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A Phenomenological Examination of Resilience in Adult Children of Alcoholics

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Walden University
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Abstract

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Dissertation Submitted in Partial Fulfillment

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Doctor of Philosophy

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Abstract

Researchers have identified adult children of alcoholics (ACOAs) as being susceptible to substance abuse, intimate partner violence, mental health instability, and a myriad of psychosocial inadequacies. Growing up within an adverse childhood environment has also imprinted an unwanted stigma among ACOAs. Although there are many studies on the ACOA population, there is a significant gap in the literature between ACOAs exhibiting resilience and those who succumb to the negative characteristics of growing up within an adverse environment. The purpose of this hermeneutic, phenomenological study was to examine the lived experiences of adult children of alcoholics who have succeeded despite their upbringing. A purposive sample of 11 participants from the northwestern United States were interviewed regarding their childhood experiences. The overarching research question was focused on how resilience has affected their life, and the secondary research question addressed perspectives regarding positive adaptation and the stigma of familial alcoholism. The theoretical frameworks that provided support included the health belief model as well as the social cognitive theory, and hermeneutic phenomenological study helped identify and construct the essence of the phenomenon from in-depth interviews from participants. Common themes (perseverance, positivity, and determination) were identified and categorized for ease of analysis. The results contribute to positive social change by helping health care providers in delivering valuable, pertinent assistance to those ACOAs who continue to struggle for a better quality of life.

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Dedication

To the people in my life who have helped me crawl out of my shell and create something beautiful. My parents, Gene and Sallie who did not quite know what I was doing, but knew I could do it, Uncle Boo for keeping me grounded and focused, Amy who taught me "you do you" and Dennis who made sure I ate a good meal at least once a week on Tuesdays, Becky who met me for coffee while I cried and said I could not do it, Mandy who was always there for me even when I did not know how much I needed her, and Roxanne who taught me "you can't please everybody" and for so many more things I could not express in writing.

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Chapter 1: Introduction to the Study

Introduction

Researchers of adult children of alcoholics (ACOAs) agree that this population is genetically predisposed to struggle with issues such as substance abuse, psychosocial interactions, and mental instability (Bijttebier & Goethals, 2006; Davis & Clifford, 2016; Dube et al. 2001; Edwards, Eiden, Colder, & Leonard, 2006; Glahn, Lovallo, & Fox, 2017). Thus, many researchers have studied how health care professionals could treat this population. However, few researchers have studied resilience in an ACOA. In this study, I will expand on existing research and add to a neglected area of examining resilience in ACOAs.

Alcoholism has been discussed as a family disease as it plays a role in each family member (Haverfield & Theiss, 2014). Growing up in a home with alcoholics has been identified as increasing the susceptibility of children developing emotional difficulties as adults (Bonanno, 2004; Hall & Webster, 2007 Hall, Webster, & Powell, 2003). A challenge to researchers is identifying ACOAs, as many are reluctant to self-identify due to the stigma of an alcoholic parent (Haverfield & Theiss). Furthermore, many ACOAs find it difficult to communicate with their significant others regarding the events that took place during their childhood.

Researchers have determined that many people who experience traumatic events (e.g., adverse childhood experiences) do not develop psychopathology. Therefore, it is important to determine resilience factors that encourage mental stability (Collishaw et al., 2007; Jin et al., 2009; Patel & Goodman, 2007). For example, in the 19th century,

researchers identified protective factors for mental health that included protecting the mind from experiences and circumstances that may depreciate its traits. Additional protective factors include managing physical abilities such as exercise, sleep habits, and nourishment (Rossi, 1962). Since then, numerous researchers have focused on mental functioning to identify quality of life, cognitive ability, physical health, and social productivity (Huppert, 2005; Linley & Joseph, 2004).

Background

Resilience

The literature regarding ACOAs and resilience has been lacking, and sometimes the identified features of resilience contradict each other. Hall and Webster (2007) and Haverfield and Theiss (2014) identified common emotional costs of growing up in an alcoholic home, but Haverfield and Theiss identified the need for further research to identify qualities and traits that represent success or failure. Bonanno (2004) and Moe, Johnson, and Wade (2007) posited resilience as a commonality of ACOAs who are not struggling. However, Moe et al. also identified a lack in qualitative literature underlining the strengths of ACOAs as well as views regarding resilience. Those struggling with resilience may experience depression and the inability to communicate effectively with a romantic partner as well as anxiety and avoidant behavior, academic underachievement, and low self-esteem (Kearns-Bodkin & Leonard, 2008; Kelley et al., 2010).

Psychological Stress and Coping

Coping. Skinner, Edge, Altman, and Sherwood (2003) hypothesized over 400 types of coping with no real agreement as to the most efficient strategy, but the largely accepted classification of coping includes problem-focused coping and emotion-focused coping. Problem-focused coping is defined as "aimed at managing or altering the problem causing the distress" and emotion-focused coping is "coping that is directed at regulating emotional responses to the problem" (Lazarus & Folkman, 1984, p.150). Some individuals use both problem-focused and emotion-focused coping strategies during a stressful event and depending on the action may reflect this decision (Lazarus, 1996).

Self-compassion. Those with higher levels of self-compassion tend to recognize negative events (stressful situations) or human suffering as not isolated, personal problems. Those with high levels of self-compassion tend to cope with stress by assessing the situation and adapt accordingly, and self-compassion involves reassurance during struggles. For instance, positivity, encouragement, and forgiveness are present in those with higher amounts of self-compassion when experiencing a negative life event. Further, self-compassionate individuals experience lower amounts of depression, anxiety, and neuroticism (Allen & Leary, 2010). Thus, individuals who display self-compassion or those who can induce self-compassion are more likely to experience successful coping mechanisms during stressful situations.

