



UNIVERSITY of the  
WESTERN CAPE

***EXPLORING EXPERIENCES OF ADULT CHILDREN OF PERCEIVED  
PROBLEM DRINKERS IN A LOW-INCOME COMMUNITY IN THE  
WESTERN CAPE.***

*A mini-thesis submitted in partial fulfilment of requirements for the degree of  
Master of Arts (Clinical Psychology)  
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***Key words:*** Low-income community; parental alcohol use; adult children; experiences; qualitative research; phenomenology; thematic analysis.

**KEY WORDS:**

Low-income community

Parental alcohol use

Adult children

Experiences

Qualitative research

Phenomenology

Thematic analysis



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## ABSTRACT

**Background:** Alcohol abuse results in a significant health, social and economic burden on society at large. Problem drinking is not only harmful to the user, but also to others in close proximity to the user. Families, and particularly the children of problem drinkers, are significantly affected. Historically, the legacy of the *dop* (tot) system had led to widespread alcohol abuse in South Africa, with the Western Cape ranking the highest for risky drinking of the country's nine provinces. While international literature has explored the experiences of adult children of problem drinkers, little was known about these experiences in the South African context.

**Aim:** The present study aimed to qualitatively explore the experiences of growing up as a child of an alcoholic parent in the setting of the Western Cape, and how participants ascribe meaning to this experience. In accordance with these aims, Phenomenology was used as the theoretical basis of the study.

**Method:** The study included 6 adult participants (4 males and 2 females) from the Lamberts Bay community, who have had experience living or had regular contact with a perceived problem drinking parent/s. Data were collected via semi-structured interviews and analysed using a thematic analysis.


**Results:** The main findings of the study suggested that participants experienced high levels of emotional distress and ambivalent parent-child relationships as a result of parental problem drinking. Coping resources were limited and ranged from acceptance to avoidance. Many participants reported perpetuating cycles of problem drinking and abusive behaviour later in life, however, but were able to use their own experiences as an opportunity for learning.


**Conclusion:** The study highlighted the need for psychological and social support for children of problem drinkers in rural communities.

## DECLARATION OF VERACITY

I hereby declare that the present thesis entitled 'EXPLORING EXPERIENCES OF ADULT CHILDREN OF PERCEIVED PROBLEM DRINKERS IN A LOW-INCOME COMMUNITY IN THE WESTERN CAPE' is my own work. All works cited in the thesis have been fully referenced. Furthermore, the thesis has not been submitted for the awarding of any other degree at any other institution.

SIGNATURE:



  
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DATE: 02/03/17

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# CHAPTER 1

## INTRODUCTION

### 1.1. INTRODUCTION

The present chapter provides a contextual background to the study. It comprises a discussion of the history of alcohol use in South Africa and its legacy in political and socio-economic spheres. Numerous studies report the high levels of alcohol consumption and risky drinking behaviours in South Africa. As just mentioned, a contextual outline of alcohol use in South Africa is made, with particular emphasis on the socio-economic problems perpetuated by problematic alcohol use and its effects on families. An historical discussion on alcohol in the South African context aims to provide a timeline of the colonial, apartheid and post-apartheid legacies of alcohol use. Many international studies have explored the effects of problematic alcohol use on the adult children of alcoholics (ACoA), highlighting pervasive physiological, psychological, behavioural and relational problems. However, there is little research of this kind in South Africa. The current study aims to qualitatively explore the experiences of growing up as a child of perceived problem drinking parent(s) in the setting of a low-income community in Western Cape Province, and how participants understand the psychological impact that their experience has had on them and their current lives. The chapter concludes with a brief overview of the thesis.

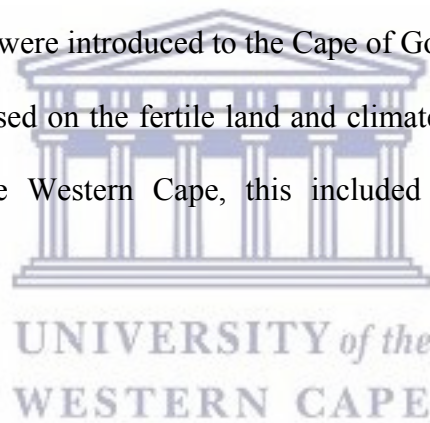
### 1.2. BACKGROUND

Problematic alcohol use has been implicated in various socio-economic, familial and psychological issues. The following discussion provides an historical account of alcohol use in

the South African context, focusing particularly on the impact of colonialism and the apartheid regime on alcohol production and its use as a tool for social control. The chapter then provides an overview and statistical analysis of the impact of harmful alcohol use within South Africa.

### 1.2.1. History of alcohol use in South Africa

In South Africa, alcohol has been inextricably bound into processes of social and urban change, as well as the active management of social and political anxieties (Herrick and Parnell, 2014). The legacy of alcohol abuse can be traced back to the arrival of European settlers in the Western Cape. It was during Jan van Riebeeck's term as first commander (1652–1662) of the settlement that wine making and slavery were introduced to the Cape of Good Hope. In the 18th century, European colonialists capitalised on the fertile land and climate of South Africa to create an agricultural economy. In the Western Cape, this included grape and wine production (McKinstry, 2005)



Wine farming became central to the rural economy by employing indigenous black labourers. Even after the abolition of slavery in 1838, labourers continued to be remunerated with low-quality alcoholic liquors, bread and tobacco. This practice provided a way for farmers to dispose of excess wine that was deemed unfit to drink, and became institutionalised as a condition of service (McKinstry, 2005). Known as the *dopstelsel* (tot system), heavy drinking became entrenched within local communities for generations, and served as an important element of the social control exercised over farm workers (Setlalentoa, Pisa, Thekisho, Ryke, Loots, 2010; van der Merwe, 2010).

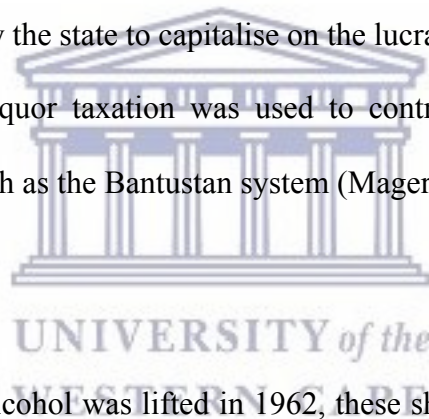


In 1928, the Liquor Act B Act No. 30 was amended in order to regulate the supply of wine to labourers. Until then, it was left up to farm owners to determine how and at what times wine would be supplied to their labourers. The *dopstelsel* was formally outlawed in 1961; in 1996, however, one in every five farms maintained the practice, and its effect still lingers to today (van der Merwe, 2010). According to McKinstry (2005):

...the 'dop system' promoted and sustained a culture of alcohol intake that not only ensured that local communities stayed impoverished, but also had negative biological, psychological, and social consequences for the population.

Alcohol was also used as a means of social and economic control within the apartheid system in a similar way to the *dopstelsel*. Who was allowed to buy liquor, at what times, which types of liquor and where, were all determined by race and used to influence the movements, social habits and freedoms of black people. The Native Beer Act was passed in 1909, stipulating that traditional African beer was allowed in municipal beerhalls in Durban. This model was implemented throughout South African towns and cities to monitor the non-white population and the production of alcohol (Parry, 1998). Alcohol also became a powerful means of controlling the labour force. Black, coloured and Indian workers were often partially remunerated with alcohol; the subsequent dependency prevented labourers from leaving employment despite this extreme exploitation (Parry, 1998). Despite awareness of the social ills created by the *dopstelsel*, it is still apparent today that alcohol is a favoured, valued and expected commodity among many workers of the local population, who receive low pay and live in impoverished communities (McKinstry, 2005).

The legacy of alcohol is particularly reflected by the high number of shebeens in Western Cape Province. As a response to the prohibition of European-based alcohol in 1928, shebeens arose throughout the country, illegally selling foreign imports. They became important gathering places, creating a spirit of community and companionship in areas noticeably lacking in adequate social amenities. In 1961, with the formation of the Republic of South Africa and its withdrawal from the British Commonwealth, South Africa became increasingly isolated from the international world. The market for alcohol subsequently became confined to the local level. The prohibition on sales to black drinkers was lifted and they were now able to legally purchase liquor from municipal liquor traders in the townships. 1961 coincided with events in Sharpeville and an increase in state repression. Lifting the prohibition on alcohol was seen as a carefully planned strategy by the state to capitalise on the lucrative black market for alcohol. The revenue derived from liquor taxation was used to contribute to the development of oppressive social systems, such as the Bantustan system (Mager, 2010).

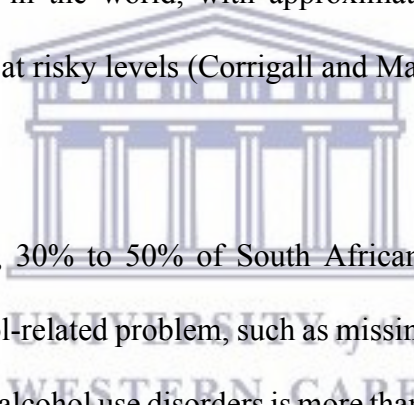


Although the prohibition of alcohol was lifted in 1962, these shebeens continued to flourish; and were particularly problematic. There was a substantial increase in the consumption of alcohol, increased levels of intoxication and the associated social problems. Traditional brewing declined as ready liquor supplies were available for purchase from the municipal bottle stores. This contributed to the increased number of drinking establishments (Mager, 2010). The Western Cape has an estimated 42 000 alcohol outlets; between 73% and 83% of this number are unregulated shebeens (Smit, 2014). Shebeens continue to have a negative social impact on neighbouring households; for example, by playing loud music late at night, and the exposure of children to drunken behaviour (Smit, 2014). According to the South African Police Service (SAPS) (2014), a considerable proportion of violent crimes occur in the vicinity of taverns or

shebeens. These outlets therefore pose a risk to the well-being of community members, and particularly children.

### **1.2.2. The impact of alcohol use in South Africa**

Alcohol plays a major role in the lives of many South Africans. Traditionally, especially in rural areas, alcohol serves many purposes including: a means of payment, strengthening friendships, a symbol of manhood, and strengthening of the body (Setlalentoa, Pisa, Thekisho, Ryke, Loots, 2010). South Africa has one of the highest levels of alcohol consumption, as well as risky drinking behaviours, in the world, with approximately 33% to 40% of the adult population consuming alcohol at risky levels (Corrigall and Matzopoulos, 2013).



According to Rodseth (2012), 30% to 50% of South Africans who drank in the past year experienced at least one alcohol-related problem, such as missing work or having interpersonal problems. The lifetime risk for alcohol use disorders is more than 20% for men, 15% for alcohol abuse, and 10% for alcohol dependence. Alcohol is also the most widespread substance of abuse in South Africa, contributing enormously to death, disability and violence (Matzopoulos, Truen and Bowman and Corrigall, 2014). Additionally, its use has often been correlated with sexually risky behaviours and the transmission of HIV/AIDS. Heavy alcohol use in particular has been associated with an increased likelihood of engaging in numerous risky behaviours, such as having several sexual partners; unprotected vaginal and anal intercourse; inconsistent condom use; and paying for or selling sex (Pithey, Parry, 2009).

According to SAPS (2014), the common denominator in most violent domestic-related crime is alcohol and other substance abuse. Setlalentoa, Pisa, Thekisho, Ryke & Loots (2010) further this finding, stating that alcohol abuse in South Africa contributes significantly to family disruption. Children are specifically at risk, being exposed to antisocial behaviours and traumatic divorces. This result has also exacerbated the epidemic of children living on the streets. Many children do so as an escape from harsh reality or as a coping mechanism because of family disruption.

Another devastating legacy of the *dopstelsel* is that of fetal alcohol syndrome (FAS). FAS results from maternal alcohol use during pregnancy and is one of the leading causes of preventable mental and physical retardation among infants worldwide. Common features of FAS often include low birthweight; physical abnormalities, most notably in the face and head; and developmental difficulties (McKinstry, 2005). Recent studies suggest that Western Cape Province has some of the highest recorded rates of FAS disorders worldwide, with binge drinking occurring in over 20% of pregnant women in the region (Bowers, 2014; Oliver et al., 2013). According to van der Merwe (2010), FAS is by far the most common birth defect, contributing enormously to death, disease and future disability. The use and abuse of alcohol poses a major threat to the quality of life of many South Africans, resulting in detrimental public health and negative socio-economic effects. Its effects are widespread, not only on an individual level, but also on familial, societal and national levels (Setlalentoa, Pisa, Thekisho, Ryke, Loots, 2010).

### **1.3. RATIONALE**

In South Africa, a limited number of studies have reported on the experiences of adult children of perceived problem drinkers (ACOPPD). International studies have explored the effects of alcoholism on the family, with particular reference to the experiences of adult children of alcoholics (ACoA). ACoA suffer from poor physical and mental health; a higher predisposition to depression, anxiety and substance abuse; a lower emotional intelligence quotient (IQ); attachment insecurities; low self-esteem; problems in establishing intimate relationships; and externalising of symptoms (Serec *et al.*, 2012; Hussong *et al.*, 2007; Kelly *et al.*, 2010; Haverfield & Theiss, 2014; Gaşior, 2014; Pasternak & Schier, 2014).

As South Africa has one of the highest levels of alcohol abuse worldwide, a study of the experiences of ACOPPD may provide useful insights into the impact of alcoholism on the family. According to Crespi and Rueckert (2006), parental drinking often results in a complex myriad of child outcomes including: disruptive life patterns and routines; enhanced risk factors for behavioural disorders; disrupting flexibility for adult roles and responsibilities; elevating psychological problems; enhanced difficulties in educational pursuits; and general impairment in adult adjustment and well-being.

While international studies have explored the experiences of children reared by problem drinking parents, little such research exists within (1) the South African context; and (2) low-income communities with a high prevalence of alcohol misuse. The South African context can be considered unique, in that there are historical reasons for alcohol misuse, such as the notorious *dopstelsel*, which created a culture of alcohol use among rural communities. Poverty and desperation might have also contributed enormously in this regard (Van Der Merwe, 2010).

The present study focuses on the Western Cape, as it ranks highest of the country's nine provinces for risky drinking (Smit, 2014). Additionally, alcohol is second only to methamphetamine as the primary substance of referral to treatment centres (South African Community Epidemiology Network on Drug Use (SACENDU), 2014). The present study is believed to be one of the first of its kind in South Africa and aims to contribute to the literature on the experiences of children growing up with problem drinking parents in a low-income community with a high prevalence of alcohol misuse. Much research has been devoted to prevalence rates; however, by using a qualitative approach, the study aims to provide a detailed exploration of the experience and meanings that the participants hold.

#### **1.4. AIMS AND OBJECTIVES**

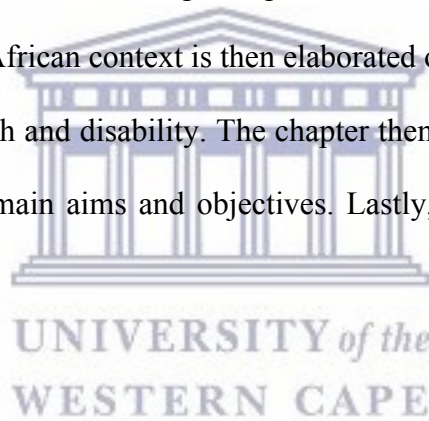
The present research study aims to explore the experiences of adult children of perceived problem drinkers. The primary objectives of the study are to explore:

- the perceptions on parental drinking of children of perceived problem drinkers
- the meaning that participants construct in relation to their parents' perceived problem drinking
- the coping mechanisms employed by children of perceived problem drinkers
- how participants understand the psychological impact that their experience has had on them and their current lives.

For the purpose of this study, problem drinkers are defined as individuals whose alcohol consumption suggests either abuse, dependence, or frequent engagement in binge drinking. In addition, such problem drinking should have caused occupational and/or relational problems. These aspects are elicited by self-reports from participants.

## 1.5. OVERVIEW OF THE THESIS

**Chapter 1** provides a background and contextual grounding for the present study. An historical account is provided regarding the influence of colonialism on alcohol production and the use of alcohol as a means of social control during the apartheid era. The prevalence and impact of alcohol use within the South African context is then elaborated on, with particular focus on its role on disease, violence, death and disability. The chapter then discusses the rationale of the present study, as well as its main aims and objectives. Lastly, an overview of the thesis is provided.



