-accountability approaches was used to enhance the methodological rigor and trustworthiness of the findings (Glesne, 2011). An example of how this process was employed is shown in Table 3.

Validity of the findings was also addressed. All 13 participants were invited via a second follow-up e-mail to collaborate on the process of evaluating the preliminary data coding and transcription summaries. Five participants (two males and three females) participated in these member checks, lasting approximately 60–90 min. Following data assessment, all five individuals agreed that the preliminary findings and interpretation of their experiences were authentic and did illustrate an accurate depiction of their experiences as they had described them during their interviews.

## Results

The emergent themes were broken down by the two research questions addressed in this study: (1) How does parental alcoholism influence adolescent internalizing and externalizing behaviors in relation to successful functional developmental outcomes for emerging adults (high academic performance, low depression)? and (2) How does the parent–adolescent

relationship evolve over time in positively functioning emerging adult ACOAs? During the analytic process, a conceptual model emerged and was created to best frame the research findings (see Figure 1). The following is a discussion of those findings. For confidentiality, all of the participants' names were replaced with pseudonyms.

### *The COA Perspective*

COA. In order to frame the findings, we first discuss how the emerging adults expressed what it meant to be a COA and how they described alcoholism itself. The individuals' definitions of a COA primarily centered on being defined as a child who has been "sent . . . down a different path" (Henry), is " . . . avoidant of conflict" (Kelly), and has dealt with a parent who " . . . drinks more than they should" (Tim). This could mean having grown up with a parent " . . . who especially misses out on important parts because they were drunk and just wasn't there to be a parent" (Josie) and/or having to deal with more conflict within the household compared to another child who has not been raised by a parent who was alcoholic.

*Alcoholism.* When the young adults provided insight about alcoholism in general, they shared that alcoholism is more than just social drinking; it encompasses much deeper issues such as " . . . drinking to feel better" (Lily) and "(Drinking) alcohol to the point that's interfering with your life; either your social life or your work or family" (Christina). Alcoholism was also described as " . . . being irrational" (Patrick). Other characteristics these individuals shared about a person who is an alcoholic included being deceptive toward other family members, being controlling, not being able to maintain stability within the household, and that alcoholism is usually the most central focus of the family's daily functioning.

### *Research Question 1*

Research Question 1 targeted the influence each participant's alcoholic parent had on their internalizing and externalizing behaviors as an adolescent through the retrospective viewpoint of a successfully functioning emerging adult. Two major themes were identified when emerging adults discussed how parental alcoholism influenced their ability to cope as an adolescent: (1) family of alcoholism and (2) exhibited adolescent behaviors.

#### *Theme 1: Family of Alcoholism*

For Theme 1, two subcategories emerged from the data, which included negative experiences and alcoholism significance.

*Negative experiences.* All of the emerging adults indicated they dealt with negative experiences with the drinking parent which in some cases meant both the parents. The young adults described how challenging and difficult this experience was for them. The negative encounters they had with their drinking parent varied. Some participant's drinking parents were verbally

Table 3. Example of the Analytic Process for Research Question 1.

Codes	Category 1	Category 2	Overall Theme
Unstable home, poor family communication . . .	Negative experiences	—	Family of alcoholism
Regular part of life, a constant awareness of parent drinking . . .	Alcoholism significance	—	
Fear, worry, abandonment . . .	Anxiety	Internalizing behaviors	Exhibited adolescent behaviors
Hurt feelings, depressed . . .	Depression		
Yelling, being controlling . . .	Aggression	Externalizing behaviors	
Skipping school, partying . . .	Acting out		
Alcohol use, pot use . . .	Substance use		

Note. Research Question 1: How does parental alcoholism influence adolescent internalizing and externalizing behaviors in relation to successful functional developmental outcomes for emerging adults (high academic performance, low depression)?