Positive cognitive restructuring. Positive cognitive restructuring is a direct emotion-focused strategy that consists of positive thinking, optimism, and control (de

Boo & Wicherts, 2009). Using positive cognitive restructuring involves an individual changing his or her view of a stressful event to see it optimistically or confidently (Allen & Leary, 2010). For example, Danhauer, Crawford, Farmer, and Avis (2009) studied women undergoing chemotherapy treatment for breast cancer and found that patients reported a higher quality of life by using positive cognitive restructuring alongside resting and adhering to a medication routine. Additionally, Manuel et al. (2007) reviewed younger women's perceptions of coping with breast cancer and identified positive cognitive restructuring as the most frequently used coping mechanism for forward thinking (treating the illness as a battle or challenge to be defeated; finding a bright side). However, research regarding positive and effective coping of those experiencing a traumatic event or those who have experienced a traumatic event remains unclear.

Problem Statement

The use of alcohol in an injurious manner can result in damages to family members, friends, coworkers, and strangers (World Health Organization [WHO], 2014). Short-term health risks from excessive alcohol use includes violence (homicide, suicide, sexual assault, and intimate partner violence), injuries (motor vehicle crashes, falls, drownings, and burns), and also miscarriage and stillbirth (Centers for Disease Control and Prevention [CDC], 2014). The long-term health risks include chronic diseases such as high blood pressure, heart disease, and stroke as well as lost productivity, unemployment, and family difficulties. The problem I address in the current study is that most studies of growing up in an alcoholic environment have been focused on the negative outcomes of substance abuse exposure such as succumbing to future substance

abuse, negative psychosocial interactions, and mental instability, thus leaving a significant gap in the literature on coping positively with exposure to stress.

According to the U.S. Department of Health and Human Services (2008) and Substance Abuse & Mental Health Services Administration (2007), there are an estimated 76 million ACOAs living in the United States. ACOAs have been researched regarding a variety of risk factors with negative outcomes: drug abuse, alcohol abuse, antisocial behavior, mood disorders, academic underachievement, low self-esteem, and difficulties with relationship attachment (Anda et al. 2014; Kearns-Bodkin & Leonard, 2008; Klostermann et al., 2011). Children of alcoholics are also 2 to 4 times more likely to experience potential alcohol abuse relative to individuals who are not children of alcoholics (Glahn, Lovallo, & Fox, 2007). Because of genetic predispositions, possibilities of cognitive difficulties, and the likelihood of becoming an abuser themselves, ACOAs are at a significant disadvantage for achievement.

Researchers have indicated that resilience and coping are crucial in diminishing the impact of childhood trauma (Goodman, 2017; Lyons & Khazon, 2013; Moe et al., 2007). However, multiple researchers have focused on negative characteristics and wide-ranging failures as an adult (Anda, et al. 2014; Braitman et al. 2009; Kearns-Bodkin & Leonard 2008; Klostermann et al., 2011). But an understanding of the factors that *protect* ACOAs from succumbing to the inherited or environmental risks having grown up in an adverse childhood environment may provide insight into the development and preservation of resilience (Moe et al., 2007; Park & Schepp, 2014).

Purpose

The objectives of this hermeneutic phenomenological study were to (a) to illustrate the successful, resilient lived experiences of ACOAs; (b) to examine the perspectives of ACOAs regarding the impact of positive adaptation; (c) to add a considerable contribution to the literature on resilience in ACOAs. Emphasis was placed on promoting factors of positive adaptation, such as positive contextual, social, and individual variables. Exploring the shared experiences of ACOAs who exhibit resilience may offer a more in-depth understanding of the obstacles or struggles they have overcome. Additionally, this will add to the knowledge of how alcoholic environments affect adult children who have parents with alcohol use disorder.

Resilience has been identified as the ability to bounce back from adverse situations (Masten, 2009). The phenomenon of resilience has been recognized as an inferential construct in that two components must be identified to exist: (a) risk or threat to the person and (b) positive adaptation (Masten, 2011). According to Zimmerman (2013), resiliency has been identified as one of the health promotion factors (positive contextual, social, and individual variables). For this study, the definition of resilience was a dynamic process wherein individuals exhibit positive adaptation despite experiences of considerable hardship or trauma.

Research Questions

The following research question plus one additional subquestion were addressed in this phenomenological study:

Research Question 1: What influence did the moderating variables of (a) perceived self-efficacy, (b) perceived severity, (c) perceived benefits, (d) perceived barriers, and (e) cues to action have on the effect of exposure to an adverse childhood environment on adult children of alcoholics in this study who subjectively self-reported that they were coping positively with their childhood trauma/experiences?

Subquestion 1: What are the perspectives of an adult child of an alcoholic on the impact of resilience?

Theoretical Base and Conceptual Framework

The theoretical bases for this phenomenological study are the health belief model and social cognitive theory (SCT). The health belief model (HBM) is a widely used framework in health research (Saunders, Frederick, Silverman, & Papesh, 2013). Hochbaum, Rosenstock, and Kegels developed the theory in 1952 with the idea of disease prevention, not treatment. Additionally, the HBM is generally accepted to be the beginning of systematic theory-based research in health behavior.