**Chapter 2** provides a detailed account of literature relevant to the study. Various international studies have explored the experiences of adult children of alcoholics or problem drinkers, and those most relevant have been analysed. Various theoretical approaches have attempted to understand and explain the impact of alcohol use on children of problem drinkers; however, little information on this issue exists within the South African context. The impact of alcohol use, coping mechanisms and perceptions of parents are also explored. The predominant theoretical approach in the study (i.e. phenomenological) is elaborated on, concluding with a summary of the chapter.



**Chapter 3** focuses on the methods employed in the current study, including a description of the research design, the participants included, the data collection tool, and the procedures followed in the collection of data and a description of how rigour was established. Lastly, scope for ethical considerations is discussed.

**Chapter 4** introduces the main findings within the study. These findings are grouped in four major thematic categories, comprising (1) Perceptions on parental drinking; (2) Coping; (3) Impact of parental drinking; and (4) Meanings attached to problem drinking.

**Chapter 5** attempts to provide a summary of the research findings, discussing key elements of the various thematic categories. These are elaborated on in relation to literature relevant to the current study. The chapter continues with a discussion of the limitations of the study, and recommendations and suggestions for future research in the area. The chapter then ends with brief concluding remarks.



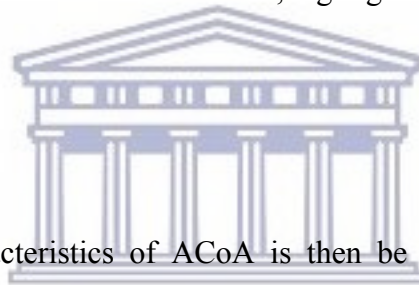


## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1. INTRODUCTION**

The present chapter aims to provide an overview of relevant literature on the research project. The chapter commences with a conceptualisation of phenomenology/interpretivism and how it may be useful in accurately describing the experiences of adult children of perceived problem drinkers. Various theoretical approaches such as Family Systems and Attachment Theory are explored in relation to this discussion as well. The chapter then describes the prevalence and impact of alcohol abuse in the South African context; highlighting the extent of alcohol-related harm.



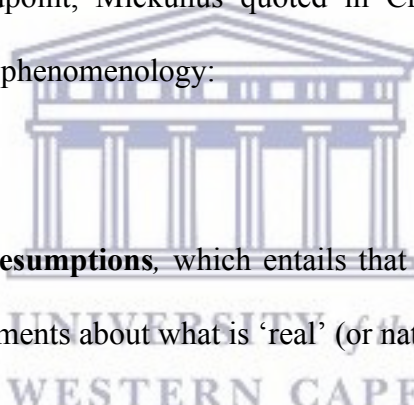
Personality factors and characteristics of ACoA is then be explored, as well as familial experiences. A particular focus is on the concept of parentification and child-headed households, which have become enormously prevalent in South Africa. The psychological influence of these experiences are then elaborated on, highlighting the internalising and externalising of symptoms exhibited by ACoA. The chapter then concludes with an exploration of the known risk and protective factors as well as coping mechanisms employed by children of problem drinkers.

#### **2.2. Phenomenology/interpretivism**

According to Babbie and Mouton (2011), the aim in phenomenological research is understanding (not explaining) people. People are viewed as conscious, self-directing and symbolic human beings who are constantly engaged in the process of making sense of their

‘worlds’. Furthermore, people continuously interpret, create, give meaning to, define, justify and rationalise our actions. Such research is phenomenological because it enquires into consciousness, mental life or how things seem to individuals. It is interpretative because there is recognition of the central role of interpretation in negotiating meaning. Cresswell (2007) explains that phenomenology aims to reduce individual experiences with a phenomenon into a description of the universal essence. Put more simply, the focus is on the particular rather than the universal, by presenting a detailed, in-depth analysis of the experiences of the participants (Snelgrove, 2014).

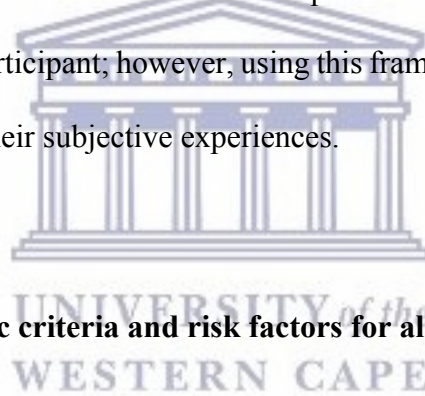
From the philosophical standpoint, Mickunus quoted in Cresswell (2007) identified the following principles related to phenomenology:

- 
1. **A philosophy without presumptions**, which entails that phenomenology’s approach is aimed at suspending judgements about what is ‘real’ (or natural) until they are founded on a more certain basis.
  2. **The intentionality of consciousness**, or the idea that consciousness is always directed toward an object and therefore reality and objects are inextricably related to one’s consciousness. This view suggests that reality consists of the relationship between both subjects and objects.
  3. **The refusal of the subject-object dichotomy**, entailing that the reality of an ‘object’ is only perceived within the meaning of the experience of an individual (p. 59).

Upadhyay (2012) outlines that the main intentions of the phenomenological/interpretivist approach are ‘to learn some aspects of the social world and to engender new understandings

that can be used by that social world'. This approach therefore seeks to learn, understand and make use of these new and unique understandings for the benefit of society. In conducting such research, Upadhyay (2012) further states that it is important to encourage participants to open up and allow them to express themselves in their own terms, at their own pace and in their own way. Of particular importance is to build rapport among them by establishing harmonious relationship, togetherness, agreement, affinity, sympathy, concord and empathy. This goal entails 'winning the heart and mind' of participants (p. 125).

The phenomenological/interpretivist framework is useful in understanding the experiences of adult children of perceived problem drinkers. Their experiences and the meanings ascribed to them will be unique to each participant; however, using this framework allows common themes to be identified that connect their subjective experiences.



### **2.3. Definition and diagnostic criteria and risk factors for alcohol use disorders**

Alcoholism is among the most common of psychiatric disorders. According to the World Health Organization (2015), alcohol is a psychoactive substance with dependence-producing properties that acts on people and societies in many ways. The harmful use of alcohol not only affects the user, but also results in harm to other people such as family members, friends, coworkers and strangers. Alcohol abuse results in a significant health, social and economic burden on society at large. Alcohol is a potent drug that causes both acute and chronic changes in almost all neurochemical systems. Serious temporary effects include depression, anxiety and psychosis; while long-term use can result in dependence and physiological adaptation, with severe withdrawal consequences (Sadock, Sadock & Ruiz, 2014).

The *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5)* (2013) defines the diagnostic features of alcohol use disorder as a cluster of behavioural and physical symptoms including withdrawal, tolerance and craving. Once a pattern of repetitive and intense use develops, individuals often spend substantial periods of time devoted to acquiring and consuming alcohol. These individuals continue to use alcohol despite knowing that it poses significant physical, psychological, social and interpersonal problems.

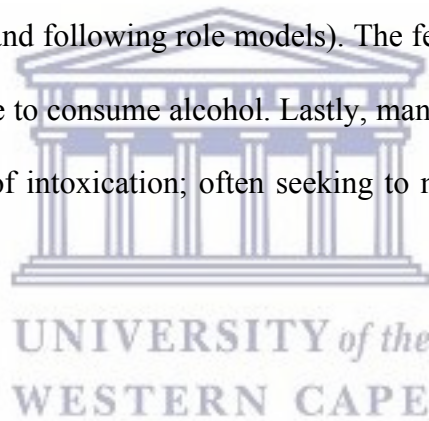
Genetic factors play a significant role in alcohol-related disorders. According to Sadock, Sadock and Ruiz (2014), genetic influences account for approximately 40% – 60% of the proportion of risk for alcoholism. Other risk factors include socio-economic deprivation, cultural attitudes towards drinking, the availability of alcohol, acquired personal experiences with alcohol, peer substance use, exaggerated positive expectations of the effects of alcohol, and dysfunctional stress-coping mechanisms (DSM-5, 2015; Akins, Smith, & Mosher, 2010)

#### **2.4. Reasons for alcohol consumption**

In a literature review on alcohol use, Freeman and Parry (2006) identified various reasons for alcohol consumption. Alcohol is often used as a social lubricant, assisting one to relax, converse more easily and mix socially. It is known to disinhibit defences and facilitates ‘good company’. Alcohol is also used in a ritualistic manner during special occasion and its sharing promotes a bonding and a connectedness amongst consumers. Socially, drinking alcohol is accepted and at times even an expected behaviour, particularly during festive occasions.

Although an acquired taste, many people develop sophisticated palates for particular tastes and qualities of alcohol.

Alcohol is also known to play a role in reducing stress. In poor communities, people often drink as a means of dulling ‘the pain of poverty’ or other hardships of life. In terms of gender, alcohol is often consumed as a form of ‘macho’ behaviour, proving one’s strength and manliness. As alcohol is prohibited among children, consuming alcohol is often seen as an adult behaviour to be aspired to, particularly among male youths. Peer pressure is also an important factor in precipitating alcohol consumption among youth as it is seen as a social norm (often exacerbated by pressure from advertising and following role models). The fear of social exclusion is often strong enough to convince one to consume alcohol. Lastly, many people simply drink alcohol for the enjoyment of a state of intoxication; often seeking to maintain a state of inebriation (Freeman & Parry, 2006).

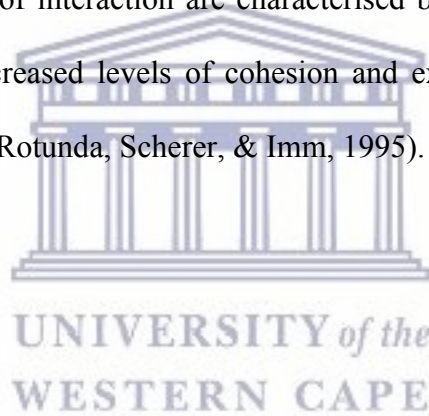


## **2.5. Family systems theory**

Bowen (1978) developed an overarching theoretical framework on family systems theory and therapy. According to this theory, individual parts can be understood only within the context of the whole system. The individual therefore cannot be fully understood or successfully treated without first understanding how that individual functions in his or her family system. The family is a system with boundaries and is organised into subsystems. Change in one part of the system (e.g. an individual) affects all other parts of that system (e.g. the entire family) in the process of reciprocal causality. Systems have a tendency to seek homeostasis, or equilibrium. This balance-seeking function serves to maintain stability and sometimes prevents change.

Individuals who present in clinical settings can be seen as ‘symptomatic’, and their pathology viewed as an attempt to adapt to their family system so as to maintain homeostasis (Lander, Howsare, & Byrne, 2013).

Within substance-abusing families, the concepts of homeostasis, equilibrium and boundaries are often problematic. Each family member tends to function in such a way that keeps the unhealthy system in balance, behaviour becomes reinforcing feedback for other members, and boundaries between subsystems (e.g. the parental and child subsystems) become permeable (Lander, Howsare, and Byrne, 2013). Families of alcoholics are generally more troubled and dysfunctional. Their patterns of interaction are characterised by higher levels of negativity, conflict, competitiveness, decreased levels of cohesion and expressiveness, and deficits in problem-solving capabilities (Rotunda, Scherer, & Imm, 1995).



## **2.6. Attachment theory**

Using John Bowlby’s (1960) theory of attachment, Pasternak and Schier (2014) looked at the separation-individuation process among female ACoA. Results from their study indicated that inhibition of the separation-individuation process occurs more often among women who are ACoA than among women who are not. The experience of interacting with a physically and emotionally out-of-reach parent who is focused primarily on alcohol, exposes the child to experience a relational trauma. This consequently impedes the separation-individuation process. Children from alcoholic families tend to demonstrate anxious and disorganised attachment patterns more often than secure attachments (Pasternak & Schier, 2014).

Hendrickson (2016) looked at parental alcoholism on attachment within romantic relationships, conducting a systematic review of 12 articles. Common themes found in the literature point to a high majority of children of alcoholics (CoA) having insecure attachment with caregivers, which translated to challenges in their adult relationships. More specifically, the results included: lack of relationship satisfaction, difficulties with trust and control, common experiences in childhood which affect adult relationships, insecure attachment styles, and increased probability of being alcohol dependent or marrying someone who is alcohol dependent.

Kelly *et al.* (2005) conducted a quantitative study on adult attachment patterns among ACoA college students. Participants reported significantly more fearful general adult attachment and more avoidant attachment behaviours in romantic relationships. This finding could be the result of anticipated rejection within the families of origin. In anticipation of rejection, ACoA prefer to distance themselves in romantic relationships. Haverfield and Theiss' (2014) findings also reflect insecure attachments in romantic relationships among ACoA. Themes emerging within the study pointed to ACoA's difficulties in developing healthy intimate relationships in adulthood. ACoA often expressed the desire to 'fix' their romantic partner, while they also expressed the need to seek approval and feel a sense of security from their partner. The fear of abandonment was highly prevalent in the data.

## **2.7. Personality Factors**

Research on personality characteristics of children of alcoholics (CoAs) is highly variable and often contradictory. The personality dimension most associated with CoAs was impulsivity/disinhibition, including traits such as sensation seeking, aggressiveness and



impulsivity. These traits point to increased risk for disruptive behaviour problems. CoAs also exhibited lower self-esteem in childhood, adolescence and adulthood, contributing to a higher predisposition to depression. Additionally, higher levels of dependency, manipulative behaviours, and perfectionism were noted (Hinrichs, DeFife & Westen, 2011; Sher 1997).

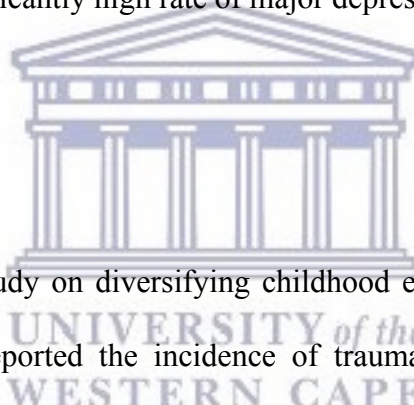
Hinrichs, DeFife and Westen (2011) conducted a quantitative study exploring personality subtypes in adolescent and ACoA. The following groups were identified among ACoA:

1. **Inhibited subtype:** This subtype is characterised by passive and constricted behaviours with feelings of guilt, depression and anxiety. As expected, ACoA had the highest rates of generalised anxiety disorder.
2. **High-functioning subtype:** This subtype is characterised by exhibiting healthy attributes such as a tendency to be conscientious, responsible and empathic. Also associated here are pathological features of guilt, self-criticism and perfectionism; although these were less prevalent among ACoA.
3. **Externalising subtype:** Characterised by antisocial features and a tendency to abuse alcohol. These adults fit the model of children of alcoholics who themselves become alcoholics. These characteristics are related to low adaptive functioning, poor childhood attachment, childhood psychopathy, and a family history of criminality.



4. **Emotionally dysregulated subtype:** This subtype is characterised by intense emotional experiences and relational instability (similar to borderline personality disorder (BPD)). ACoA with high loading on this factor had the highest rates of major depression and BPD. Predisposing factors associated with this subtype included poor adaptive functioning, poor childhood environment, as well as sexual and physical abuse.
  
5. **Reactive/somatising subtype:** ACoA who scored high on this factor tended to be sensitive and reactive to interpersonal conflicts, develop somatic symptoms in response to stress, ruminate on problems, hold grudges, and be critical, controlling, anxious and angry. These adults also showed a significantly high rate of major depression.

## 2.8. Familial experiences

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Gaşior (2014) conducted a study on diversifying childhood experiences of ACoA. Using a factor analysis, the results reported the incidence of trauma factors linked to a parental alcoholism, both physical and emotional violence in intra-family relations, as well as child neglect. There was a bad emotional atmosphere in the family and difficult sibling relations. The picture of the father was negative, perceived as a person prone to emotional outbursts and lacking self-control. The image of the mother was also negative, assessed as anxious, depressed and prone to emotional outbursts. Respondents also reported few protective factors.

Ronel and Haimoff-Ayali (2010) qualitatively explored the family experience of adolescents with a parent addicted to drugs or alcohol. Participants described growing up in homes that were chaotic, unstable, unpredictable and lacking in vital attention to the children. Violence

between the parents and sometimes against the children was a common theme. There were also reports of extreme neglect, both emotionally and physically. Some participants sought to find their belonging, security and acceptance on the street, in the world of crime and addiction.

In a qualitative study on the perspectives of ACoA on parental drinking, Järvinen (2013) identified the theme of participants who regarded alcoholism as a choice, felt their parents had deserted their family and chosen alcohol instead of their children, and therefore frequently said that they now wanted nothing to do with them. They also reported experiences of denial and secrecy, neglect, and feelings of having been let down. Additional themes that emerged were feeling 'overly responsible' from an early age, being 'protective' in relation to their parents, and being treated as 'scapegoats' and 'go-betweens' in family conflicts.