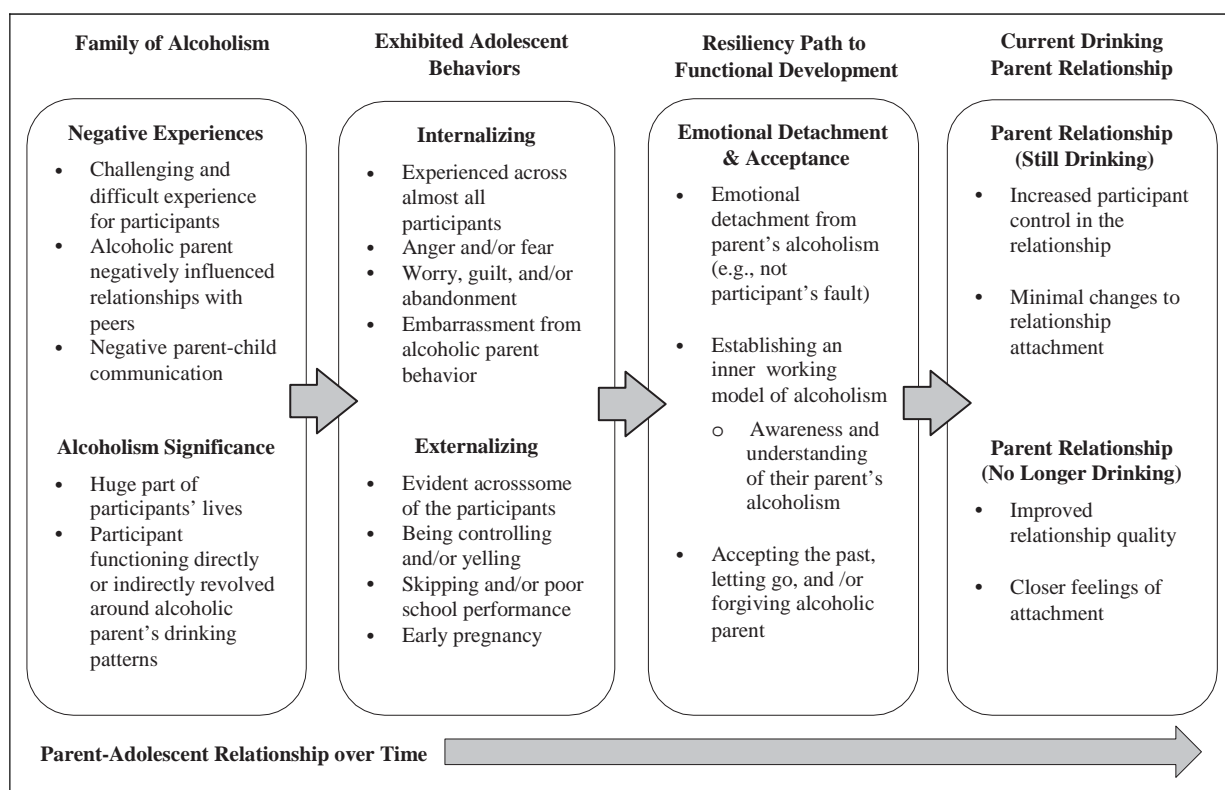


Figure 1. Conceptual model of theme findings.

and/or physically abusive, whereas other participants expressed less overt negativity but were nonetheless exposed to some negative effects from their parent's alcoholic behaviors. For instance, Henry described his interactions with his father by sharing, "I know that he was drunk, and it was embarrassing because he would become more and more talkative and want to talk to my friends." Tim explained his experience in the following way:

Sometime she (mother) would be drunk and sometimes she was fine . . . One time she was saying that she couldn't even get the bottle open. She asked me to open the bottle for her once, and I was like, "No you don't need that." Then she kept trying to get me to open the bottle, and I would start yelling at her.

Others described more specifically how their relationship with their drinking parent was strained and how their drinking parent was not completely there for them growing up physically or emotionally. Rita described the relationship she had with her drinking mother as a "Never ending roller coaster . . . her mood was never stable enough to be able to confide in her." Mary recalled her reflections on her drinking parent by sharing:

I don't think he (drinking parent) was really anyone that I could talk to. He was definitely not a confidant . . . definitely not somebody who I would have trusted at all. It was just too many years of being hurt by that person to be able to trust that person . . . He would pass out and we couldn't wake him up and scary situations arose.