The HBM has been studied extensively (Gerend & Shepherd, 2012; Reges et al., 2013; Saunders et al., 2013; Smith et al., 2011) regarding the links between an individual's beliefs and his or her health behavior. For example, Janz (1984) studied preventive-health behaviors together with sick-role behaviors for an HBM correlation, findings that barriers were strongest of the HBM dimensions, while perceived severity received the lowest significance (see Table 1). The HBM is appropriate for this study due to the theory's psychological constructs that integrate perceived self-efficacy, perceived benefits, perceived barriers, and cues to action (Saunders et al., 2013).

Building a multitheoretical model facilitated understanding of health behaviors relating to self-efficacy as experienced by ACOAs who display or have displayed resilience.

Table 1

Health Belief Model

Concept	Definition	Application
Perceived susceptibility	Individual opinion of the chance of having a negative experience or exposure	Address the personalized risk based on a person's behavior or choices
Perceived severity	Individual opinion on how serious the consequences of not acting are	Specify consequences of the risk, choice, or failure to act, and the resulting condition
Perceived benefits	Individual opinion of the efficacy of the advised action to reduce risk or improve conditions	Define action to take; how, where, when; clarify the positive effects
Perceived barriers	Individual opinion of the tangible and psychological costs of the advised action	Identify and reduce barriers through reassurance, incentives, and assistance
Cues to action	Strategies to activate readiness	Provide how-to information; promote awareness
Self-efficacy	Belief in ability to take action and overcome barriers	Provide training, guidance in performing action

The other model in this study's framework, the SCT, is used to approach the practices of individuals. Human behavior is thought to operate in a framework of *triadic reciprocality* involving interactions from three influences: personal, behavioral, and social and environmental factors. With the system of triadic reciprocality, self-efficacy is believed to alter behaviors and environments with them being affected in return (Bandura, 2011). The SCT emphasizes that learning transpires within social confounds. Bandura (2011) posited SCT defines the causes or determinants of health as well as the personal factors. The SCT consists of five basic assumptions:

1. People learn by observing others.
2. Learning is an internal process that may or may not lead to change a behavior.
3. People and their environment mutually influence each other.
4. Behavior is directed toward particular goals.
5. Behavior becomes increasingly self-regulated.

An important core concept in SCT that pertains to this research and ACOAs is that of the observational learning or modeling. Observational modeling performed from alcoholic parent to child can demonstrate consequences the child would prefer to avoid. However, these processes are affected by factors such as the developmental level of the learner (child) as well as the characteristics of the model (parent) and modeled behavior (drinking, abuse, etc.). SCT suggests that relationships between behavior and expectancies, such as self-efficacy and outcome expectations, can react in two directions (see Table 2). Therefore, application of SCT to examine the constructs of resilience in an ACOA allowed for insights into the traits and personality constructs of these individuals and thus further research into this topic. Chapter 2 will provide an in-depth comparison and provide additional links between SCT and HBM for a conceptual framework.

Table 2

Social Cognitive Theory

Concept	Definition	Application
Reciprocal determination	The active communication of the person, behavior and the environment in which the behavior is being completed	Investigate various ways to encourage behavior change, including adjusting the environment
Behavioral capacity	Knowledge and skill to perform a given behavior	Promote mastery learning through skills training
Outcome expectations	Anticipated outcomes of a behavior	Model positive outcomes of healthful behavior
Self-efficacy	Confidence in the ability to take action and overcome barriers	Approach behavior change in small steps to ensure success
Observational learning	Behavioral achievement that occurs by watching the actions and outcomes of others' behavior	Offer credible role models who perform targeted behavior
Reinforcements	Reactions to a person's behavior that increase or decrease the possibility of reoccurrence	Promote self-initiated rewards and incentives

Part of the conceptual framework for this study is also based on hermeneutic phenomenology by Heidegger. Phenomenology includes the school of thought that an individual can suspend opinion and is able to arrive at a specific description of a phenomena (Kafle, 2011), and hermeneutic phenomenology is an additional school of phenomenology. Hermeneutics identifies reduction (bracketing and epoche) as unattainable due to the unending interpretations of individual life experiences (Kafle, 2011). With hermeneutic phenomenology, I aimed to capture real world stories as experienced and told by the individual.

An additional portion to the conceptual framework is the positive personality trait of resilience. Liu, Wang, Zhou, and Lie (2014) examined resilience as a positive

personality trait, defining resilience as, "enables individuals to bounce back from adversity, and to adapt, thrive, and mature in the face of adverse circumstances" (p. 1). Resilient individuals display internal locus of control, positive self-image, optimism, active coping, hardiness, and self-efficacy (Liu et al., 2014). Additionally, trait resilience has been relevant for individual life satisfaction and positive psychological adjustment (Liu et al., 2014). Trait resilience enhances quality of life and reduces depression and anxiety via a positive cognitive triad: positive views toward self, the world, and an individual's future (Liu et al., 2014; Mak et al., 2011).

Nature of the Study

This study was a qualitative, hermeneutic study. Hermeneutic phenomenology has been used in health research and is the discipline of interpretation where meaning is made from the observer's interpretation (Kafle, 2013). Using hermeneutics allows a systematic approach to interpreting a text: first, the entirety is analyzed, then segments, and then comparisons are made between the two for conflicts and understanding its entirety (Smith, 1998). Additionally, bracketing and phenomenological reduction were employed to prompt items of general meaning and allow openness to any meanings that may materialize (Sorsa, Kiikkala, & Åstedt-Kurki, 2015). In hermeneutic phenomenology, the focus is on the subjective experiences of individuals or groups (Finlay, 2012). This allowed me to explore patterns, themes, and relationships through engagement with each individual (Moustakas, 1994). Thus, I was able to understand and evaluate the qualities, traits, and achievements of ACOAs and create a rich account of their experiences.