In a themed analysis of experiences reported by ACoA in online support forums, Haverfield and Theiss (2014) reported that ACoA often felt the need to make sure that everything was perfect at home in an effort to appease alcoholic parents. In addition, ACoA also discussed parentification as one of the issues that prevented them from nurturing their inner child. Parentification is described as fulfilling parental roles and responsibilities, including taking care of one's own parent, in an effort to maintain family stability.

## **2.9. Parentification and child-headed households**

Parentification is a complex family process that involves positioning a child to function in an adult role, providing instrumental and emotional caretaking of parents and siblings (Jankowski & Hooper, 2014). Long-term parentification often results in the suppression of the child's own

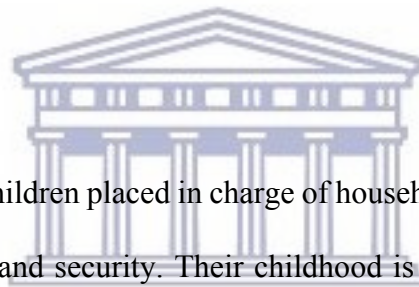
needs to meet the needs of their parents and siblings. This role is fulfilled at the expense of their own development, ultimately disrupting their future functioning as well as ability to form adult attachment relationships (Hooper, 2007).

According to Hooper *et al.* (2012), two types of parentification exist: emotional and instrumental parentification. Emotional parentification refers to the expressive support that a parentified child may offer to his or her parent or sibling; while instrumental parentification refers to the physical help that a child may provide to his or her parent by completing tasks around the home that are typically reserved for adults. Emotional parentification is regarded as more harmful, as instrumental roles are easier for children to adopt (Hooper *et al.* 2012). It is seen as healthy and appropriate that children meet their parents' emotional needs to some degree; however, this must be balanced by the care that the child receives from the parent (Early, Cushway, 2002). Parentified children may form skewed relationships and function poorly within the family and the outside world. In adulthood, this may set up a pattern contributing to multigenerational transmission of parentification (Hooper, 2007).

Hooper *et al.* (2012) explored the impact of parentification on children's and adolescents' physical health and medical outcomes. Using a cross-sectional, correlational study, findings suggested that parentification had an exacerbating effect on the relation between parents' alcohol use and adolescent depression. This finding was in contrast to further analysis, which revealed that higher levels of parentification had a buffering effect on adolescent alcohol use. It was suggested that parentification may engender resilience, competence and hardiness in adolescents that they may not otherwise experience.

Closely linked to the concept of parentification is that of child-headed households (CHH). According to Mogotlane *et al.* (2010), a CHH is defined as:

When one of the children or the youth in the house has assumed the principal responsibility for the household inhabitants because: (1) a parent/s or primary caregiver/s was/were permanently or temporarily absent as a result of death, employment away from home (migratory work), abandonment or rejection of the children; (2) a parent/s or primary caregiver was/were present but abusing alcohol and/or drugs excessively, too ill, terminally ill or too old to provide the care required (25).



Because of the role reversal, children placed in charge of households are deprived of their right to parental guidance, support and security. Their childhood is often characterised by a great deal of vulnerability, insecurity, stress and anxiety (Kotze, 2011). Botha (2014) conducted a qualitative study on the the challenges and coping resources of youth-headed households in South Africa. Their findings suggested that children of CHHs struggle to provide basic needs; drop out of school early; feel overwhelmed by the demanding role of being a caregiver; experience difficulties forming meaningful relationships; experience a lack of support from the community; and struggle to cope with grief.

## **2.10. Coping**

Literature on coping strategies suggests that avoidance and confrontation are common amongst children of problem drinkers. Holmila, Itäpuisto and Ilva (2011) conducted a qualitative study

on opinions and ways of coping among children aged 12–18 years with problem-drinking parents. Their findings suggested that an avoidant coping style was often used, consisting of removing oneself from the situation by going into the privacy and protection of their own room, trying to sleep, or going out. This coping style is indicative of feelings of powerlessness in family members. Additionally, more confrontational behaviours were also used; certain respondents chose to take a stand for their rights by calling police or child custody officials and directly confronting the problem-drinking parent. Others engaged in self-harming behaviour and substance abuse. Friends and relatives were identified as important sources of support.

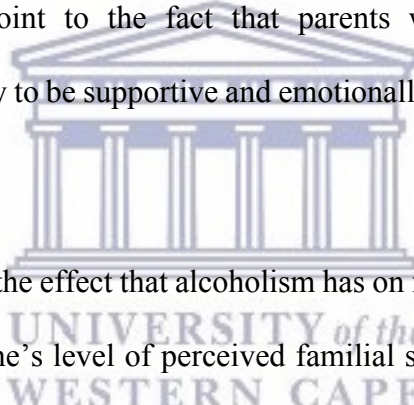
In a thematic analysis of the coping strategies employed by adolescents living with parental alcohol misuse, Templeton, Velleman, Hardy and Boon (2009) identified that adolescents often attempted a range of coping strategies but often found it difficult to find the best possible way of coping. Often they engaged in confronting behaviours such as verbal and aggressive outbursts against the problem-drinking parent/s; and on other occasions seeking solace through removing themselves from the situation by going to their bedroom, watching TV, taking the dog for a walk, or leaving the house to visit friends or relatives. In general, however, respondents reported that they struggled to cope effectively, feeling powerless to remedy the situation and rarely engaging in effective cognitive restructuring and social withdrawal strategies.

Klostermann *et al.* (2011) conducted a survey study examining depressive symptoms and coping behaviour among ACoAs. Their results indicated an association between parental alcohol abuse and depressive mood among ACoA. ACoA reported less effective coping strategies, preferring to use avoidant behaviours such as behavioural disengagement and

substance use. Overall findings suggested that ACoAs may experience less positive adjustment to life events than non-ACoAs.

### 2.11. Internalising and externalising symptoms

The internalising symptoms among ACoA have been well documented. ACoA are at increased risk for developing symptoms of depression. Kelley *et al.* (2010) conducted a survey study looking at the relationship between depressive mood symptoms and parent/peer relationships among ACoA. Results indicated that parental alcohol abuse is associated with greater likelihood of depressive mood in young adulthood. The reasons for this relationship, from a developmental framework, point to the fact that parents who abuse alcohol are often inconsistent and lack the ability to be supportive and emotionally available (Kelly *et al.*, 2010).

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Ohannessian (2011) looked at the effect that alcoholism has on family communication patterns and how this in turn affects one's level of perceived familial support. Parental alcohol abuse and poor communication can predispose adolescents to internalising symptoms of depression and anxiety. Results of the study indicate that maternal problem drinking was associated with adolescent depression, while girls were at increased risk for developing symptoms of anxiety. Harfield and Theiss (2014) discovered that ACoA exhibited problems with self-esteem and low emotional IQ. Anger and resentment towards parents was also a pertinent theme.

Rangarajan and Kelly (2006) quantitatively examined the role of perceptions of the family environment and family communication as mediators of the effects of parental alcoholism on the self-esteem of ACoA. Results indicated that despite the fact that both **maternal and**

**paternal** alcoholism have a negative effect on the family environment, **paternal** alcoholism was particularly disruptive. The latter affected family communication patterns, and both of these variables influenced offspring self-esteem negatively. Furthermore, their results suggested that if children of alcoholic fathers are able to express how they feel (including their fears and insecurities in an open and undistorted manner) either with the non-alcoholic parent or with someone in the children of alcoholics' (CoAs') social network, such a pattern can act as a protective factor against negative outcomes such as low self-esteem.

Externalising symptoms among CoA has also been well-documented. Serec *et al.* (2012) reviewed the health-related lifestyle, as well as physical and mental well-being, of CoA. Their results reported increased substance use and conduct problems. Zebrak and Green (2014) conducted an analysis of a cohort study on the mutual influences between parental alcohol use and adolescent problem behaviour. Their results showed a significant effect of parental alcohol use on child/adolescent problem behaviour, i.e. delinquent and aggressive behaviours including: fighting, destroying things, lying, arguing, cheating, bullying and disobeying. Suicidal behaviour was also an important issue. Parental alcohol abuse and suicidal behaviours have been associated with suicidal behaviour in ACoA. Twenty-one per cent of ACoA who reported attempted suicide by parents, also attempted suicide themselves (Mackrill and Hesse (2012)).

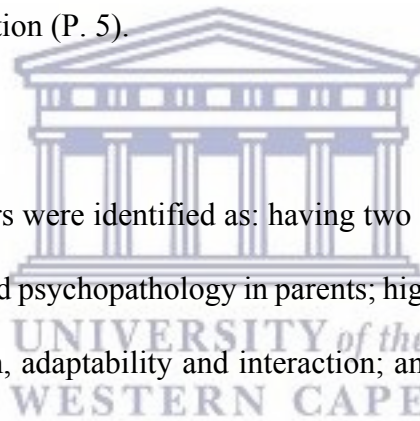
## **2.12. Risk and protective factors**

In a systematic review of inherent resilience and vulnerability among CoA, Park and Schepp (2014) identified a number of risk and protective factors that aid or abet adverse outcomes for CoA. These factors were grouped into **individual, parental, familial and social levels**.



On an **individual level**, risk factors include: younger age, low self-esteem, low self-regulation, low academic and cognitive ability, and difficult child temperament. Protective factors were identified as: older age, high self-esteem, high levels of self-regulation, high levels of academic and cognitive ability, and a flexible and optimistic child-temperament (P. 5).

On a **parental level**, risk factors include: insecure attachment, a conflictual parent-child relationship, negative and inconsistent parenting, and high levels of parentification. Protective factors were: secure attachment, a positive parent-child relationship, positive and consistent parenting, and less parentification (P. 5).



On a **familial level**, risk factors were identified as: having two alcoholic parents; high density of family alcoholism; comorbid psychopathology in parents; high levels of family violence and conflicts; low family cohesion, adaptability and interaction; and having no other trustworthy family members. Protective factors on this level included: having only one alcoholic parent, low family density of alcoholism, parents having no comorbid psychopathology, low family violence and conflict, high family cohesion, adaptability and interaction, and having other trustworthy family members (P. 6).

Lastly, on a **social level**, risk factors identified included: having little social support, having no extra-curricular activities, and having no later positive interpersonal relationships. Protective factors included: having social support available, participating in extra-curricular activities, and having later positive interpersonal relationships (P. 6).



### **2.13. SUMMARY OF THE CURRENT CHAPTER**

The aim of the current chapter was to review the current literature on studies that examined the experiences of adult children of problem drinkers. Firstly, the theoretical model of phenomenology was elaborated on, followed by literature on diagnostic criteria for alcohol use disorders. Considering the widespread abuse of alcohol in South Africa, the reasons for alcohol use were then explored. Various theoretical models were included, such as family systems and attachment theories, in order to provide an explanation of the effects of parental drinking on the lives of children and family dynamics. The chapter continued with national and international literature on coping, parentification and child-headed households, internalising and externalising symptoms, and risk and protective factors for children of problem drinking parents. The areas mentioned in this literature review are included in later chapters and specifically related to the results and integration of the findings within the discussion chapter.



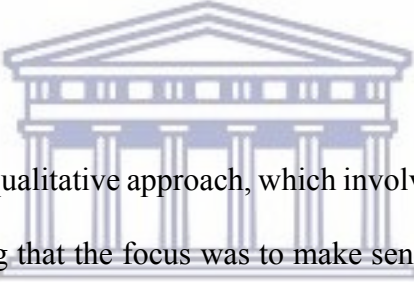
## CHAPTER 3

### METHODOLOGY

#### 3.1. INTRODUCTION

The present chapter focuses on the methods employed in conducting the research study. The chapter begins with a discussion of the research design, followed by a brief description of the research setting in which the study was located. An overview of the inclusion and exclusion criteria of participants, data collection method and data analysis procedure is then presented. The chapter ends with a discussion of rigour and ethical considerations applicable to the study.

#### 3.2. RESEARCH DESIGN



The study used an exploratory qualitative approach, which involved an interpretive, naturalistic approach to the world, meaning that the focus was to make sense of, or interpret, phenomena in terms of the meanings that people bring to them (Creswell, 2007). Qualitative research involves the studied use and collection of a variety of empirical materials that describe routine and problematic moments and meanings in individuals' lives (Denzin and Lincoln, 2005). Philosophically, qualitative research adopts the **ontological** stance of multiple realities and reports on these. **Epistemologically**, the researcher attempts to get as close as possible to the participants of the study, to enter 'their world'. The **axiological**, or value-laden, nature of qualitative research is also critical; researchers should acknowledge the role of values and the existence of bias in their interpretation by 'positioning themselves' in the study. Additionally, qualitative research embraces the **rhetoric** assumption that writing should adopt a personal and literary form; while the **methodology** is described as inductive, emerging and shaped by the researchers' experience (Creswell, 2007).

A hermeneutical phenomenological design was used to study the experiences of adult children of perceived problem drinkers. This approach was deemed appropriate as it reports on the lived experiences of several individuals on a concept or phenomenon, describes what all participants have in common as they experience this phenomenon, and reduces individual experiences to a description that is more universal (grasps the very nature of the thing) (Creswell, 2007).

### **3.3. RESEARCH SETTING AND LOGISTICAL ARRANGEMENTS**

For the purpose of the study, a low-income community was defined by high levels of unemployment, substance use, crime, gangsterism and violence, low levels of service delivery, and poor infrastructure (Hendricks, Savahl, Florence, 2015). The community chosen for this study was a small fishing town in the West Coast region of the Western Cape province of South Africa. It is situated 280 kilometres north of Cape Town. Fishing is deeply ingrained in the history of Lambert's Bay and, apart from primary agriculture, is considered the first industrial development of the Sandveld region (Nthane, 2009). Lambert's Bay is characterised by long-term social and economic decline and widespread drug-related difficulties. Social problems such as alcoholism are prevalent in many fishing communities, primarily owing to the poverty and marginalisation experienced by fisherfolk (Allison & Seeley, 2004).

### **3.4. PARTICIPANTS**

Exploratory studies are based on nonprobabilistic samples of research participants (Guest, McQueen & Namey, 2011). Purposive sampling entails the selection of the sample on the basis of the researcher's knowledge of the population, its elements and the purpose of the study

(Babbie & Mouton, 2011). Participants for the present study were therefore purposively selected from a population of adult male and female children of perceived problem drinkers in a low-income community. Community support groups, various substance abuse treatment centres, and the Western Cape Substance Abuse Network were used as sources of participants. Prospective participants were requested to take part in the study and were informed of the aims and objectives via an information sheet. Six participants (4 male; 2 female), were selected. Participants met the following inclusion criteria: aged 18 years and older, and have experience living or having regular contact with a perceived problem drinking parent/s. The age of 18 was deemed appropriate to be considered an ‘adult’ as it represents the age of majority in South African constitutional law (Children’s Act 38 Section 17, 2005).



**Table 1: Demographic breakdown of participants.**

<b>Demographic category</b>	<b>Sub-category</b>	<b>Number of participants</b>
<b>Age</b>	30–40	2
	40–50	4
<b>Gender</b>	Male	4
	Female	2

### **3.5.DATA COLLECTION PROCEDURE**

Permission to conduct the study was firstly obtained from the University of the Western Cape Higher Degrees Committee. Once ethical clearance had been given, permission from participants was obtained via informed consent. In-depth interviews were conducted with individuals who were children of perceived problem drinkers. In-depth interviews are deemed appropriate as they are personal and intimate encounters in which 'open, direct, verbal questions

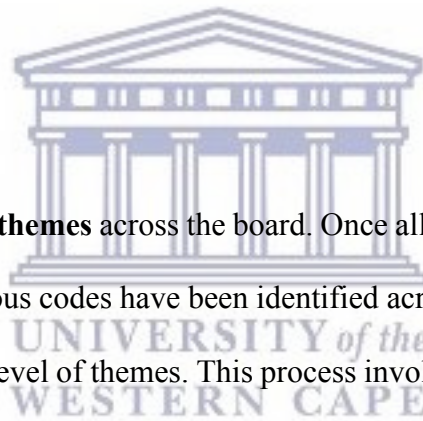
are used to elicit detailed narratives and stories' (Whiting, 2008). In-depth interviews are the main method of collecting data in a thematic analysis; one-on-one interviews whereby questions are asked of the participant and further questions are modified in the light of the participant's responses, are preferred to facilitate the researcher and participant engaging in a dialogue (Roberts, 2013). An interview guide was employed to guide the process. Interviews were audio recorded and transcribed verbatim. The length of the interviews were between 30 and 90 minutes each.