*Alcoholism significance.* All of the young adults identified that growing up with their parent's alcoholism was a significant part of their life. Each discussed how his or her family's functioning directly or indirectly revolved around their parent's drinking patterns. Wesley described that the influence his father's drinking had on him was "Kind a being self-aware of his drinking. You know, realizing that every time I saw him, he was drunk." Christina shared the direct effect of alcoholism in the following comment:

Dad's alcoholism was a huge part of my life . . . it was every single day . . . she (non-drinking parent) was so much more focused on my dad's alcoholism and trying to deal with that . . . that she didn't have the mental energy to fill with raising kids.

The indirect effects of the drinking parent's behavior were a frequent occurrence. These effects surfaced by participants, such as Kelly saying, "Mom was intoxicated like every night . . . mom didn't really care much." In another interview, Josie discussed dealing with her mother's drinking in this statement:

When she wasn't drinking she was a very good mom, but when she was drinking she just wasn't a mom at all . . . It got to the point where I just, even when she wasn't drinking I didn't want to talk to her . . . I didn't feel comfortable around her.

## Theme 2: Exhibited Adolescent Behaviors

For Theme 2, there were also two subcategories that emerged from the data, which included internalizing behaviors and externalizing behaviors.

*Internalizing behaviors.* All of the young adults described internalizing behaviors associated with the way they were raised by both the drinking and nondrinking parent. All participants experienced negative emotions during their adolescent years that ranged from hurtful feelings of frustration, anger, embarrassment, fear, worry, and abandonment. Feelings of resentment toward the drinking parent and feeling guilty were other emotions discussed. Amanda made it clear how holding onto negative feelings can be harmful to a person's physical health by saying:

I was really struggling . . . I internalized a lot of things . . . so a lot of it took stress out on my body . . . I just kept it in . . . I build up so many walls . . . I was hospitalized for almost two weeks because I had ulcers . . . I was vomiting blood.

Mary talked about holding onto all of those negative emotions was a way to deal with her home environment by sharing the following:

I didn't handle things very well. I internalized a lot and trying to keep it all to myself, and it only made things worse as far as not letting your emotions out is a really bad thing I learned . . . you become very angry. I became very depressed.

Regardless of the negative internalizing behaviors the participants experienced as adolescents, these internalized expressions, described as originating from their negative experiences growing up in an alcoholic environment, interestingly transcended into positive internal growth as emerging adults. Consistent with previous research, this process was illustrated through their heightened level of awareness and acceptance of their parent's drinking problem as they aged (Black, 1979; Järvinen, 2015). Positive well-being materialized through the ability to recognize and identify their emotions and family situation. These feelings and recognition are further explained later in the section of emotional detachment and acceptance in this article. However, within the given context, one young adult summed these ideas in the following statement:

It's a lot about realizing, it makes it a lot easier to deal with when you realize like alcoholism is a disease and it's no one's fault. It's not easy as just like saying, "oh I want to quit, so I'm quitting. (Josie)

*Externalizing behaviors.* Externalizing behaviors were exhibited by almost half of the young adults including partying with friends, drinking, smoking pot, yelling, being controlling, pulling their hair out, skipping school or doing poorly in school, becoming pregnant at an early age, or other antisocial behaviors. Henry discussed how he used his externalizing behaviors as an adolescent as an effort to fill an attachment void in his life and, again, how realizing what was going on was an essential factor in his ability to begin making more healthy life decisions as he grew older. He described these experiences by saying:

It was like I was trying to, to meet a need that wasn't being fulfilled. I sought alcohol as my doorway to that need. . . . The whole thing that was missing never, the hole was never filled. I eventually realized my drinking could actually make it worse; I could hurt my relationships with my friends.

## Research Question 2

Research Question 2 centered on how the parent-adolescent relationship evolved over time from the retrospective viewpoint of a positively functioning emerging adult who grew up with an alcoholic parent. In terms of Research Question 2, participants reported how their feelings and behaviors growing up with an alcoholic parent influenced how the bidirectional parent-adolescent relationship changed over time. In particular, the young adults reported that as they grew into adulthood, they were better able to recognize their internal strengths, which may have been protective against the risks of developing insecure attachment as a child. This cognitive awareness was reflected in the participants' ability to cope and become resilient as emerging adults. Two major themes emerged from the data regarding these concepts: (1) resiliency path to functional development and (2) current parent-emerging adult relationship.