Because the nature of this study involved investigating a lifetime of experiences, a qualitative approach was chosen for this study. The study does not offer an intervention or test a hypothesis; the goal was to identify the unique experiences of adults who grew up with an alcoholic parent or parents. The study was also aimed at revealing information, which hermeneutic phenomenology helped with because it is based on the belief that studying what is known and unknown is best achieved through the lived experiences of human beings (Berg & Hotikasalo, 2000). The design of the study allowed for sincerity, adaptability, and flexibility (Berg & Hotikasalo, 2000).

Definitions

Adult children of alcoholics (ACOAs): Adults who grew up in families where the mother, father or both parents were problem drinkers (Drapkin, Eddie, Buffington, & McCrady, 2015)

Adverse childhood events: Any behavior in the home during the first 18 years of life consisting of abuse (emotional, physical, sexual), volatility via substance abuse from either or both parents, or neglect (CDC, 2015).

Health promotive factors: Environmental, social, and individual factors that interrupt the course from a threat to pathology (Zimmerman et al., 2013).

Locus of control: From Rotter's (1954) social-learning theory of personality. Locus of control's best-known application may have been in the area of health psychology, largely due to the work of Kenneth Wallston. Of noteworthy interest are the data cited on the relationship between internal health locus of control and alcohol consumption.

Resilience: Multiple researchers emphasize that resilience is a process containing two components: (a) exposure to adverse or traumatic situations, and (b) positive adaptation following the exposure (Kaufman, Cook, Arny, Jones, & Pittinsky, 1994; Luthar, 2003; Luthar, Cicchetti, & Becker, 2000; MacDermid et al., 2008; Masten, 2001; Rutter, 1985, 2006, 2011).

Self-efficacy: An individual's belief in his or her capabilities to organize and execute the courses of action required to manage situations, (Bandura, 1986).

Self-fulfilling prophecy: Positive and negative beliefs that can induce cognitive and behavioral developments, that in turn can make the belief valid (Wurm, Warner, Ziegelmann, Wolff, & Schüz, 2013).

Assumptions

I assumed that participants would answer interview questions honestly and freely during the collection process and that they would understand the terms presented during interviews. I also assumed that participants would be able to remember their childhoods and be willing to talk about them, reflecting on their life history and family. Finally, I assumed participants would be willing to discuss details of their current relationships and career paths.

Scope and Delimitations

The scope of this study included ACOAs who live within 50 miles of my geographical location. The ACOA will be legally considered an adult, and the term *ACOA* will be specific to those who self-identify as an ACOA. The ACOA will have scored an average of 3.8 or above on the brief resilience scale that will be presented prior

to inclusion. The participants' race, socioeconomic status, and education level were not taken into consideration. As the researcher, my only role was in trying to uncover the lived experiences of those ACOAs who have displayed resilience. There was no expectation of offering additional assistance to the selected group without compromising the confidentiality of the research participants.

Limitations

Findings of this research will be limited to this population of ACOAs and do not apply to those in other areas of substance abuse populations. Additionally, the study is interview based and information from the ACOAs are from their thoughts and feelings expressed during the interviews. The information resulting from the ACOAs stories will be included, meaning I am unable to control their honesty or their feelings presented during interviews. Additionally, the research is a voluntary process, and I was unable to control whether the ACOAs will finish the process.

Significance

Positive Social Change

Developing an understanding of how ACOAs displayed resilience as opposed to succumbing to predisposed conditions of depression (Buckley, Holt, & Whelan, 2007), alcohol-use disorder (Hall, 2010), relationship difficulties (Templeton, Velleman, Hardy, & Boon, 2009), and other identified issues can assist practitioners in a variety of ways. By exploring the lived experiences of ACOAs via a phenomenological study, health care providers can gain insight to psychotherapy interventions that may lead to positive social changes. This study was also aimed at challenging the myth that ACOAs are unable or

unequipped to function in society, as understanding the strengths and heterogeneity among ACOAs can lead to a greater understanding of ACOAs' experiences and better support this population.

Summary

Despite the trend of alcoholism in families, many continue their lives positively. The goal of this study was to explore the shared lived experiences of ACOAs who have experienced resilience that could be transferable to a larger population. By acknowledging their stories and experiences, another goal of this study was to raise awareness of alcoholism and destroy the stigma that surrounds families damaged by alcoholism. The results of this study can be used to increase health psychology literature regarding health behaviors relating to resilience. This knowledge can assist in positive social change by affecting the future of alcoholism recovery research. Health psychology researchers can then further examine the shared strategies employed to overcome challenges and develop a theoretical framework for community-based intervention programs with an emphasis on promoting positive adaptation patterns within ACOAs.

Chapter 2: Literature Review

Introduction

Researchers who have studied ACOAs have determined that the population is at-risk for a multitude of disadvantaged outcomes (Anda et al., 2014; Kearns-Bodkin & Leonard, 2008; Klostermann, Chen, Kelley, Shroeder, Braitman, & Mignone, 2011). Early in research on this topic, White (1928) found an average IQ of 86.36 inside families where alcoholism was the dominant problem and 89.28 for children not from an alcoholic family. Day (1961) also identified that with an alcoholic father, children can develop personality dysfunction and anxiety. Children of alcoholics also grow up with extreme views toward alcohol—either succumbing to alcoholism or abstaining (Day, 1961). Hall and Webster (2007) additionally have indicated that ACOA research has developed roles that each ACOA assumes within the family structure. Understanding these roles has guided researchers toward an initial framework for identifying the unique environmental pressures that appear within the alcoholic home.