### 3.6. DATA ANALYSIS

Analysis of the data was conducted using a thematic analysis. This approach allows the researcher to summarise findings, organise them, and identify themes across the responses. By providing various quotes and ideas from participants, the researcher is able to build a strong and validated argument (Guest, McQueen, & Namey, 2011). Braun and Clarke (2006) identify the following steps involved in a thematic analysis:

The first step is to **familiarise oneself with the research data**; this involves immersing oneself in the data to the extent that one is familiar with the depth and breadth of the content. The process usually involves repeated reading of the data in an active way, looking closely for meanings and patterns in the data, as well as noting initial ideas. It is advisable to take notes and mark ideas for coding that will be revisited in subsequent phases. Once this is complete, the more formal coding process may begin.

When the researcher has a good sense of the data, the second step in a thematic analysis is to **generate initial codes**. This involves coding interesting features of the entire data in a systematic way and collating information relevant to each code. Codes identify a feature of the data (either semantic or latent content) that interests the researcher, and can best be understood as ‘the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon’ (Boyatzis quoted in Guest, McQueen, and Namey, 2011). Important points to note here are: (1) code for as many potential themes/patterns as possible; (2) code extracts of data inclusively by keeping a portion of relevant surrounding data (this is important in maintaining context); and (3) individual extracts of data may be coded into many different themes; an extract may be uncoded, coded once, or coded many times if required.

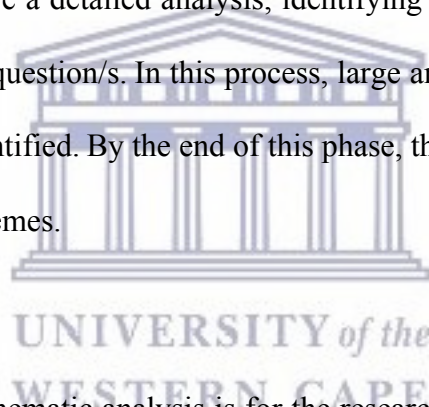


The third step is to **search for themes** across the board. Once all data have been initially coded and collated, and a list of various codes have been identified across the data set, the analysis is re-focused towards a broader level of themes. This process involves sorting the different codes into potential themes, and collating relevant codes to each potential theme. Once this phase is completed, the researcher is left with a collection of candidate and sub-themes, with all extracts of data coded in relation to these. Here the researcher begins to have a general sense of the significance of individual themes.

Once potential themes have been identified, the fourth step is to **review the themes**. Once a set of candidate themes are developed, the analysis moves to a refinement of those themes. This phase involves two levels. The first level entails **reviewing at the level of the coded data extracts**; here all the collated extracts for each theme need to be revised so that they appear to

form a coherent pattern. The second level involves **considering the validity of individual themes in relation to the data set**; here it is important that the candidate thematic map accurately reflects the meanings evident in the data set as a whole. The general aim of this stage is to check if the themes work in relation to the coding extracts and to generate a thematic map.

Next, in the fifth step, the researcher moves on to **defining and naming themes**. This step involves defining and further refining the themes that will be presented in the analysis, and analysing the data within them. Here the researcher attempts to identify the ‘essence’ of what each theme is about and determines what aspect of the data each theme captures. Each individual theme needs to have a detailed analysis, identifying the ‘story’ of each theme and how it relates to the research question/s. In this process, large and complex themes may arise, with potential sub-themes identified. By the end of this phase, the researcher should be able to clearly define the pertinent themes.



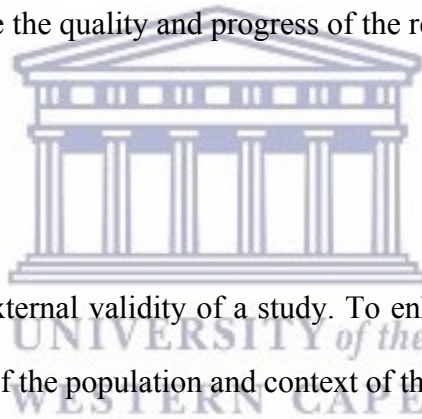
The sixth and final step in a thematic analysis is for the researcher to **produce a report**. The aim is to tell the story of the data in a manner that convinces the reader of the merit and validity of the analysis. The analysis and write-up should provide a concise, coherent, logical, non-repetitive and interesting account of the data gathered. Sufficient evidence for the themes should be provided. Additionally, this section should include a selection of vivid and compelling examples from extracts, and a final analysis that relates the analysis to the research question and literature.

### **3.7. RIGOUR**

Lincoln and Guba (cited in Thomas and Magilvy, 2011) postulate four criteria for enhancing the rigour of qualitative research. This study will aim to conform to the following:

### **3.7.1. Credibility**

Consistent with internal validity, credibility of a study is achieved when it presents an accurate description or interpretation of human experience that people who share the same experience would be able to immediately recognise. To enhance credibility, the researcher should follow ethical standards such as voluntary participation and informed consent. Informant feedback during data analysis can also improve credibility. During the research, regular supervisory meetings were held to evaluate the quality and progress of the research.



### **3.7.2. Transferability**

Transferability refers to the external validity of a study. To enhance this, the study aimed to provide detailed descriptions of the population and context of the participants. This provided a degree of generalisation to the findings.

### **3.7.3. Dependability**

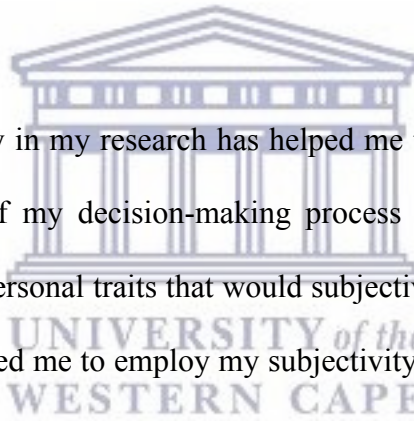
Dependability of a study is achieved when another researcher can easily follow the path or decision trail the research has taken. A so-called 'audit trail' is achieved when (1) there is a description of the purpose of the study, (2) there is an explanation as to how and why participants were chosen for the study, (3) a description of data collection and time spent collecting data are given, (4) the procedures for data analysis are clear, (5) a discussion



regarding the interpretation of data is presented, and (6) communicating techniques are used to establish credibility.

#### **3.7.4. Reflexivity**

The reflexive researcher acknowledges that any finding is the product of the researcher's interpretation; awareness of the reciprocal influence of participants and researcher on the process and outcome is a vital part of ensuring rigour in qualitative research (Jootun, Mcghee & Marland, 2008). According to Darawesh (2014), rigour and quality in qualitative research increasingly acknowledges the importance of reflexivity:



Employing reflexivity in my research has helped me to understand myself better by identifying aspects of my decision-making process that could help or hinder the project. Identifying personal traits that would subjectively influence the findings and research process helped me to employ my subjectivity to achieve the ultimate aim of exploring and understanding participants' accounts.

Throughout the research, a reflexive journal was kept to assist in tracking the researcher's process. It was important that the researcher's subjective experiences were bracketed, or kept separate from the data, in order to provide an unbiased account of participants' subjective experiences.

### **3.8. ETHICAL CONSIDERATIONS**

Permission to conduct the study was obtained from the University of the Western Cape Higher Degrees Committee. The study sought to explore experiences of adult children of perceived problem drinkers. This was a topic that might have aroused painful memories in participants and, accordingly, avoiding harm was of the utmost importance. To minimise harm, the contact details of counselling services such as Life Line and FAMSA were provided to participants. An information sheet (Appendix B) was provided to each participant explaining the nature of the study, what participation will entail, and possible risks involved in the research. Confidentiality was strictly maintained and mentioned in the information sheet. Anonymity of participants was maintained by the use of pseudo-names; and all information gathered in the interviews was kept secure and locked in a filing cabinet to which only the researcher had access. Transcriptions from the interviews would not be distributed when results were made available in order to maintain participant confidentiality. Participation in the research study was obtained through informed consent (Appendix C) and was completely voluntary. Participants had the right to withdraw from the study at any time without explanation or consequence. This right was also stipulated in the information sheet.

### **3.9. SUMMARY OF THE CHAPTER**

The current chapter aimed at providing a detailed account of the methods employed in the study. The study focused on exploring experiences of adult children of perceived problem drinkers in a low-income community in the Western Cape. A literature search revealed that this research topic had been less explored within the context of the Western Cape's rural communities and might provide useful insights into future research. The study used a qualitative research design, and in-depth interviews were primarily used for data collection. A total of 6 adults were invited to participate in the study, including male and female residents of

the community of Lambert's Bay. Interviews were conducted by the researcher and recorded electronically for later transcription. Data were analysed using a thematic analysis in order to provide a summarised and organised account of the main themes in the interviews. Lastly, the researcher followed ethical practice, reflecting on his role throughout.



## CHAPTER 4

### RESULTS

#### 4.1. INTRODUCTION

The present chapter sets out the key themes that emerged from interviews with participants regarding their experiences. The key themes that emerged were (1) perceptions on parental drinking; (2) coping; (3) the impact of parental drinking; and (4) meanings attached to problem drinking. Included in the chapter are quotes from participant interviews, which are used to substantiate the characteristics of themes. Then following is a presentation of these results only, with a discussion and integration of information included in Chapter 5.

#### 4.2. PERCEPTIONS ON PARENTAL DRINKING

Participant's perceptions on parental drinking varied from alcohol as being problematic, to ambivalence towards drinking and their parents in general. Fathers were often described as problem drinkers and, as such, were characterised as the initiators of conflict. The following sections highlight the views of participants towards their alcohol use and their perceptions of their parents as users of alcohol.

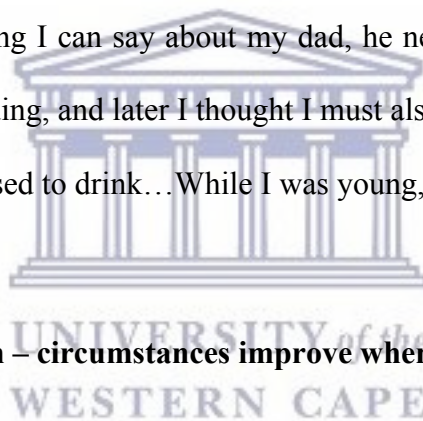
##### 4.2.1. Fathers as problem drinkers

Many participants were raised in households where their fathers were perceived as problem drinkers and a range of negative experiences were reported as a result of alcohol use. The following excerpts highlight participants' views that, while drinking, fathers were often ill-tempered and abusive.

**Interview 1:** Ever since I can remember my dad was drinking. He used to drink a lot. There were times where he use to drink every day. The minute he started drinking again, we were afraid for when he came home. We knew that tonight we will not get any sleep because he will moan right through the night about things that don't even concern us.

**Interview 2:** My father was a street drinker. I grew up with my father as a drinker. Every night I would come home and he would be drunk, and he would hit my mother and shout at us and hit us.

**Interview 3:** One thing I can say about my dad, he never physically abused us, but the arguing, and later I thought I must also be like that, so as I got older I also used to drink... While I was young, my dad was the only drinker.



#### **4.2.2. Alcohol as the problem – circumstances improve when drinking stops**

Participants reported on a stark improvement in the quality of the relationship and emotional connectedness with their fathers when alcohol use ceased in the short and long term.

**Interview 1:** You couldn't have asked for a better father then. You could speak to him about anything. He helped us with our school work. He was a good man when he didn't drink. It was happy times, very happy times. He played with us and was there for us when he didn't drink. ... Yes. When he didn't drink, he was a good guy. He was a soft-hearted guy. Like I said, he was like two different persons sometime.

**Interview 5:** It was very nice [when they stopped drinking]. We used to just sit and chat. I used to sit with them in the room, no arguing and fighting.

**Interview 6:** I will say that my dad is a far better person than what he was in the past. We have a better relationship and are there for each other now. When he was using alcohol, we had no relationship.

#### **4.2.3. Ambivalence towards parental drinking**

An interesting theme that emerged was that of ambivalence towards parental drinking. While reporting on a variety of alcohol-related harm owing to parental drinking, some participants were in two minds as to whether this consumption could be classified as alcoholism or even as problematic. This uncertainty appeared to be the result of periods of abstinence, which might have created the perception of having control over drinking. The uncertainty might also have been a defensive process by participants to protect themselves against a sense of guilt associated with having negative perceptions of their parent/s.

**Interview 1:** Like I said, he drank and then at some stage he will just stop. It is difficult to say whether he was an alcoholic. There was times when he woke up in the morning and drank coffee, so I don't know if he had a problem with alcohol or not. I am not sure how to answer this question.

**Interview 3:** When he was under the influence of alcohol and my mom used to tell him he needs to stop, then he used to stop. Maybe it was a problem... When you stopped when you feel you had enough, then I don't believe

you have a problem with alcohol; but they always overindulged. The next morning they couldn't remember what happened the night before. That's why I am saying it might have been a problem.

**Interview 4:** No. Not really [my parents never had an alcohol problem]. My dad maybe, but not my mom. She could stop easily. My dad never used to drink when he was a permanent employee at the factory, he only drank on weekends. But after he left his job, he was doing casual jobs working in the gardens of the white people then he came home with a drink every day.

#### 4.2.4. Ambivalence towards parents

Despite reporting a variety of challenging and often painful experiences growing up, participants upon reflection seemed to hold ambivalent feelings towards their problem drinking parents. This was particularly evident in participants' feelings towards their fathers, who were described as both important parental figures and the perpetrators of aggressive and often abusive behaviour.

**Interview 1:** He was very aggressive but he provided bread on the table. He took care of his duties. We were lucky that both our parents didn't drink and that my mom was always there for us. Like I said, my dad provided for us. There was times when it was good and times when it was not so good. We didn't have a lot but there was always something to eat. He always made sure that there was something on the table. I never had feelings of

hatred toward my dad. I loved him, today still. He also had his faults. Everybody make mistakes and have faults. My views about my dad is that I love him, he is no longer with us today but at least I had a dad that took me by the hand and taught me things. I am happy that it was him, I am not looking for another dad.

Feeling states such as love appear to have played an important role in participants' attitudes towards their problem drinking parents. It appears that despite alcohol-related harm, participants still felt a strong emotional connection to their caregivers.

**Interview 2:** But now our understanding is very good. My father loves me and I love him very much. I am happy that we could have a relationship. If I asked him for something, then he would give it to me. If we come together, then we can talk. Our understanding is very good, the understanding between my mother and I is always good.

**Interview 4:** In spite of their drinking and weaknesses, they looked well after us and they loved us. As mentioned to you previously, my mom paved the way forward for us.

For some, parents were acknowledged as playing an important role in teaching valuable skills that could be used later in life. One participant pointed to how learning from his father assisted him vocationally.



**Interview 3:** I will say we had a good relationship. He taught me a lot and as I grew up and got a job, I could use a lot of what he taught me in the job that I was doing. A lot of positive came out of the stuff he taught me; except for the drinking.

Some participants reported that despite problem drinking (and the harmful associated effects), parents often provided for basic needs.

**Interview 1:** He was very aggressive but he provided bread on the table. He took care of his duties... We didn't have a lot but there was always something to eat. He always made sure that there was something on the table.

**Interview 4:** No [they didn't spend a lot of money on alcohol]. This is what I can't understand when I see today how parents spend all their money on wine when their children are hungry. As children, we never stood in front of other people's door for a slice of bread. There was always at home.

### **4.3. COPING DURING CHILDHOOD**

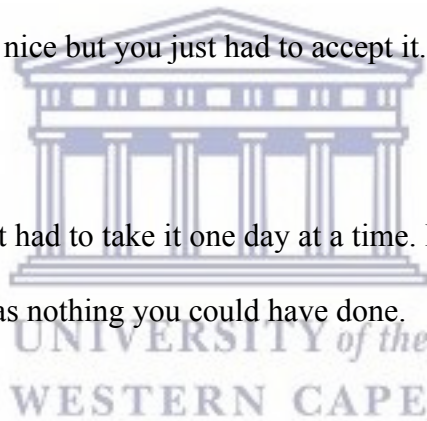
Participants reported a variety of strategies used during childhood and adolescence to cope with difficult circumstances. These ranged from acceptance, which entailed bearing circumstances and feelings of helplessness about one's circumstances, to running away from home for respite (which may be seen as avoidant behaviour); and using substances such as alcohol themselves. Participants often struggled to believe that their circumstances could change and often adopted passive and submissive roles as a result.

#### **4.3.1. Taking things one day at a time**

Participants revealed that they believed their circumstances were inescapable and that little change was possible. Owing to these beliefs, a method of coping was to accept one's situation and take things 'one day at a time'. These feelings of hopelessness were reflected in the following excerpts.

**Interview 5:** I had my own way of dealing with it. When they were drunk, I accepted it... When they started, we either went outside or had to stick it out. It was not nice but you just had to accept it.