**Theme 1: Resiliency path to functional development.** As the youth progressed into emerging adulthood, many of them were still dealing with the repercussions of their past from growing up with a parent who had a drinking problem. Several young adults shared that their attachment with their drinking parent changed over time. Many (8 of 13) of the participants shared that they have internalized some form of healthy emotional detachment as young adults from their family's history of alcoholism. Individuals discussed how their internal working model of alcoholism changed as they became older. They described this evolution by indicating that as they understood more about what alcoholism was, they were able to detach and accept their past or even forgive their drinking parent's behaviors. For example, Kelly described accepting her family's alcoholism by indicating that they have "... move(d) past" and "... let it go." Mary summarized these concepts in the following statement:

I think today, I've accepted it (her family's alcoholism) and it's really not a big deal. It's a huge part of who I am. It's created me into the young woman I've become ... It doesn't bother me ... It's kind of been a process to become the person I am, as far as being involved and being like putting myself out there, putting my feelings out there.

Further acknowledgment of how far they have come emotionally was expressed in all 13 participants by self-identifying as being innately driven to succeed. Some participants used phrases such as "I don't want to give up" (*Rita*) or "I am going to actively review my life, constantly be engaged in my life" (*Henry*) to describe this internal motivation, while Lily elaborated by saying:

I've always had the focus, and I've always been well driven. So if I want something, I'm gonna work for it. I'm gonna get it. I don't rely on them (her parents) to do it. Like I'm paying for school. I'm paying for my apartment. I've got it all separate ... and I really thank them for kind of showing me what not to do when it comes to parenting and how I want to set up my life.

**Theme 2: Current parent-emerging adult relationship.** For young adults whose parents were still drinking, they discussed that their parent-adolescent relationship did not change significantly over time. A few discussed the relationship with their drinking parent was better now; however, it was simply due to the participant no longer living with the parent and therefore did not need to have a connection with the parent unless the young adult desired contact. Participants described having more control over their relationship which has now helped them view the relationship with their drinking parent differently. Kelly said that when she goes to visit her mother (drinking parent), she will "... plan to pack for two days but may need to leave sooner because of not knowing her mood." She goes on to say, "It's a lot better now that I don't have to live with her." Christina provided insight to this in the following way:

I don't have to interact with my dad if I chose not to. It is very easy to shut him out if he's drinking ... If he's sober, I'm totally willing to talk to him ... but if he's drinking I can basically just kind of act like he doesn't exist ... I still kind of think of him as not really my dad. I never think of my dad as like a father figure ... I mean, really the relationship isn't there at all.

In contrast, of those whose parent was not drinking anymore, most described a great deal of improvement in the parent-adolescent relationships and additionally felt a lot closer to the parent now. One whose drinking parent stopped drinking but the relationship did not improve, stated that it was due to her parent replacing their drinking with the use of methamphetamines. Regardless, the participants whose parent(s) had stopped drinking reported having a better relationship with their parent(s). Josie elaborated on these improved relationships in the following way:

We're all extremely close now (her whole family), and I really don't know if we would've been that close if we hadn't dealt with all of the things we dealt with; but I think it helps that my mom did actually quit and she's completely done with it (drinking); and she's apologized to us all over and over again about the things that we had to deal with.

## Discussion

As recognized in recent research, the developmental period of emerging adulthood is a pivotal point in an individual's life, especially for ACOAs (Sher, Walitzer, Wood, & Brent, 1991; Wolfe, 2017) because this time frame is predictive of their ability to demonstrate healthy functioning later in life (Dawson, Grant, Stinson, & Chou, 2006; Schulenberg, Sameroff, & Cicchetti, 2004). How a young adult copes with negative childhood experiences, such as exposure to parental alcoholism, can greatly impact the way they act and feel about themselves and their ability to make and sustain relationships with others across their lifetime (Carle & Chassin, 2004). The current study provides a novel and in-depth perspective to some of the adaptive developmental strategies used by emerging ACOAs which have contributed to their successful functioning as young adults in terms of internalizing and externalizing behaviors. In addition, this research divulges the relational outcomes between ACOAs and their identified alcoholic parent or parents and how that experience influenced their ability as an adolescent to attain adaptive and functional developmental outcomes as young adults. Organized by the two research questions which guided this research, the most salient themes are reflected here.