The purpose of this literature review was to explore the shared lived experiences of ACOAs who survived adverse childhood situations with a focus on promoting factors of positive adaptation such as positive contextual, social, and individual variables. Resiliency factors function as a protective factor and support the individual in coping with life's stressors (Hall & Webster, 2007). Researchers suggest that living in an alcoholic home places an individual at risk of reducing the opportunities necessary to build resiliency. This chapter will include a discussion of alcoholism, alcoholism effects in the family, alcoholism and the effects on children (now grown adults), and their ability

to foster (maintain) resilience. Resilience in ACOAs will also be discussed along with research on this population. Along with ACOA and resilience research, parental alcoholism and the unfavorable decisions that may have followed ACOAs will be examined. Additionally, this chapter will inlcude examination of the idea of resilience along with the beginnings of resilience research.

Literature Search Strategy

The literature review contains research from multiple databases. The Walden University Library was a key component for these searches. These databases include PsycArticles, PsycINFO, Academic Search Premier, ERIC, EBSCOhost, Proquest, and Sage databases. The CDC and the WHO were examined to retrieve documents and statistics identifying and separating the substance abusers' populations (i.e., drug abuse versus alcohol abuse). Keywords employed for these searches included *alcoholism, alcoholics, family discord, trauma and development, child development, human development, risk factors, parental alcoholism, resilience, adult children of alcoholics, coping strategies, health belief model, social cognitive theory*, and *health promoting factors*. These beginning keyword searches provided direction for more detailed and specific search terms—for example, *resilience within traumatic childhood, parent and child engagement,* and *cognitive and behavioral therapy for alcoholism*.

Theoretical Foundation and Conceptual Framework

Health Belief Model

The theoretical foundation for this phenomenological study is the HBM. Hochbaum et al. developed the theory in 1952 with the idea of disease prevention, not

treatment. The HBM allows for the explanation of health behavior change and intervention with health education (Baghianimoghadam, 2013). The HBM involves value expectancy, suggesting that behavior depends on the expected outcome of an action and the value an individual places on those outcomes. Within HBM there are five constructs: (a) perceived self-efficacy, (b) perceived severity, (c) perceived benefits, (d) perceived barriers, and (e) cues to action. These constructs have been adjusted and expanded on by researchers to investigate preventable health behaviors, sick-role behaviors, and clinic use behaviors (Baghianimoghadam). In addition, the HBM has two main components affecting health-related behaviors: threat acuity and behavior assessment (Livi, Zeri, & Baroni, 2017). Threat acuity also contains perceived susceptibility and potential severity; with perceived susceptibility, an individual identifies the degree he or she feels exposed to the illness and the possible severity of the outcomes of that illness (Livi et al., 2017). Behavior assessment identifies the possible benefits of engaging in a specific health behavior and the perceived barriers to participating in these health behaviors (Livi et al., 2017).

The HBM has been used for exploring the links between an individual's beliefs and his or her health behavior (Baghianimoghadam, 2013; Gerend & Shepherd, 2012; Reges et al., 2013; Saunders et al., 2013; Smith et al., 2011). For example, Janz (1984) studied preventive-health behaviors as well as sick-role behaviors for an HBM correlation, identifying three simultaneous factors: (a) adequate motivation, (b) belief that one is vulnerable to the health problem or threat, and (c) belief the threat can be dissolved

by following health recommendations. For an individual to make a change to his or her health behavior, there must be sufficient evidence of cost versus risk versus benefit.

Other studies have also included the HBM as a useful model for examining behavior. Fitzgerald and McClelland (2016) used the HBM to study a mobile health care application that would support health behavior change, identifying motivation as being a higher priority than self-efficacy, illness understanding, or illness information. They concluded that for a health behavior modification application to be successful, the HBM construct of perceived benefits is a priority (McClelland & Fitzgerald, 2016).

The HBM has also been used to examine cyber security and online behavioral actions in terms of reducing online threats. Dodel and Mesch (2017) used the HBM investigating preventive health behaviors, thoughts regarding online security safety, and the actions to avoid threats via antivirus software. The HBM was useful in determining the role of perceptions and beliefs of vulnerability to threats and the efforts taken to reduce possible victimization.

The HBM was appropriate for this study due to the theory's psychological constructs integrating perceived self-efficacy, perceived severity, perceived benefits, perceived barriers, and cues to action (Baghianimoghadam, 2013; Saunders et al., 2013). Building a multitheoretical model facilitated understanding of health behaviors relating to self-efficacy as experienced by ACOAs who display or have displayed resilience.

Social Cognitive Theory

SCT is a model of triadic reciprocal causation where individuals are participants as well as the results of their surroundings (Bandura, 1986). Triadic reciprocal causation

was coined by Bandura to acknowledge three factors: (a) personal factors, (b) the environment, and (c) behavior. These factors suggest that personal characteristics, environmental influences, and behavior each affect one another bidirectionally (Haegele & Porretta, 2017). In ACOAs, the perceptions and behaviors of parents play a role as part of this reciprocal interaction as children observe through vicarious learning, which is emphasized in SCT as a distinctive human quality (Bandura, 2011). Observed behavior or vicarious learning affects self-efficacy and outcome perceptions as an individual views the results of others participating in the behavior (Martin et al., 2014). Humans' advanced capacity for observational learning has evolved and allows them to model after influences and expand their knowledge (Bandura, 2011). Though these social learning experiences can happen deliberately or inadvertently, most learning results from direct experiences that can happen by viewing others' behaviors and the outcomes for them (Bandura, 2011).