**Interview 6:** You just had to take it one day at a time. It was your circumstances and there was nothing you could have done.



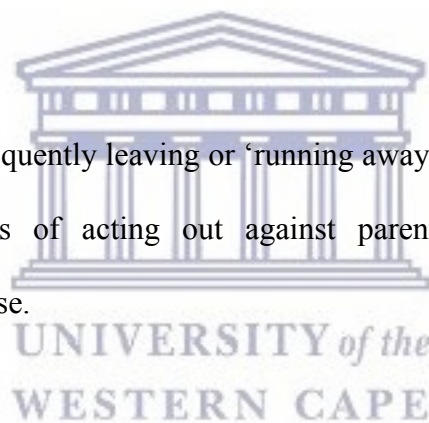
#### **4.3.2. Coping by escaping or running away**

Participants revealed how their domestic circumstances were so difficult that they frequently spent time away from home. This was often a result of fear of their problem drinking caregivers, a form of acting out behaviour towards their caregivers, or simply seeking respite. The following excerpts highlight how living with others or spending time away from home was used as a coping strategy.

**Interview 1:** Sometimes we had to go sleep at other people in order for us to get some rest. My mom also worked long hours in the factory. She worked at the crayfish factory. She had to also get rest hence the reason we had to go sleep elsewhere. The next day when we get home, then it was the same pattern. Afterwards he will calm down.

**Interview 5:** I felt I just want to take my stuff and get out of their way or maybe go and sit at someone's house. I will tell both of them to keep quiet and to go lie down. I will then close the door and go to my friends so that they can relax.

Some participants reported frequently leaving or 'running away' from home. Reasons for this behaviour included a means of acting out against parents and escaping unbearable circumstances or physical abuse.



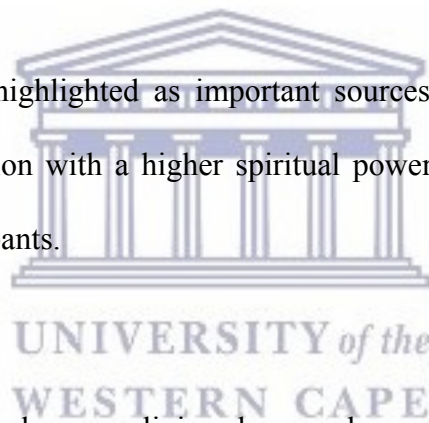
**Interview 2:** My friend and I ran away a lot if they made us angry. Tomorrow morning at so 5 o'clock then I will knock twice on your window. So my mother didn't know. When my father went to sea I always had to close the door. My mother would say, 'Go close the door.' But I wouldn't close it. Then I will wait. My father would go at about 3 or 4 o'clock, then I would wait until my mother falls asleep. Here nicely at 5 o'clock or so the church clock would ring and I would stand up quietly, on my toes. I already packed the previous night. I would get up, walk out on my toes and close the door softly. That's how we ran away.

**Interview 4:** I always walked away from the house. It used to happen a lot when I was younger, but the older we got, the picture changed.

**Interview 6:** Many times I ran away because I was afraid my dad is going to give me a hiding. I was worried and afraid to be in the house. Like I said, I ran away from home and thought that I will not get a hiding.

#### 4.3.3. Protective factors

The following factors were highlighted as important sources of support during and after childhood. Having a connection with a higher spiritual power appeared to be a significant element in the lives of participants.



**Interview 1:** I can say he was religious because he was the one that taught us how to pray. Today I am teaching my children the same prayer which I will never forget. He taught it to us as a children's prayer... Absolutely [my family are important to me]. First God, then them. They are the most important things in my life.

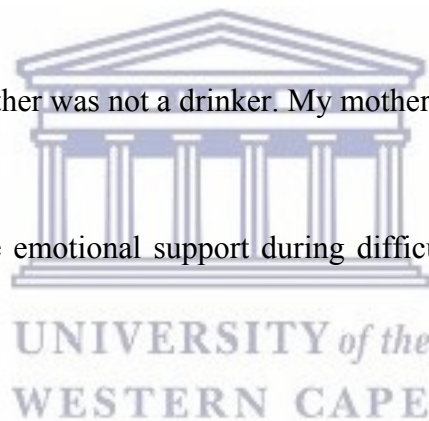
**Interview 4:** I coped by being active in church activities and in the community... As a family, we used to talk and laugh about these things but now that I have opened up to you I feel good. The rest I will leave in the Lord's hands.

While participants reported experiencing their fathers as largely problem drinkers who were neglectful, aggressive and abusive, mothers were contrastingly seen by some participants as protective factors. This was often the case when mothers abstained from alcohol.

**Interview 1:** My mom did not drink. She was a faithful Christian. She was the one that taught us values. I am glad that I had someone like my mom in my life. We were lucky that both our parents didn't drink and that my mom was always there for us.

**Interview 2:** My mother was not a drinker. My mother taught us good manners.

Mothers were said to provide emotional support during difficult times and protection from stressful experiences.



**Interview 3:** My mother was a non-drinker. I always went to call my mom, 'Come see, they're fighting again.' My mom and some other ladies would go and talk to them. When you were there and they were fighting, the first thing for you to do was to go call your mom.

#### **4.3.4 Lack of accessed support**

Many participants revealed that they had not accessed professional or informal support regarding their experiences of growing up with problem drinking parent/s. Through engaging

with research questions, many spoke of feelings of relief and gratitude that a platform could be provided to speak about their experiences.

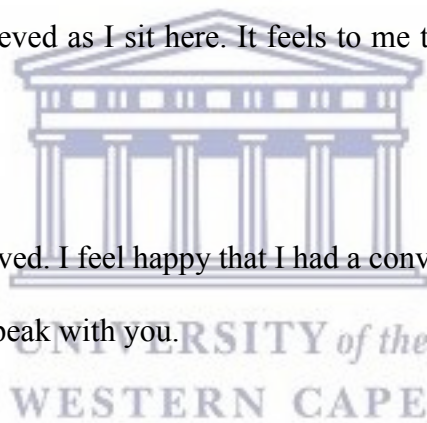
Talking about difficult childhood experiences also recalled various emotions. Participants disclosed that engaging in the research provided a somewhat therapeutic value to them in this regard. Overall it appeared that participants were harbouring many unprocessed psychological issues. The following excerpts highlight how participants lacked support in terms of contact with either formal or informal psychological services.

**Interview 1:** I am happy to speak about my problems. I never really spoke to someone before.

I feel more relieved as I sit here. It feels to me that I maybe had to talk about this before.

**Interview 2:** I feel very relieved. I feel happy that I had a conversation with you... I am glad

I could could speak with you.



It appeared that, for some participants, opening up was a relatively new experience for them and was somewhat cathartic.

**Interview 4:** I am relieved that we spoke about this because I didn't realise that it still hurts

me... I feel better now that I spoke to you.

**Interview 5:** I never went for help to speak about the things that happened in my childhood...

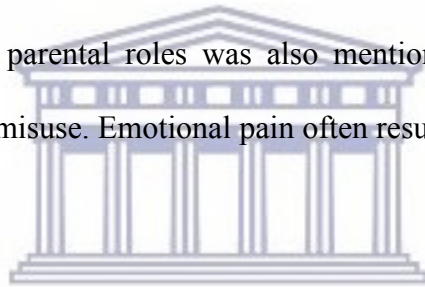
I feel better now that I spoke to someone. Now I feel fine.

Upon reflection, one participant revealed how this process brought up ambivalent feelings about the benefits of disclosing and feelings of regret about opening up ‘old wounds’.

**Interview 6:** It feels good. We never really talk about these things. On the one hand, it feels good to talk about this, and on the other, you wonder how things would have been.

#### **4.4. IMPACT OF PARENTAL DRINKING**

Parental drinking had an enormous impact on the quality of life of participants. Parental alcohol use often precipitated conflict in the household, exposing participants to acts of aggression and violence. The assumption of parental roles was also mentioned as a consequence of the debilitating effects of alcohol misuse. Emotional pain often resulted from these experiences.



##### **4.4.1. Abuse and trauma**

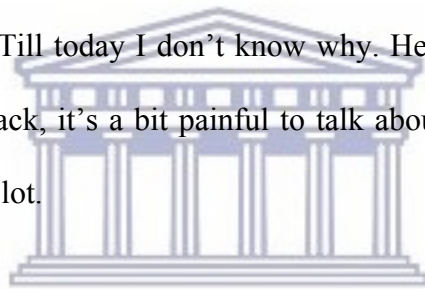
Many participants reported suffering continuous physical abuse by their problem drinking parents. Much of this abuse was perpetrated by their fathers, who were described as ‘aggressive’ and ‘difficult’. Another frequently occurring experience reported was being exposed to and witnessing domestic violence. Participants spoke at length about these painful and traumatic experiences. Violence against children and spouses was a common theme; however, some participants reported frequent acts of violence between parents as well.

##### **4.4.1.1 Exposure to violence and abuse**

The following excerpts highlight the experience of being the victim of physical abuse by alcohol abusing parents. Participants revealed feelings of pain, sadness, anger and fear as a result of being being exposed to abuse.

Some participants bore the brunt of physical aggression by their problem drinking parent/s. While the reasons for this were somewhat unclear, it appears that being the eldest child (and the responsibility for overseeing younger siblings) played a predisposing role.

**Interview 1:** He abused us physically and mentally. Like I said earlier, I was always the one who got it all. Till today I don't know why. He was very aggressive towards me. Looking back, it's a bit painful to talk about this that happened. Yes, he used to hit us a lot.



One participant spoke about both witnessing and being the victim of physical aggression from a problem-drinking father. These acts of violence were at times reportedly brutally inflicted using instruments such as belts.

**Interview 2:** My father was a difficult man when he used alcohol. He hit my mother. When my mother came home, then he was drunk, then he would hit my mother. That would make me, my brother and sisters very sad, to see blue marks on her body and blue eyes on her face. When my father decided that he had hit my mother enough, then he would stop. Then he would come towards us with that anger and shout at us or even slap me or hit me with his fist. The weapon he would use would be a leather belt. The following week then, you would still feel those



bruises, that's how hard that thing was. He would hit bruises on your body and hit you broken.

Being the eldest child in the family predisposed one participant to assuming responsibility for the transgressions of younger siblings.

**Interview 6:** As the first-born, I got the blame if anything happened to my brother or sister. If someone hit them, then it was my fault because I had to be there for them. I had to take the hiding.

Fear in anticipation of abuse was also apparent. The following excerpt gives insights into how abuse became an expected method of discipline.

**Interview 6:** I was afraid my dad was going to give me a hiding. He waited until the morning just before he had to go to sea, then I got my hiding. If we don't want to go to sleep, then we were beaten until we go to sleep.

#### **4.4.2. Basic needs not satisfied**

As a result of problem drinking, some participants reported that households often lacked sufficient disposable income to provide for basic needs such as food and clothing. Extended family and the community often provided vital support to participants.

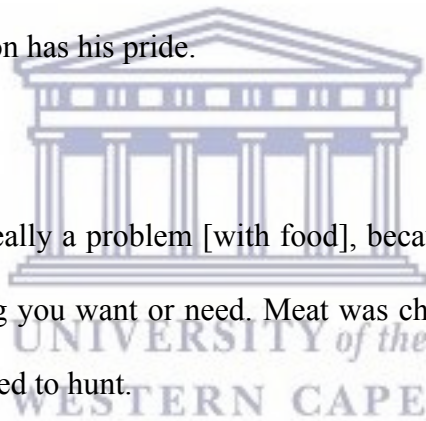
**Interview 2:** My father took a lot of my mother's money. She had a jar that she used to save money in. If my father could not go out to sea (as the sea was rough), then he

could not work and then he would walk and drink. My mother would also give him that money (saved) to him. Then he would walk and drink the money up.

**Interview 5:** Some days there was no money, then I had to ask my aunt. I told her that my parents were drunk and there was nothing, so she always used to give me.

**Interview 6:** Many times we went to bed without food because of the alcohol abuse. All the money were used for wine, resulting that there was not enough food and clothes for us. We had to live with what we had. We had to wear second-hand clothes and every person has his pride.

**Interview 3:** There wasn't really a problem [with food], because normally on the farm you have everything you want or need. Meat was cheap, milk we got for free and then we also used to hunt.



#### **4.4.3. Emotional pain**

Participants reflected on various negative emotions that they experienced as children of problem drinkers, such as pain, hurt, anger and loneliness. These feelings were often a result of being the victim of, or witnessing, abuse.

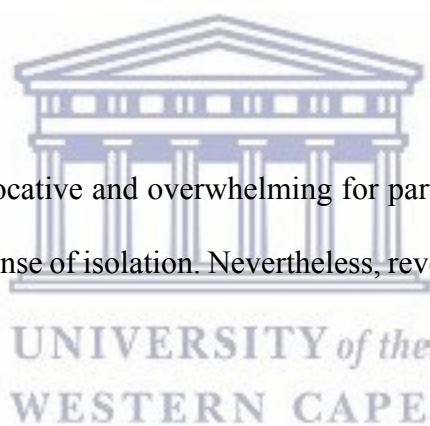
**Interview 1:** He was very aggressive towards me. Looking back, it's a bit painful to talk about this that happened.

**Interview 2:** It was very hard for me to handle. Later, I was in the situation where I would get angry if I saw my father was drinking again, because I knew that my mother would be hit again.

Emotional pain stemmed not only from physical acts of violence, but from verbal ‘attacks’ as well.

**Interview 4:** I will never forget, she told me one day that she will never come to my house because it will be so dirty... I never realised it. I never realised that it hurt me so much.

Reflecting on the past was evocative and overwhelming for participants. These feelings were coupled with experiencing a sense of isolation. Nevertheless, revealing their emotions to others was difficult.



**Interview 5:** Sometimes when I think about the past, I find that my tears are running and I feel very lonely. I feel sad and before I know it I am crying. When they ask me why my eyes are so red, then I will just say it’s nothing, my eyes are just itching.

One way of dealing with difficult emotions during childhood and later in life was through ‘forgetting’. This process suggests the use of repression as a defence mechanism.

**Interview 6:** When you talk about these things, all the memories come back and things play itself off. Things you wanted to forget about, surface again.

#### **4.4.4. Enmeshed boundaries and assuming parental roles**

A pervasive theme among participants was having to support, intervene or care for their problem drinking parents. This appeared to have mainly instrumental functions through providing physical or financial assistance to parents. Parentification might have had a detrimental effect on the quality of life of participants, as these roles are fulfilled at the expense of their own development (Hooper, 2007). Another way in which familial boundaries were enmeshed was through intervening in conflict between problem drinking parents. These situations were often characterised by aggressive or (potentially) violent acts.

##### **4.4.4.1. Parentification**

Owing to the negative functional impact of alcohol abuse, some participants had to assume parental roles in caring for their problem drinking parents. This involved having to find employment and provide financial support; to preparing meals and nursing parents through alcohol withdrawal. The following excerpts provide insights into participants having to nurse their parents after alcohol use. Fear of familial conflict or retaliation appeared to be a significant influence on performing these behaviours.

**Interview 5:** I had my own way of dealing with it. When they were drunk, I accepted it because I had to cook for them. If I don't do it, then I would be in trouble or my dad would hit me or my mom. When he woke up, he expected his food. I cooked for them, and the time my dad fell ill, I had to care for him.

**Interview 6:** There were times where I used to cook because I was the eldest. At that age, it's not a child's job to cook. Many times I had to cook for them because they were drunk. I had to make sure that there was something for them to eat when they woke up. My brother and I had to make sure that we wash their clothes as well. When they were sick, we had to give them pain killers or herbs.

Caring for parents was not the only way in which participants had to assume adult roles. One participant spoke about having to find piece-work as a result of his family's financial difficulties.

**Interview 1:** At times he was away from home for months and financially it didn't always go so well. I knew we had to go out and get a job to help.

Despite having to assume roles that might be perceived as developmentally inappropriate, supporting the family was seen as necessary and performed without ill-feelings.

**Interview 1:** My brother and I use to work in other people's gardens to earn money to assist at home. Yes, that is what we did and we were motivated to do it. Growing up, we just had to do it to support the family.

#### **4.4.4.2. Violence between parents and intervention**

Some participants reported being exposed to violence between problem drinking parents. This often took the form of verbal and/or physical altercations. Weapons such as knives and boiling

water were occasionally involved. At times, these incidents required intervention from participants who would physically remove weapons or plea for the violence to stop.

**Interview 4:** Yes, they used to hit each other. We sometimes had to stop my mother from using boiling water, but she just scared him. Although she said she would put the kettle on.