### Research Question 1

**Family of alcoholism.** Participants demonstrated an ability to discover ways as an emerging adult to move beyond their negative experiences by reaching a level of awareness and acceptance about their parent's alcoholism and by emotionally disconnecting from their parent's drinking behaviors. For example, participants came to an understanding that they do not have control

over their parent's choices and that their parent's drinking is not their fault. As such, these young adults expressed gaining more feelings of control in the relationship with their alcoholic parent as an emerging adult regardless of whether or not that parent is still drinking. For instance, one way in which participants described their increase in perceived control was being able to leave a building negative situation as an adult.

*Exhibited behaviors over time.* Research has explored the negative environmental influences on COAs (American Academy of Child and Adolescent Psychiatry, 2011). However, limited research has investigated how those children achieve adaptive and functional developmental outcomes. It is clear that COAs are vulnerable to several negative outcomes (i.e., substance abuse and depression); nonetheless, individual differences play a key role in adolescent development (Harter, 2000). To elaborate, almost all of the young adults in the current study described exhibiting some degree of both internalizing and externalizing behaviors as adolescents, which were specified as struggling to let their emotions out, becoming depressed, or using alcohol to cope with negative feelings. However, this research has provided tangibility to how the ACOAs interviewed in this study minimized their negative internalizing and externalizing behaviors by actively increasing their awareness of what they did and did not have control over as an adolescent.

## Research Question 2

*Resiliency path to functional development.* The study participants' perceptions of how they chose to internally evaluate their past were instrumental in their ability to move forward and become successfully functioning emerging adults. All participants decided to embrace what they had been through as a COA and gain strength from those experiences. By accepting their family's alcoholism, they expressed making a conscious effort to not repeat their parent's past mistakes as young adults. This was done, in part, by understanding more about how their parent came to abuse alcohol and that their parent's negative behaviors were not their fault. Albeit limited, previous research is consistent with these findings in regard to COA resiliency development (e.g., Haverfield & Theiss, 2014; Nasr, 2016). As a part of the current study, protective realizations were particularly manifested within the emotional and later physical detachments of the parent-adolescent relationships.

*Parent-adolescent relationship over time.* As previous COA literature supports, the parent-adolescent relationship described by the participants in this study, in terms of how close and attached the COA felt towards their drinking parent, was a considerable part of the participants' lives. In short, their home environment growing up did not consist of a strong parent-adolescent bond or cohesive family environment, primarily with the problem-drinking parent. As an adolescent, if the participants were able to ignore any negativity in their environment, then perhaps as a consequence, what they did not acknowledge was not able to harm them at the time (Black, 1981). Segrin and Menees

(1996) support this by saying that COAs do experience more "denial of feelings" compared to children who do not grow up in a problem-drinking home.

A majority of the young adults in the current study did stress, however, that their attachment relationship with the alcoholic parent changed over time. As they became older, the young adults explained that letting go or emotionally and/or physically detaching from their drinking parent, particularly if that parent was still drinking, was an essential part of being able to move forward and form trusting relationships with others as an emerging adult. These findings reinforce previous research in that an individual's ability to build trusting relationships is critical to long-term positive developmental outcomes (Putnam, 1995). By distancing themselves emotionally and physically from their drinking parent or former drinking parent, the young adults in the current study could let go of feeling responsible for their drinking parent's behaviors. In doing so, these emerging adults were able to move forward, which ultimately reduced their internalizing and externalizing behaviors, in addition to increasing their ability to adapt and mature into functional emerging adults. However, this does not mean these young adults no longer cared for their drinking parent, this is only to say that the participants were able to create the emotional detachment necessary from their alcoholic parent in order to improve their relationship with that drinking parent.