Bandura (2008) also introduced an agentic perspective (human agency) to the self for SCT. For instance, people reflect on their beliefs, memories, and life events while noting whether corrective measures are necessary or beneficial (Bandura, 2008; Olivares, 2010). Human agency includes core capabilities that allows for individuals to preemptively self-reflect, self-regulate, and self-organize (Bandura, 2008; Martin et al., 2014; Olivares, 2010). The core properties of human agency include intentionality, forethought, self-reactiveness, and self-reflectiveness (Bandura, 2008). Intentionality refers to humans having intentions that include action plans and approaches for achieving them, which can involve groups of people or those with a common goal negotiating

efforts to obtain the desired result (Bandura, 2006). The next property, forethought, refers to how individuals need to anticipate probable results from their goals to encourage their efforts. Individuals use this guidance over the course of a lifetime to provide meaning and direction (Bandura, 2006). Third, self-reactiveness addresses a human agent's ability to construct an appropriate plan of action, as it is the ability for individuals to self-regulate and self-direct as a portion of the human agency properties (Bandura, 2006). Self-reflectiveness is the fourth and final agency, which refers to how individuals can review and examine their thoughts, behaviors, and pursuits; it also allows the ability to make corrective adjustments if necessary (Bandura, 2006).

The SCT can be used to approach the health practices of individuals. The SCT also separates self-efficacy potentials (a belief about capacity to successfully perform a behavior), and outcome potentials (a belief regarding the probability of the behavior ending with a specific outcome; Bandura, 2011). Researchers have used SCT to understand drinking behaviors (Hasking, Boyes, & Mullan, 2015; Hasking & Oei, 2004, 2008). Therefore, applying the SCT to examine the constructs of resilience in ACOAs allowed for insights into the traits and personality paradigms of these individuals.

Hermeneutic Phenomenology

Part of the conceptual framework for this study is based on hermeneutic phenomenology, which helped suspend opinion to arrive at a description of a phenomena (Kafle, 2011). Hermeneutics identifies that reduction (bracketing and epoche) is unattainable due to the unending interpretations of individual life experiences (Kafle,

2011). With hermeneutic phenomenology, I aimed to capture real world stories as experienced and told by the individuals.

Resilience

An additional portion to the conceptual framework is the positive personality trait of resilience. Resilience allows individuals to adapt despite adverse circumstances (Liu et al., 2014). Resilient individuals display internal locus of control, positive self-image, optimism, active coping, hardiness, and self-efficacy (Liu et al., 2014). Trait resilience has been relevant for individual life satisfaction and positive psychological adjustment, and it enhances quality of life and reduces depression and anxiety through positive views toward self, the world, and the future (Liu et al., 2014; Mak et al., 2011).

Key Variables and Concepts

Alcoholism

The term *addiction* can be broadly defined as a chronic brain disease that causes compulsive substance use despite harmful consequences (American Psychiatric Association, 2015). The CDC (2015) defined *binge alcohol use* as drinking five or more alcoholic beverages on one occasion for men and four or more alcoholic beverages on one occasion for women. Excessive or heavy drinking is defined as eight or more drinks per week for women and 15 or more drinks per week for men (CDC, 2015). The National Council on Alcoholism and Drug Dependence (2015) indicated that 17.6 million people suffer from alcohol abuse or dependence. Furthermore, it is suspected several million more suffer from binge or risky drinking, which can lead to dependence (National Council on Alcoholism and Drug Dependence, 2015). The National Council on

Alcoholism and Drug Dependence also reported approximately 88,000 deaths are annually reported as being attributed to excessive alcohol use.

On a global scale, the main risk factor for disability and death is alcohol misuse (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2015). Furthermore, over 200 diseases are associated with alcohol misuse (cirrhosis of the liver, cancers, alcohol dependence, including lesser known but equally debilitating hepatic encephalopathy; NIAAA, 2015). In 2013 the 71,713 liver disease deaths involved 46% alcohol related issues, and the differences between males and females were mildly stronger with males (48% of 46,240 cases involving alcohol for men, and 42% of the 25,433 cases involving alcohol related deaths specific to the liver; NIAAA, 2015). Additionally, in 2009, 1 in 3 liver transplants were related to an alcohol-related liver disease (NIAAA, 2015). Cancers of the mouth, esophagus, pharynx, larynx and breast are additionally at risk due to alcohol intake.

Treatment for alcoholism varies, though due to the nature of alcoholism and the behavior effects of the disease, fewer than 14.6% receive treatment for their alcohol problems (Crouch, DiClemente, & Pitts, 2015). Post treatment, approximately 65% to 90% report partaking in one or more drinks within the last 12 months (Crouch et al., 2015), and relapse during the first year abstaining from alcohol regardless of following an intervention program is common. Researchers have identified various relapse predictors including family history, social factors, physical health, psychiatric co-morbidity (depression, bi-polar disorder, anxiety, etc.), treatment acceptance and motivation, and demographic variables (Crouch et al., 2015). Though the physical and

psychological processes predicting indications of relapse remains unclear, the larger the adverse consequences of alcohol use, higher frequencies of losses, and the larger the indicators (loss of employment, withdrawal) suffered, the more likely the person will commit to change (Davis & Clifford, 2016). Additionally, Blume, Schmaling, and Marlatt (2006) reported a significant change in intrapersonal costs (change in personality, self-esteem) resulted in higher motivation to abstain from drinking. However, ambivalence is reported as positively associated with physical consequences and social responsibility costs (Blume et al., 2006; Davis & Clifford, 2016).