**Interview 5:** They used to scowl and swear at us when they were drunk. Yes, I was worried that one will get hurt because one had a broomstick and the other a knife. I intervened and took the knife from her. She would argue with me and tell me to leave her and leave the knife because she wants to kill him. I would beg her not to be like that and to give me the knife.

#### **4.5. MEANINGS ATTACHED TO PROBLEM DRINKING**

The interviews reveal interesting insights into the meanings that participants ascribed to parental drinking. For some, alcohol use and its resulting influences on behaviour were seen as culturally accepted, raising concepts such as ‘coming of age’ and masculinity. For others, drinking was perceived as negative and produced feelings of regret and disappointment. Despite the often negative influence of alcohol in their lives, some participants were surprisingly forgiving towards their parents. Another theme that emerged was the ability to acknowledge the positive influence that their experiences can have on others.

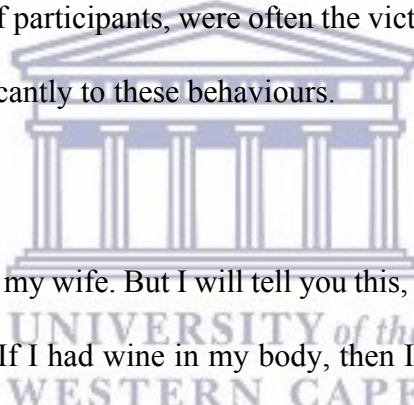
##### **4.5.1. Modelling – drinking and conflict as acceptable behaviours**

In speaking to participants about the influence of their experiences of growing up as the child of problem drinking parent/s, a significant legacy was that of modelling parental behaviours.

Participants often witnessed parental alcohol use, verbal aggression and physical abuse. These behaviours appeared to have been modelled by participants, who disclosed alcohol misuse and being the perpetrators of acts of violence. Fathers of participants were primarily ascribed as the role models for such behaviour, and served as a means of problem solving or conflict resolution.

#### **4.5.1.1. Abuse as a modelled behaviour**

A prominent theme was how abuse became a learnt or modelled behaviour for male participants. This was manifested in verbal and physical acts of aggression. Family members, such as spouses and children of participants, were often the victims. According to participants, alcohol use contributed significantly to these behaviours.



**Interview 2:** I myself had hit my wife. But I will tell you this, I got that from my father, I was like my father. If I had wine in my body, then I'm that guy. I hit my wife. If I hit my wife, the following morning I would not remember what I did. Then I am not guilty.

The following excerpts highlight the role that participants felt their father's behaviour (including alcohol use) influenced their own patterns of conflict and abuse.

**Interview 3:** After a while, I realised that I always argue with the children or my wife when I am drunk. There is never a time where we just chat. There is no time because

we just argue. I believe if my dad was a non-drinker, I would have followed in his footsteps.

**Interview 6:** Everything is about what you see is what you do. Monkey see, monkey do. I saw how my dad hit my mom and I thought then it was how it's supposed to be. – with my first girlfriend, yes. We were dating for 11 years. I saw how things were meant to be done. If a girl don't want to listen, you must smack her to keep quiet.

#### 4.5.1.2. Drinking as a learnt/modelled behaviour

Another way in which participants were affected was through using alcohol themselves. This was attributed to their fathers being problem drinkers and learning this behaviour from them.

**Interview 1:** I drank a lot, I loved the bottle. It was mostly over weekends. I couldn't wait for the weekend that I could drink and go to my friends. I started drinking on Sundays as well. I realised later that I was following in my dad's footsteps.

**Interview 3:** One thing I can say about my dad, he never physically abused us but the arguing, and later I thought I must just be like that, so as I got older I also started to drink.

Cultural issues around masculinity were also revealed as a contributing factor for participants' alcohol use. Drinking alcohol appeared to be associated with a 'coming-of-age' dynamics as well.

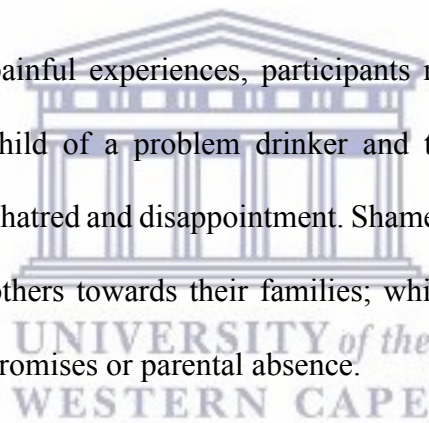


**Interview 1:** As a young man, I thought that I must also drink. I did it, I drank and experimented with dagga and smoked cigarettes because I saw other people doing it and I am not really a smoker.

**Interview 6:** Yes, like I said, monkey see, monkey do. My dad drank and the message was a man must drink. I drank in high school.

#### **4.5.2. Shame and disappointment**

As a result of difficult and painful experiences, participants recalled a variety of negative feelings towards being the child of a problem drinker and their parents. These included embarrassment, shame, anger, hatred and disappointment. Shame often revolved around stigma and negative perceptions of others towards their families; while feelings of disappointment were associated with broken promises or parental absence.



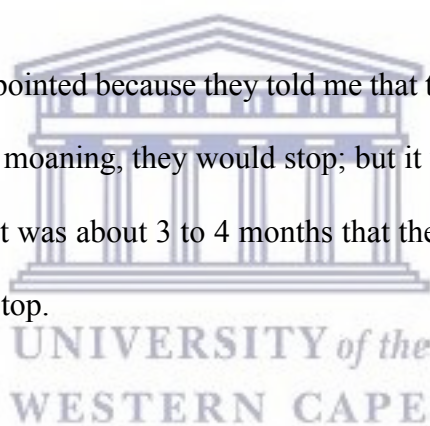
The following excerpts reveal how having visitors at home or seeking help from others in the community was difficult because of feelings of shame. This could be associated with a fear of being stigmatised or judged by others for the participants' problem drinking parents' behaviour.

**Interview 4:** We were ashamed because sometimes your friends or other people came to visit. Yes, it was a bit hectic and it was a bit heartsore because we were ashamed when there was friends and people over and they heard how my parents were performing.

**Interview 6:** You couldn't go to other people for help because we came from the farm and we were obviously ashamed of what was happening. Sometimes there was hatred. A lot of things happened and you sometimes felt ashamed.

Some participants were left disappointed by empty promises and at their parents' absence as caregivers. These experiences were often associated with parental drinking and appeared to influence participants' subjective experience of their worth. The following excerpt highlights how.

**Interview 5:** I was disappointed because they told me that they would stop. They told me if I stopped moaning, they would stop; but it was only for a while that they stopped... It was about 3 to 4 months that they stopped, and after that they drank non-stop.



The quality of the parent-child relationship was also significantly affected by alcohol use. One participant, interestingly, spoke about his father being physically present in the household, but having little personal and emotional connection with him owing to heavy drinking.

**Interview 3:** He is at home every day, so we see him every day. You know he is there. You never had that solid relationship. My mom was more the one we use to talk to. It was not a nice feeling... 'You were disappointed. When you spoke to him about it the next day, then he just told you that they were drunk and this things happen when you are drunk. You could never really resolve things. If he didn't

drink that much, then he would have given us more attention and we would have been better off today. So I believe if I spoke to him that time about his excessive drinking, he would have never have fought like that outside and wasted his life like that. "I think if he wouldn't have drank that much, he would have given us more attention and would have spent more time with us, talked to us.

Participants reflected on the impact of parental drinking on the trajectory of their and their families' lives. This appeared to raise various regrets about how circumstances could have been more prosperous in both material and non-material aspects.

**Interview 5:** Sometimes you think, 'Why couldn't circumstances be different? If only one of my parents could be sober, then maybe things could have been different.'

**Interview 6:** We would have been very important people today. We would have been better off if they would have saved the money they spent on alcohol. We might have a big bank balance or a big house. There might have been money for me to further my studies. Maybe I would have been a far better person.

#### **4.5.3. Forgiveness and understanding**

Upon reflection, participants were surprisingly forgiving and positive about their problem drinking parents' influence in their lives. These feelings were mediated by the ability to hold the positive aspects (such as learning values and skills) while acknowledging the negative aspects of their relationship as well. In other words, it appeared that participants ascribed

positive meanings towards their parents, while acknowledging the damaging consequences of alcohol use on their relationships.

**Interview 1:** I became a better person because of him and the things he has done. I never had feelings of hatred toward my dad. I loved him, today still. He also had his faults. Everybody make mistakes and have faults. My views about my dad is that I love him, he is no longer with us today but at least I had a dad that took me by the hand and taught me things. I am happy that it was him, I am not looking for another dad.

**Interview 2:** My father and I have a good relationship now... My father loves me and I love him. I am happy that our understanding is very good.

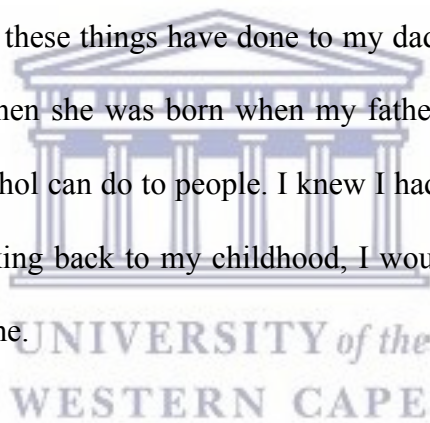
Despite a variety of challenging experiences growing up and alcohol-related harm, one participant spoke about forgiveness towards problem drinking parents. This seemed to have been influenced by a feeling of acceptance towards what had occurred in the past and the wish to move on.

**Interview 6:** I am OK now. I forgave my parents for what they have done to us. If we could turn back time, this could have been different, but we cant. What happened, happened.

#### **4.5.4. Becoming a parent and relationships with children**

Many participants were currently parents themselves, which brought up many interesting insights into the consequences of growing up with problem drinking parents. It appears that this had a significant influence on participants' philosophy on parenting and relationship with their families. A common theme was the desire to prevent similar experiences by their own children. The following excerpts provide insights into participants' relationships with their children and attempts to avert alcohol-related harm.

**Interview 1:** When the baby came, I realise that I can't put my children through the things I went through as a child. When my wife told me she was pregnant, I immediately stopped drinking. She passed away last year. I tried to be a good example and told them what these things have done to my dad. They never really knew my dad because when she was born my father passed away already. I told them what alcohol can do to people. I knew I had a responsibility to look after my child. Looking back to my childhood, I wouldn't want my children to go through the same.



**Interview 6:** I told myself one day when I have children of my own, I will never want them to experience what I had to go through. I made a promise that I will never drink. I made a promise that I will love my children unconditionally... Today I live a happy life. Every marriage has its ups and downs. We never argue in front of the children. When we have our differences, we will wait until everyone is asleep or when the children are not at home, then we will talk.

**Interview 2:** I have a very good relationship with my children. They are worried about the day I don't come out there during the day. Then they will phone me to ask where I am. Then I will say, 'I am at home.' 'Now why doesn't daddy come over?'

**Interview 4:** Maybe I deserved it [the things my mom said to me] because I wanted to go out but I had two children, and that was the time my mom got angry. When a person is young, you don't realise, only today when you are older you know the difference. Now we want to push our children and this is the reason I take it slow. I have decided that I am going to let go and let them experience it for themselves. I want them to learn from their mistakes. All I will do is to be on bended knees. I will pray for them. I had a breakthrough with my son, he gave his life to the Lord and it is amazing how we are with each other in this house.

One participant spoke regretfully about the impact of alcohol use on the quality of the relationships with his family. These influences were strikingly similar to what he experienced as a child of a problem drinking parent.

**Interview 3:** After a while, I realised that I always argue with the children or my wife when I am drunk. There is never a time when we just chat. There is no time because we always argue. About six years ago, I stopped drinking. When I stopped and I saw what difference it made, I was ever so sorry I even started to drink... It was difficult when I was drunk. I used to always argue with my wife. When I was drunk, I had no time for my children.

#### **4.5.5. Sharing and using experiences to help others**

Sharing personal experiences of being the child of problem drinking parent/s had altruistic motivations.

**Interview 2:** I hope that this conversation can help other people. That it will open their eyes. Alcohol is the disadvantage of your body; because it dries your body out. He is like a fruit, in the beginning he is beautiful, then he gets ripe, then he starts to get overripe and becomes bad.

**Interview 6:** I got involved in welfare organisations to make a difference in other people's lives. What I went through, I never wanted to happen to someone else.

#### 4.6. SUMMARY OF THE CHAPTER

Participants revealed many challenges while growing up as the children of problem drinking parent/s, which influenced their perceptions of their parents, themselves and the trajectory of their lives, while also contributing significantly to their quality of life. Many were exposed to acts of verbal and physical aggression, predominantly from their fathers. Additionally, some were often required to perform parental roles to compensate for parental alcohol misuse. These traumatic experiences resulted in a range of negative emotions that appeared to have left a lasting legacy on the lives of participants. A range of avoidant behaviours was often used as a means of coping, while some appeared to assume more submissive and accepting stances towards their circumstances. The lack of available support for participants during this time was particularly evident in the interviews. Modelling of parental behaviour was also a dominant theme and included alcohol use and abusive behaviour later in life. Some participants, however, seemed to use their experiences in a positive way by ceasing alcohol use and adopting a less

authoritarian approach to their families. The following chapter comprises an in-depth summary and discussion of the main findings of the present study.





## CHAPTER 5

### DISCUSSION AND RECOMMENDATIONS

#### 5.1. INTRODUCTION

The current chapter provides a synthesised account of the main findings of the study. Additionally, it links predominant themes to the theoretical model and various works in the literature (both local and international). The chapter concludes with a discussion on limitations of the study as well as recommendations for future research, which are made in relation to issues and concerns raised during the study and by its participants. Lastly, a comment on reflexivity during the research process is made.

#### 5.2. SUMMARY OF THE MAIN FINDINGS

The main findings that emerged from participant interviews are presented under the following four major thematic categories: (1) Perceptions on parental drinking; (2) Coping; (3) The impact of parental drinking; and (4) Meanings attached to problem drinking. An in-depth summary of these thematic categories follows.

##### 5.2.1. Perceptions on parental drinking

In discussing perceptions on parental drinking, many participants acknowledged that alcohol had had an enormous impact on their lives. The influence of parental drinking ranged from negatively affecting their quality of life, to participants' relationships and perceptions of their problem drinking parents. Many participants were raised in households where their fathers

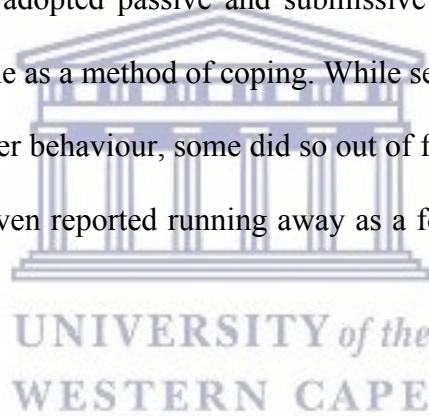
consumed alcohol, and reported a range of negative experiences as a result. Fathers were described as ‘problem drinkers’ and authoritarian heads of the household, and often the initiators of conflict and perpetrators of abuse. Many shared emotional accounts of their experiences of fear of their fathers and victimisation, ranging from verbal to physical abuse. In contrast, many participants spoke of their mothers (who were either abstinent or drank less frequently) as protective factors.

Despite reporting a variety of alcohol-related harm owing to parental drinking, some participants were in two minds as to whether this consumption could be classified as alcoholism or even as a problem. This indecision appeared to be the result of periods of abstinence, which might have created the perception of having control over drinking. Participants spoke of drastic improvements in the quality of the relationship and emotional connectedness with their fathers when alcohol use ceased in the short and long term. While this might have indeed been the case, it may upon reflection also include a defensive process by participants to protect against guilt associated with having negative perceptions of their parent/s.

Such ambivalent feelings were particularly held in connection with participants’ feelings towards their fathers, who were described as both important parental figures and the perpetrators of aggressive and often abusive behaviour. The participants, however, still felt a strong emotional connection to their caregivers, who they reportedly still loved and acknowledged as playing an important role as caregivers and educators. This ambivalence was summed up by one participant, who reported suffering frequent physical abuse at the hands of his father, but who still expressed his gratitude and love for him. This pattern was generally consistent throughout the interviews.