## Limitations and Areas for Future Research

While this study expands the literature in many ways, there are some facets, however, that should be more closely examined.

Despite the use of GPA and the BSI-18 (Derogatis, 2001) to establish successful external functioning in addition to a good mental health standing, it is still possible that participants could be very high achieving in grades and report a positive emotional state while still experiencing poor emotionality as in the case of perfectionism (Ashby, Mangine, & Slaney, 1995). In

regard to demographics, participant gender and birth order were not salient issues in the current study but are definitely areas for purposeful evaluation in future research as previous research has illustrated that they are important considerations in regard to COA development (Operario, Tschann, Flores, & Bridges, 2006). Parent gender differences were also not impactful among the participants' families where as some studies have indicated that the parent's gender can elicit differences in the parent-child relationship regardless of family hardship (Rangarajan, 2008). Further, a more ethnically diverse group of participants may provide different perspectives and coping strategies. One young adult, who identified as Chinese, shared that a majority of her culture does not recognize family alcoholism. The way she expressed being able to recognize it was by the way her father made her feel, such as making her "feel bad" about herself and the relationship she had with her father.

Furthermore, because literature has introduced intergenerational transmission of alcoholism as a risk factor for externalizing behaviors displayed later in adulthood (Barnow, Schuckit, Smith, et al., 2002), it would be beneficial to consider ACOA's

history of parental alcoholism along with the family's social economic status (SES). SES has been a known risk factor for the prevalence of parental problem-drinking behaviors (Ellis, Zucker, & Fitzgerald, 1997) and developing drinking problems themselves as an adult (Trim & Chassin, 2008). Additional findings in these areas would provide more ways to assist COAs in becoming self-sustaining, productive adults.

## Implications

This study adds to the existing research on COAs and ACOAs in three ways: (1) contributing a more extensive understanding of the parent–adolescent relationship within the context of an alcoholic family, (2) increasing overall awareness of how COAs and ACOAs can find the path to acceptance of their parent's alcoholism and, in turn, reducing the potential for negative developmental outcomes, and (3) providing more specific ways in which service providers can assist these young individuals to positively function in society as they age such as providing additional access and resources toward connecting ACOAs with support groups and living arrangements away from their problem-drinking parent.

This research revealed a deeper understanding of the parent–adolescent relationship within the context of family alcoholism. As illustrated in this study, it is important to provide COAs the know-how to emotionally detach from their parent's alcoholism and their potentially negative internalized belief about themselves (i.e., depression as a result of the negative family environment; Anda et al., 2002). Sensitivity in these areas can strengthen their internal working model and future potential. To explain further, increasing a COA's level of awareness and acceptance regarding their family situation, in which they do not have control, has the possibility to decrease their risk of forming negative internalizing and/or externalizing behaviors. For instance, recognizing that alcoholism is a “family disease” (NCADD, n.d., para. 1) may decrease their depressive symptoms as they age. In practical terms, by understanding more about what can be done to help COAs, it exposes considerable possibilities to enhance the collaborative efforts of schools, practitioners, and human service professionals in assisting COAs to overcome these internal and external barriers.

Overall, the individuals in this study described that they were not going to let the negativity of their past experiences from growing up as a COA inhibit their physical, cognitive, and/or emotional health as an emerging adult. Their experiences outlined in this study will hopefully pave the way to assisting adolescents and other emerging adults, who have been affected or are currently experiencing parental alcoholism, to become healthy functional members of society.

## Author Contribution

Sarah E. Bickelhaupt contributed to conception, design, acquisition, analysis, and interpretation; drafted the manuscript; critically revised the manuscript; gave final approval; and agreed to be accountable for all aspects of work ensuring integrity and accuracy. Brenda J. Lohman contributed to conception, design, acquisition, and interpretation;

critically revised the manuscript; gave final approval; and agreed to be accountable for all aspects of work ensuring integrity and accuracy. Tricia K. Nepl contributed to acquisition; drafted the manuscript; critically revised the manuscript; gave final approval; and agreed to be accountable for all aspects of work ensuring integrity and accuracy.

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