Alcoholism and Families

The NIAAA (2012) indicated more than 10% of children in the United States live with a parent or guardian with alcohol issues. Furthermore, the CDC (2014) asserted excessive alcohol intake increases aggression and as such increases the risk of assaulting another. Sexual assault is also prevalent among those who engage in excessive alcohol intake (CDC). The WHO (2014) has identified women as being vulnerable to alcohol-related harm and as such has denoted this fact as a major public health concern. In addition, the WHO has stated a family history of alcohol use disorder exponentially increases the risk of alcohol dependence. Specifically, Clark (2006) has asserted multiple genes influence alcohol use initiation, metabolism, and reinforcing properties in a variety of manners (WHO). The individuals who possess these genes are more susceptible to the noxious, psychoactive and addiction-forming qualities of alcohol (Clark).

Growing up within an unstable home can have significant effects on a persons' emotional results. Bijttebier, Goethals, and Ansoms (2006) and Amenta, Noël,

Verbanck, and Campanella (2013) have found emotional support atmospheres have a substantial effect within a child. Both Bijttebier et al. and Amenta et al. identified a dysfunctional family environment could cause child maladjustment concerns. Previously, researchers have also identified chronic alcoholics lacking in socio cognitive and communicative abilities (Bijttebier & Goethals, 2006; Hall & Webster 2007). Amenta et al. additionally noted the impairment of alcoholics' ability to recognize emotional states in others.

Most communication skills are deemed as lacking and ineffectual within the alcoholic family environment (Haverfield, Theiss, & Leustek, 2016). Leonard and Eiden (2007) suggested communication styles within an alcoholic family environment consist of aggressive behaviors and lead to intimate partner violence. However, Haverfield et al. identified additional communication styles that emerged. Communication styles or patterns were analyzed as having four predominant themes alongside of nine subcategories: a) aggressive communication (increased conflict and maligning); b) protective communication (superficiality, sober parent buffering); c) adaptive communication (functional); and d) inconsistent communication (struggles with power and control; Haverfield, et al.).

Aggressive communication has dominated research regarding the alcoholic family environment (Haverfield, et al., 2016; Leonard & Eiden, 2007; Mares, van der Vorst, Engels, & Lichtwarck-Aschoff, 2011). Keller, Cummings, Davies, and Mitchell (2008) identified higher levels of aggression and uncertain marital conflict that create destructive conflict processes within the home. Additionally, Edwards, Eiden, Colder, and Leonard

(2006) identified aggressive and oppositional behaviors are increased among alcoholic families compared to nonalcoholic families. Keller, et al. (2008) added *stonewalling* (emotional disconnection, withdrawal) as an additional aggressive type of communication that interferes with family cohesion.

Haverfield et al. (2016) noted protective communication to be most common within moderate or severe alcoholic parents rather than functioning alcoholics. Protective communication is described as using superficial and shallow language (Haverfield). This type of communication consists of little to no interaction between family members. Communicating between an alcoholic parent and the children tends to be *surface oriented* with no depth or connection (Haverfield).

Adaptive communication style was noted within families who successfully overcame adversities and achieved effective communication tactics (Haverfield, et al., 2016). These strategies were more likely reported within alcoholic environments that consisted of functional alcoholics (Haverfield). The functional alcoholic family dynamic is often reported as being *stable*.

Multiple researchers (Hall, 2008; Haverfield et al., 2016; Keller et al., 2008; Mares et al., 2011) stated inconsistent communication is widespread within alcoholic homes. Inconsistent communication can indicate a lack of emotional connection to either parent as well as the child being unable or unwilling to bond with the parent. With inconsistent communication, the child could be in a state of flux unable to determine right from wrong due to the minimally present or non-existent parental role model.

Survival Roles in Children of Alcoholics

Children within alcoholic families assume a role within the family unit (Scharff, Broida, Conway, & Yue, 2004; Vernig, 2011; Wampler, Downs, & Fischer, 2009). Vernig (2011) and Haverfield, et al. (2016) indicated the common roles for ACOAs are the hero, scapegoat, mascot, lost child, and enabler. However, Hall and Webster (2007) added to the typologies the peacemaker and the caregiver.

The hero is the child who takes on the responsibilities within the home. Samuel et al. (2014) additionally described the hero as the over-achiever and one who presumes doing so will lessen the parents' alcoholic needs. The hero tends to be the older child who then will take on the feelings of anger and violence as well as attempting to meet the family expectations (Saatcioglu, Erim, & Cakmak, 2006). Additionally, Saatcioglu et al. purported that the hero will evolve into the scapegoat.

The scapegoat is the insubordinate, unmanageable child. This child is implied to be the one who encourages dysfunction and is held responsible for all disjointed family activity (Samuel et al., 2014). Haverfield et al. (2016) noted the scapegoat as the troublemaker trying to distract others from the alcoholism within the family. Vernig (2011) asserted the scapegoat may try to fill the role of hero, but is unnoticed and dismissed.

The mascot attempts to alleviate the stress by inserting humor and becoming the family clown; psychologically the mascot child would remain immature and develop loneliness, progressing towards depression (Saatcioglu et al., 2006). Haverfield et al.

(2016) advised the mascot as the child who attempts to minimize family conflict by using humor even though they are distraught.