### 5.2.2. Coping

Considering the enormously challenging circumstances that participants were faced with, they appeared to have developed strategies to cope, and some had shown resilience in the face of adversity. These strategies ranged from acceptance, which entailed bearing circumstances and feelings of helplessness about their circumstances, to avoidant behaviours such as running away from home to obtain respite. Some also spoke about using substances themselves, such as alcohol. A feeling of helplessness pervaded many of the participants' stories, who often reported the belief that their circumstances were inescapable and would not change. In response to their circumstances, some adopted passive and submissive roles, while others preferred spending time away from home as a method of coping. While seeking respite was the primary reason for engaging in the latter behaviour, some did so out of fear for their problem drinking caregiver/s. One participant even reported running away as a form of 'acting out' behaviour towards his parent's.



Protective factors such as religion and having one non-alcohol-drinking parent/caregiver appeared to be an invaluable source of support for participants. Having a connection with a higher spiritual power appeared to provide a source of hope while, for some participants, mothers were seen as 'rational', protective and caring figures during challenging times. This was often the case when mothers were abstinent from alcohol. Mothers were most often characterised by the care that they provided; however, some participants reported that their mothers were themselves the victim of physical abuse at the hands of their fathers, which was often a traumatic experience for them as well.

At the time of the study, it appeared that many participants had not accessed professional or informal support regarding their experiences of growing up with problem drinking parent/s. While this lack may be related to an unwillingness to seek help, many spoke through engaging with the research questions of feelings of relief and gratitude that a platform could be provided to speak about their experiences. This finding suggests that a lack of available resources at a community level have left participants (and probably many others) without opportunities to speak about their experiences.

### **5.2.3. The impact of parental drinking**

A large proportion of participants highlighted parental alcohol use as having had a negative impact on their lives. There were many accounts of suffering or witnessing various forms of abuse and neglect from their problem drinking parent/s. Much of this abuse was perpetrated by their 'aggressive' and 'difficult' fathers while under the influence of alcohol. Being exposed to domestic violence on a continuous basis caused lasting emotional trauma for participants, who spoke at length about many painful experiences during childhood and adolescence. Some participants bore the brunt of physical aggression by their problem drinking parent/s, some because of taking responsibility as the eldest child, while others were simply abused as a means to vent frustration. These dynamics resulted in high levels of anxiety in anticipation of abuse as a means of discipline. In the interviews, participants reflected on various negative emotions that they experienced such as pain, hurt, anger and loneliness.

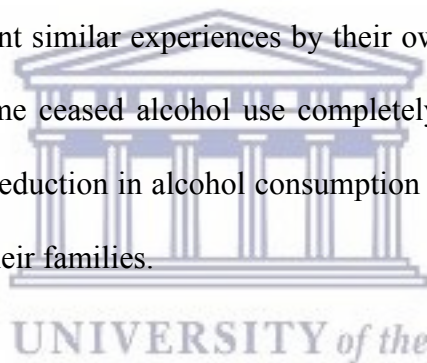
Not only did parental drinking increase exposure to violence, it also resulted in enmeshed boundaries. Of particular significance during the interviews was the assumption of parental roles by participants in the household. This often had instrumental functions such as including

care for and support of their problem drinking parents. Some participants performed these roles in order to prevent familial conflict or out fear of later retaliation from authoritarian parents. Participants also spoke about having to intervene in violent confrontations between parents. Parentification seemed to negatively affect their quality of life, with some participants indicating their dislike of assuming such roles at an early age. According to the literature, parentification often results in children caring for their parents and families at the expense of their own development (Hooper, 2007). In addition, as a result of problem drinking, households often lacked sufficient disposable income to provide for family needs. Some participants reported having to find employment to provide financial support.

#### **5.2.4. Meanings attached to problem drinking**

In discussing the meanings attached to problem drinking, participants reflected on a variety of concepts. As a result of difficult and painful experiences, participants recalled a variety of negative feelings towards themselves being the children of problem drinkers as well as their parents. Many spoke about the embarrassment, shame, anger, hatred and disappointment they experienced during childhood. There was a noticeable element of stigma and other perceptions from participants, who felt that others judged their families negatively as a result of their parents' alcohol consumption. Many participants also experienced disappointment as a result of broken promises made to them and/or parental absence. As a result of these factors, the quality of the parent-child relationship was also significantly affected. One participant, interestingly, spoke about his father being physically present in the household, but having little personal and emotional connection with him as a result of heavy drinking. Some participants felt that parental drinking had a detrimental influence on the trajectory of their lives and speculated on how circumstances could have been more prosperous in both material and non-material respects.

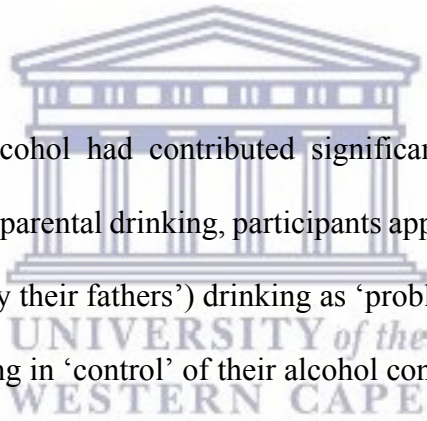
For some participants, alcohol use was seen as culturally accepted and appeared to be associated with ‘coming of age’. It also raised themes around masculinity and learning to drink from fathers, who were generally described as the role models for such behaviour. Modelling behaviour from parents was a significant theme in the interviews, particularly the consumption of alcohol and perpetrating acts of violence. A concerning modelled behaviour was using abuse as a means of problem-solving or conflict resolution. Many participants were parents themselves and some disclosed using verbal and physical aggression towards their own family members later in life. For others, it appeared that their own experiences had a significant influence on their philosophy on parenting and relationship with their families. A prominent theme was the desire to prevent similar experiences by their own children, which resulted in various lifestyle changes. Some ceased alcohol use completely, while others adopted more permissive parenting styles. Reduction in alcohol consumption seemed to play a large role in improved relationships with their families.



Despite a variety of challenging experiences while growing up and alcohol-related harm, participants were surprisingly accepting of their parents and their circumstances. They seemed able to hold both the negative and positive aspects of their experiences in mind, and acknowledge the benefit that their stories can have on others. This view seemed to be influenced by a feeling of acceptance towards what had occurred in the past and the wish to move on. Sharing personal experiences of being the child of problem drinking parent/s had altruistic motivations.

### **5.3. DISCUSSION OF THE MAIN FINDINGS**

Participants' perceptions on problem drinking appeared to be influenced by various factors. Firstly, alcohol seemed to be viewed as a separate entity to their caregivers and, as such, participants were able to acknowledge the harmful effects that their parents' problem drinking had had on their quality of life. When ascribing who used alcohol, participants primarily identified their fathers as the main consumers in the household. While intoxicated, their fathers were often described as 'aggressive' and 'abusive' authority figures who used violence as a means of discipline and control. This experience correlates with the findings of Gąsior (2014) that the father was generally negative and perceived as a person prone to emotional outbursts and lacking in self-control. These characteristics led many participants to feel fearful of their fathers and negatively affected the quality of the parent-child relationship.

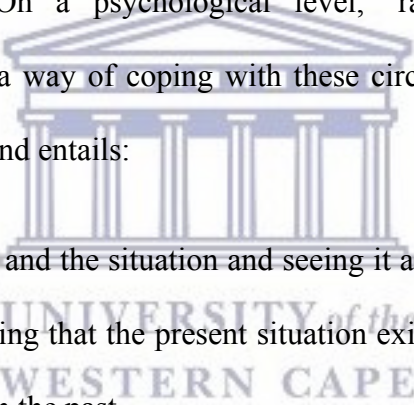


While acknowledging that alcohol had contributed significantly to domestic and related problems, and reporting heavy parental drinking, participants appeared to be highly ambivalent about their parents (particularly their fathers') drinking as 'problematic'. This view seemed to be guided by ideas around being in 'control' of their alcohol consumption owing to periods of abstinence. Despite frequent relapses after short periods, it appeared difficult for participants to fully accept that their parent/s had a drinking problem. This ambivalence was also ascribed to their general perceptions of their parents as well. Despite suffering physical and emotional abuse at the hands of their fathers in particular, some participants were reluctant to speak negatively about their parents. This finding contradicts Järvinen's (2013) study in which participants who regarded alcoholism as a 'choice' felt that their parents had deserted their family, and they therefore preferred to have nothing to do with them. Participants in fact appeared to desire a close connection with their fathers. This difference seemed to be the result of a combination of various factors, including: periods where their parent/s would be abstinent from alcohol; parent/s providing basic needs (food and shelter) despite their drinking habits;



teaching participants valuable life skills (including morals and vocational skills); possibly cultural and religious factors that emphasise respect for parents (particularly those whose parents were deceased at the time of the study); and lastly, being engaged in a reflective process in adulthood and better able to tolerate ambiguity.

As already mentioned, participants were exposed to a myriad of emotionally and physically traumatic experiences. Despite this, many were able to show a level of resilience and employed various coping strategies to not only survive their circumstances, but also to care for their families. Two main coping methods were employed by participants, including psychological and behavioural strategies. On a psychological level, ‘radical acceptance’ of one’s circumstances appeared to be a way of coping with these circumstances. This concept was developed by Linehan (1993) and entails:

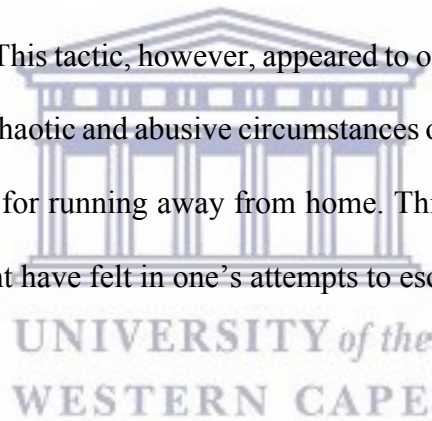


... looking at yourself and the situation and seeing it as it really is without judgment or distortion, recognizing that the present situation exists because of a long chain of events that began far in the past.

Furthermore, radical acceptance means understanding that one is doing the best that one can (Tapper, 2016). Although troubled by their circumstances, participants revealed believing that acceptance was the most effective (and at times only) way of coping. While this appeared to be a more mature psychological defense against their difficult domestic situation, one may also deduce that a sense of helplessness contributed to this way of thinking. This deduction would be consistent with Templeton, Velleman, Hardy and Boon’s (2009) findings which state that ACoA often feel a sense of powerlessness over their circumstances.

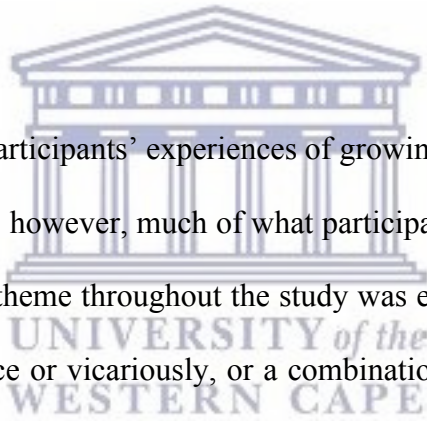


Another method of coping employed by participants was that of avoidance and escape. Participants spoke at length about their often intolerable domestic circumstances and how escaping was seen as the most effective means of seeking respite. This behaviour was primarily driven by emotional exhaustion and/or fear of their problem drinking caregiver/s. These findings are in accordance with Holmila, Itäpuisto and Ilva (2011) who suggested that children of problem drinking parents often employed an avoidance coping style in response to feelings of powerlessness. This style consisted of removing oneself from the situation, either by going into the privacy and protection of their own room, trying to sleep, or going out. In the present study, participants revealed often having to spend time away from home with extended family or running away with friends. This tactic, however, appeared to only provide temporary respite, with participants returning to chaotic and abusive circumstances on their return. One participant even reported being punished for running away from home. This ‘double-bind’ gives a sense of the powerlessness one might have felt in one’s attempts to escape and live a better life.



Protective factors, although seemingly minimal, also played an important role in assisting participants to cope. Religion and family (both primary and extended) appeared to be the primary sources of support. For some participants, having a connection to a higher spiritual power appeared to instil a sense of hope while also providing guidelines for morals and socially acceptable behaviour. In relation to this, one participant spoke about his mother abstaining from alcohol because she was a devoted Christian. Most participants were raised by both parents; the predominant protective factor revealed in the interviews was having one parent who abstained from alcohol. According to Park and Schepp (2014), having one alcohol-using parent and a positive parent-child relationship were significant protective factors for ACoA. In

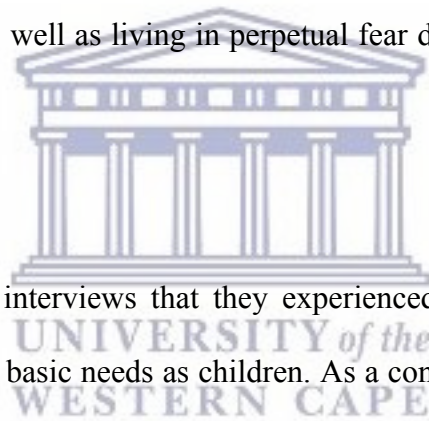
the current study, mothers were often seen as the primary protectors who provided security and nurturing in the face of adversity. They also appeared to play a significant role in instilling morals and values for some participants, who often spoke of their gratitude and affection for their mothers. The current study therefore correlates with the literature regarding the positive influence of having one non-alcohol-using parent in the household. It should be noted, however, that when comparing the experiences of participants who had one parent abstaining from alcohol, versus those who had lived with both parents consuming alcohol, objectively there appeared to be minimal differences in the challenges they experienced. Lastly, extended family and friends also appeared to be a significant protective factor, providing a temporary means of escaping their domestic circumstances.



The psychological impact of participants' experiences of growing up as the child of a problem drinking parent were complex; however, much of what participants shared corresponded with earlier literature. A pervasive theme throughout the study was exposure to abuse and trauma, either through direct experience or vicariously, or a combination of both. Ronel & Haimoff-Ayali's (2010) study revealed that children of substance-abusing parents (including alcohol) often grew up in chaotic homes characterised by high levels of instability, neglect and violence. The present study seemed to provide similar findings, with many participants experiencing emotional and physical abuse at the hands of their parent/s. This included scolding, hidings and being hit with a fist or belt. One participant revealed that he had been so severely beaten that he would be bruised and in pain for over a week.

Violence between parents was also a common experience. While many had witnessed their mothers being severely beaten, some reportedly had to intervene between their parents to

prevent serious harm being inflicted. One participant revealed having to physically remove weapons (including knives and boiling water) during an altercation between her intoxicated parents. While showing extraordinary bravery in these circumstances, these actions might have predisposed participants to serious injury themselves. Overall, the emotional pain experienced as a result of their exposure to violence (both as the victim and/or witnessing) was highly evident. Participants used words such as 'painful', 'hurt' and 'lonely' when reflecting on their experiences, suggesting that the psychological impact of their circumstances was still felt many years later. According to the literature, parental alcohol abuse and poor communication can predispose adolescents to internalising symptoms of depression and anxiety (Ohannessian, 2011). While not reporting specifically on psychiatric symptoms, participants revealed high levels of emotional distress as well as living in perpetual fear during childhood as a result of parental drinking.



Participants also revealed in interviews that they experienced neglect and failure of their caregivers to provide for their basic needs as children. As a consequence of parental problem drinking, some participants reported that their households often lacked sufficient resources to provide food and clothing. While extended family and the community were often vital supports in this regard, participants mentioned that they often went to bed without food, or relied on donations to clothe themselves. While grateful for the support they had received, one participant revealed that because of pride, relying on others for second-hand clothing was difficult for him to accept. Parental neglect not only consisted of failure to provide tangible basic needs, but emotional neglect was also a common theme. According to Ronel Haimoff-Ayali (2010), substance-abusing parents often failed to provide vital attention to their children. Despite living in the same household as their parents, some participants reported experiencing little emotional warmth and connection with their caregivers. This was particularly evident in

father-child relationships in the context of alcohol use. One participant mentioned having ‘no relationship’ with his father during times of alcohol consumption, while another revealed having an emotionally distant relationship with his father as a result of the latter’s drinking.

Participants were not only faced with abuse and neglect, however, but also had to perform developmentally inappropriate roles in their households. Many experienced parentification by having to care for their parents while the latter were recovering from heavy alcohol use. Typical roles consisted of preparing meals, nursing their parents (including medicating) and washing clothes. Participants either felt obliged or compelled to fulfil these roles. Fear appeared to be the driving force behind this, with punishment expected for not performing these duties, and therefore ‘keeping the peace’ in the household was the aim. Hooper (2007) states that long-term parentification often results in the suppression of the child’s own needs at the expense of their own development. This process could have long-term implications for the child’s future functioning as well as the ability to form adult attachment relationships. Participants acknowledged that performing these roles was developmentally inappropriate and, in one interview, strong feelings of ‘anger’ and ‘hatred’ towards his parents were revealed.

From a family systems perspective, the concept of parentification highlights how boundaries were enmeshed for participants. According to Landre *et. al.* (2013), boundaries between subsystems (e.g. the parental and child subsystems) often become permeable within substance-abusing families. This view was highlighted by the fact that participants not only had to perform parental roles, but, as mentioned, also had to intervene in violent conflicts. The familial atmosphere was often described as dysfunctional by participants, with coercion and violence often used as a means to deal with issues. This observation agrees with the literature which

states that interactions within substance-abusing families are characterised by higher levels of negativity, conflict and competitiveness; decreased levels of cohesion and expressiveness; and deficits in problem-solving capabilities (Rotunda, Scherer, & Imm, 1995).

These dynamics not only led to emotional trauma, however, but might have also affected participants' functioning later in life. Many reported also engaging in substance use and having interpersonal difficulties later in life.

In terms of exploring the meaning that participants ascribed to their experiences, a prominent theme that emerged was that of modelling parental behaviour later in life. Of particular significance was how drinking and violence were perpetuated by participants in their own families as adults. This behaviour appeared to be justified by a sense of cultural acceptance, particularly regarding alcohol as a symbol of 'coming of age' and masculinity. In the South African context, alcohol is often consumed as a form of 'macho' behaviour, proving one's strength and manliness (Freeman & Parry, 2006). While peer influences cannot be ignored, fathers were primarily ascribed by many participants as the role models for engaging in alcohol use and, through vicarious learning, might have viewed alcohol as a culturally accepted practice among 'men'.

Many participants also revealed that they were also continuing the cycle of violence in their families, again ascribing this to observed behaviour from their parents while growing up. Despite the emotional trauma that resulted from consistent experience of domestic conflicts, aggression and violence (verbal and physical) were continually used by participants as a means of dealing with problems. This behaviour suggests that participants had difficulties in interpersonal relationships and is consistent with traits of the **externalising subtype** identified

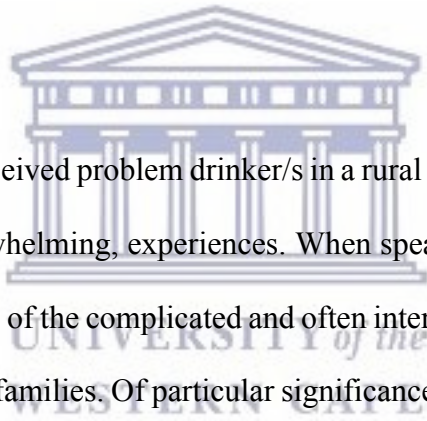
by Hinrichs *et al.* (1997) characterised by antisocial features and a tendency to abuse alcohol. This point also raises issues regarding attachment. The high incidence of domestic-related conflict reported in interviews (including verbal and physical abuse towards partners and children) suggests insecure attachment styles. This hypothesis corresponds with Harfield and Theiss's (2014) study which suggested that ACoAs are likely to have an insecure attachment style characterised by difficulties in developing healthy intimate relationships in adulthood.

When reflecting on their experiences of growing up as the child of problem-drinking parent/s, participants mentioned a variety of negatively associated feelings including embarrassment, shame and disappointment. These associations appeared to be connected to how participants viewed themselves (internal representations), their parents and how they believed others perceived them. Shame often revolved around stigma and negative perceptions of other people towards their families; while feelings of disappointment were associated with (1) experiences within the parent-child relationship, including broken promises or parental absence; and (2) the impact that parental drinking had on the trajectory of their lives. More specifically, participants mentioned feeling that quality time with their parents was lost, and that their futures would have been more prosperous (financially, educationally and in terms of social status). Overall, the meanings ascribed to growing up as the child of problem-drinking parent/s included being stigmatised by the community, poor parent-child relationships, and low social and academic achievements later in life.

Despite these feelings, participants were generally forgiving towards their parent/s. While this finding points to ambivalence in participants' perceptions of their parents, it also gives an indication of the meaning ascribed to these experiences generally. For participants, despite the

abuse and trauma they had gone through, they appeared to value their relationships with their parents and experiences. The ability to hold the positive aspects (such as learning values and skills) and negative aspects (e.g. abuse and trauma) when reflecting on these relationships suggests a balanced way of relating to others. Participants also appeared able to use their personal accounts as a learning experience, particularly in terms of their philosophy of parenting. While some perpetuated cycles of alcohol use and abusive behaviour later in life, many expressed that these behaviours had ceased after they realised the effect it had on their own families. Participants generally reported having positive relationships with their own children and related this specifically to a reduction in, or abstinence from, alcohol use.

#### **5.4. CONCLUSION**



Growing up as the child of perceived problem drinker/s in a rural community involved a myriad of difficult, and at times overwhelming, experiences. When speaking with participants during interviews, one becomes aware of the complicated and often intertwined relationships that exist between participants and their families. Of particular significance is the role of parental alcohol use in forming perceptions of these relationships and influencing the dynamics within families. The findings of the present study identified common themes among participants which related to their perceptions; methods of coping; and the impact and meanings that participants attached to parental problem drinking. Within these main themes were emotional accounts of abuse, trauma and enmeshed family relationships. Participants were not only faced with normal developmental challenges, but also had to cautiously negotiate through constrained domestic circumstances. This ultimately resulted in participants experiencing high levels of emotional distress and ambivalent parent-child relationships. Internal conflicts existed between



participants' experiences of parents as vital caregivers but who also were the perpetrators of violence, abuse and neglect.

The impact of parental drinking also influenced participants lives later in their lives. Many participants reported ongoing cycles of drinking and abuse in their own families, however, appeared to make participants realise this perpetuated behaviour, and they then used their own experiences as an opportunity for learning. Many of them, however, still require support in processing their difficulties while growing up.

The findings of the present study highlight the importance of qualitative, phenomenological research into the effect of alcohol use in the South African context. Of particular significance are the experiences of children and adolescents within rural communities where the epidemic of alcohol abuse is most prevalent. While the present study focused on adult children of alcohol-using parents, the insights provided by participants propose that the lived experience and meanings constructed in relation to this home environment are vital in providing an in-depth understanding of the phenomenon. While many studies have provided important information on its prevalence, further qualitative investigations on the impact of alcohol use in the South African context are vital.

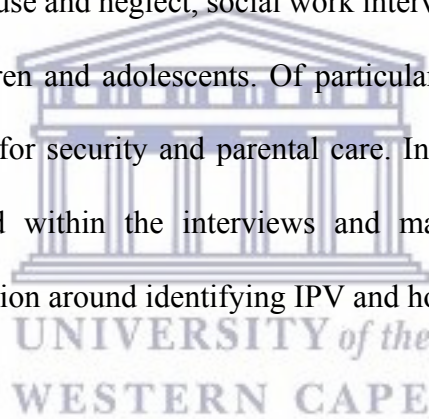
## **5.5. RECOMMENDATIONS**

Conducting the present study highlighted the importance of, and need for, community-based interventions, particularly within under-resourced rural communities. The epidemic of alcohol



and other substance abuses significantly affects the well-being of community members. Based on issues identified in the interviews, the following interventions are recommended:

1. While many participants appeared thankful for the opportunity to be involved in the study, the interviews highlighted the enormous impact that these experiences had had on their lives. Most, if not all, of the participants had not sought or been afforded the opportunity to access professional support. It is therefore recommended that psychological interventions be provided for the community of Lambert's Bay (and other rural communities).
2. Owing to the reports of abuse and neglect, social work interventions will also be helpful in assisting vulnerable children and adolescents. Of particular importance here is ensuring their constitutional rights for security and parental care. Intimate partner violence (IPV) was also an issue raised within the interviews and may also require intervention, particularly psycho-education around identifying IPV and how to address it.
3. Owing to the high prevalence of alcohol-related harm reported by participants and in epidemiological studies, community projects that focus on tackling substance abuse (particularly alcohol) should be strengthened. These interventions should particularly focus on service delivery within poorly resourced rural communities.
4. The interviews highlighted the need for support around problem solving and parenting skills. The use of violence to resolve interpersonal conflict was a particularly concerning issue raised, while information on the developmental needs of children also appeared to be



lacking. These issues could again be addressed through social work and psychological interventions.

## **5.6. LIMITATIONS OF THE STUDY**

The research study used a qualitative design and in-depth interviews to explore the experiences of adult children of perceived problem drinkers. Considering the aforementioned, the following limitations of the study are highlighted:

1. The present study used a qualitative design and in-depth interviews. In view of the small sample size in the study, the findings may not be generalisable to the broader population.
2. Phenomenology was used as the theoretical basis for the study. Analysis of the results therefore contained subjective information and interpretive accounts from the researcher. Again, this might affect the validity and reliability of the results.
3. Many participants had not had previous exposure to psychological interventions or been involved in research studies. While participants appeared generally insightful, this may have influenced their willingness to divulge further information and their ability to reflect their experiences in more detail.
4. The study focused primarily on the effect of alcohol use on childhood experiences. More specifically, the participants as adults were asked to reflect on areas in the past in detail.

Because of the length of time that had since elapsed, the ability to report accurately on these experiences might have been compromised.

5. Alcohol was used as the main substance of enquiry when exploring the experiences of participants. The influence of other substances and polysubstance use was, however, not explored in the present study. Considering the high prevalence of other forms of substance abuse in South Africa, this aspect may be an important area for future studies.

### **5.7. FUTURE RESEARCH**

1. Considering the limited amount of research on the effects of alcohol (and other substances) use within rural communities, further qualitative investigations on alcohol use in the South African rural context may provide useful insights into the psychological impact of these experiences upon those affected.
2. Comparison studies between rural, semi-rural and urban settings may also provide important information on the similarities and differences in the experiences of these subgroups. Additionally, such investigations may reveal factors associated with any discrepancies between these groups, and may open opportunities for further research or intervention.

### **5.8. REFLEXIVITY**

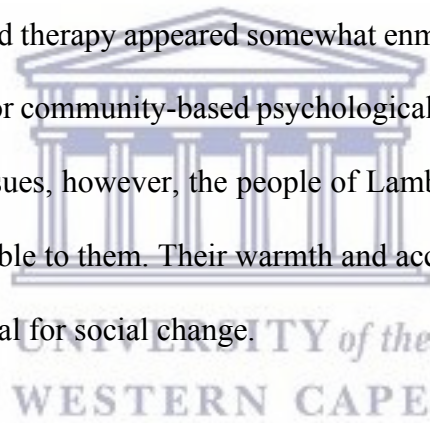
In conducting the present research study, certain dilemmas arose that were both part of the research process and elements of my own personal dynamics. In formulating the present study,

I felt a connection towards qualitative research. This was partly the result of my limited knowledge of quantitative designs, but also because I had an interest in exploring the lived experiences of others. Substance abuse was a particular field of interest because of my prior working experience at an outpatient rehabilitation centre in Cape Town. Living in South Africa, one is invariably exposed to substances, either through personal use or the socio-economic consequences of such.

Growing up in largely urban settings for most of my life, the opportunity to conduct research in rural settings was initially an anxiety-provoking experience. Venturing into a relatively distant fishing village with limited experience in implementing a research study definitely pushed me towards the boundaries of my comfort zone. Containing my anxiety was therefore an important aspect of the work. Additionally, my limited proficiency in the Afrikaans language further increased my uncertainties. Arriving in Lambert's Bay, one is initially struck by the feeling of isolation from the rest of modern society, as it is devoid of the hustle and bustle of Cape Town. Lambert's Bay is a beautiful seaside town with warm, friendly people who accepted and accommodated guests well. On first impression, it was quite seductive to fall into the honeymoon of relaxation in the peaceful atmosphere that enveloped me. However, beneath the quiet and empty streets lies a conglomeration of contextual problems that have longstanding historical and socio-economic roots. It was difficult for me to comprehend this at first, as they appeared less obvious than expected.

I was put in the fortunate position of having interviews arranged prior to my arrival. As there was no set venue for conducting the research study, interviews had to be held within the residences of participants. This entailed walking around with research materials (including

audio recording equipment) in poorly resourced and crime-affected communities. Concerns around my own safety were raised and it was at times difficult to manage my fears and judgements. I was, however, graciously invited into participants' homes which eased many of the previous anxieties. Participants appeared eager to be part of the research; however, some seemed somewhat hesitant to share personal details of their stories. Establishing rapport was important, but was at times a challenge because of the personal nature of some of the research questions. Once probed, most participants became very emotional. While reflecting, feelings arose ranging from sadness to sorrow, and anger to disdain. During one interview, a participant burst into tears while sharing her story. While the aim was to conduct research, it became apparent that providing containment was equally important during the process. Thus, the boundary between research and therapy appeared somewhat enmeshed at times and difficult to manage. The desperate need for community-based psychological and social work interventions was obvious. Despite these issues, however, the people of Lambert's Bay appear to make use of the limited resources available to them. Their warmth and acceptance of visitors points to a community with much potential for social change.



In summary, conducting the research study was a graphic and intensely emotional experience. It has strengthened not only my research skills, but also my belief that psychology and other interventions can be used for the growth and well-being of communities. Historically, however, one cannot forget that this can also be used for the perpetuation of oppression and suffering. Advocacy work is therefore a vital component of any social profession, as is the commitment to the well-being of communities as a whole. Owing to the epidemic of substance use, South Africa is faced with many challenges. Ultimately, the present study provided small insights into the plight of millions of people in this country, and it is hoped that areas for future interventions have been highlighted.

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**PRELIMINARY INTERVIEW GUIDE**

**Title: Exploring experiences of adult children of perceived problem drinkers in a low income community in the Western Cape.**

1. Tell me about your family

Probe: How has alcohol affected your family?

2. Tell me about your experiences growing up as a child of a problem drinker.

Probe: Are there any events/experiences that stand out for you?

How did you cope at the time?

3. How have these experiences impacted on your life today?

Probe: What challenges, if any, do you still face regarding these experiences?

How are you coping now?

What are your views of your problem drinking parent/s now?

**INFORMATION FORM**

**Project Title: Exploring the experiences of adult children of perceived problem drinkers  
in a low income community in the Western Cape.**

**What is this study about?**

This is a research project being conducted by Ashley Daniels at the University of the Western Cape. We are inviting you to participate in this research project because you have experienced growing up with a perceived problem drinking parent/caregiver. The purpose of this research project is to explore the experiences of adult children of perceived problem drinkers.

**What will I be asked to do if I agree to participate?**

You will be asked to share your experiences of growing up with a perceived problem drinking parent/caregiver with the researcher and what these experiences were like for you. These issues will be discussed in one interview which will be conducted at an arranged venue. The interview will last about 90 minutes. Here are some questions you might be asked:

*Tell me about your family*

*How has alcohol affected your family life?*

*Tell me about your childhood experiences growing up as a child of a problem drinking parent/caregiver.*

*How did you cope at the time?*

**Would my participation in this study be kept confidential?**



The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity, your name will not be used in all documentation, this includes notes that the researcher will use and make during the interview. All information gathered during interviews will be kept safe, in a locked file cabinet that only the researcher will have access to. If a report or article is written on this research project, your identity will be protected to the maximum extent possible.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others. *In this event, we will inform you that we have to break confidentiality to fulfil our legal responsibility to report to the designated authorities.*

#### **What are the risks of this research?**

There may be some risks from participating in this research study. You might feel uncomfortable talking about your experiences, or it might bring back certain painful memories from past/previous experiences. All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

#### **What are the benefits of this research?**

This research is not designed to help you personally, but the results may help the investigator learn more about the experiences of growing up with a perceived problem drinking parent/caregiver. We hope that, in the future, other people might benefit from this study through improved understanding of the experiences of adult children of problem drinkers.



**Do I have to be in this research and may I stop participating at any time?**

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized.

**What if I have questions?**

This research is being conducted by Ashley Daniels of the Psychology of Psychology at the University of the Western Cape. If you have any questions about the research study itself, please contact:

**Researcher:**

Ashley Daniels

Dept. of Psychology, UWC

ashdaniels1990@gmail.com



Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

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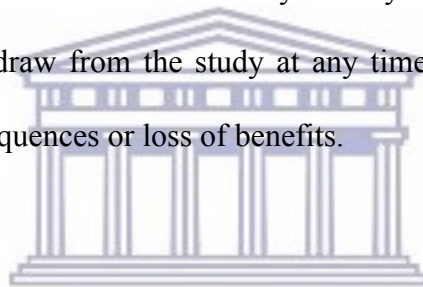
This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.



**CONSENT FORM**

**Title of Research Project:**                    **Exploring the experiences of adult children of  
perceived problem drinkers in a low income  
community in the Western Cape**

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.



Participant's name.....  
Participant's signature.....  
Date.....

UNIVERSITY of the  
WESTERN CAPE