The lost child is the withdrawn child (Samuel et al., 2014). This child seeks isolation and attempts to be self-contained (Samuel et al, 2014). The lost child hopes to be unseen to avoid conflict and ridicule. Vernig (2011) advised this child is paid little attention and often develops their own world. Feelings of the lost child can be characterized as loneliness and sadness with few or no peer relationships (Vernig, 2011).

The enabler is the child who would assume or adopt the parental roles (Haverfield et al., 2016). This child would perpetuate the parental drinking thereby taking on the alcoholics' parental responsibilities (Haverfield et al., 2016). Vernig identifies this child as attempting to maintain the family's outward appearance thereby protecting the alcoholic. By partaking in these roles, children of alcoholics manage to form a type of disjointed cohesion within the family unit.

Adult Children of Alcoholics

Some researchers have contended that the interpersonal functioning of ACOAs is disproportionately lower to that of non-ACOAs due to the inconsistent parenting practices of alcoholic parents (Kearns-Bodkin & Leonard, 2008; Kelley, 2010). Due to inconsistencies with affection and rejection, ACOAs struggle with fears of abandonment and trust. These occurrences of problematic intimate relationships are consistent with theoretical approaches and empirical observations in regard to the development of attachment in relationships (Kearns-Bodkin & Leonard, 2008). Klostermann et al. (2011) noted ACOAs report a higher likelihood of depressive mood in addition to poor

coping strategies. Avoidant coping behaviors (drinking, smoking, etc.) have been reported as being utilized by ACOAs than non-ACOAs in response to life events (Klostermann et al.).

Researchers have intimated that having a non-alcoholic parental figure may shield a child from consequences of one parent's drinking (Hall, 2004; 2008; Werner, 1999). Hall noted the non-drinking parent may provide emotional support for day to day activities or significant life events while the alcoholic parent is unavailable. Hall studied the ages of 10 to 18 and identified significant life events as attending school plays, baptisms, funerals, and weddings. Hall's results indicated that even with a supportive parent, four types of environments arose: (a) continuation of unavailable emotional support, (b) tumultuous home, (c) little to no communication between parents, (d) constant emotional anguish.

To intervene in these conditions, Hall (2008) posited four strategies for ACOAs relationships with family and extended family. The core strategies are: (a) spending time with members of the family, (b) gather advice, support, and problem solving, (c) take risks, (d) join family in activities outside of the home (Hall, 2008). Researchers have additionally brought forth categories for developing familial support: a) availability of physical and emotional care, b) continuation of the contact within the child's life, c) becoming emotionally invested in the child (Hall, 2008; Howes, 1999). Hall's research indicated those who used these strategies displayed healthful psychological well-being. By utilizing these approaches, ACOAs could produce valuable productive relationships

with their family while building a strong emotional and social network of positive influences.

The Role of Resilience

The concept and study of resiliency was begun by Norm Garmezy in the 1970s (Garmezy, 1974; Rutter, 2012). Garmezy and Rutter identified the need for resilience to be studied within positive personality temperaments and stated resilience should be researched within an encouraging family situation including psychosocial support systems. Garmezy recommended resilience research be qualitative to identify the experiences of individuals, thereby developing better healthcare strategies for those experiencing stress and adversity.

The term resilience was operationalized numerous ways; however, two main concepts emerged: adversity and positive adaptation. Numerous researchers have agreed that for resilience to be demonstrated, adversity and positive adaptation must be present (Fletcher & Sarkar, 2015; Luthar, 2006; Rutter, 2012). However, adversity and positive adaptation must be operationalized to provide a logical justification for the terms use (Fletcher & Sarkar). Jackson, Firtko, and Edenborough (2007) defined adversity as any type of hardship or affliction linked with suffering, distress, struggles, or catastrophic experience. Positive adaptation is defined as behavior that manifests as confident and encouraging or successful at engaging in age appropriate tasks (Fletcher & Sarkar).

Resilience is derived from the Latin verb reilire, or “to leap back,” (Fletcher & Sarkar, 2015). The Oxford Dictionary of English defined resilience as the competence to recuperate quickly from complications; durability (Fletcher & Sarkar). Fletcher and

Sarkar defined the construct resilience as a trait, process, or outcome. Rutter (2012) explained resilience as reduced susceptibility to environmental threats, the defeating of a stress or hardship, or a reasonably decent result regardless of risk encounters. Furthermore, Rutter stated resilience is a shared perception where the existence of should be inferred via individual variations among those who have experienced traumatic stresses or hardships. For this study, Rutter's definition will be utilized.

Herrman et al. (2011) stated that resilience has multiple sources including personal, biological and environmental-systemic factors. Intellectual functioning within personality traits as well as mental flexibility, positivity, and emotional regulation contribute to personal sources of resilience (Herrman et al.). Herrman et al. stated genetic factors in resilience indicate a difficult environment can influence developing brain structure. Within environmental-systemic factors, secure attachment to the mother and father as well as community factors (i.e., schools, sports, and services) contribute to resiliency (Herrman et al.).

Resilience in health research as it pertains to traumatic events continues to fuel vague and imprecise meanings. Lee, Ahn, Jeong, Chae, and Choi (2014) noted the lack of research addressing the development of a model of resilience which would include both risk and protective factors. Smith, Tooley, Christopher, and Kay (2010) have indicated understanding the effects on health utilizing resilience has become increasingly difficult. Bonanno, Galea, Bucciarelli, and Vlahov (2006) additionally identified research to date has focused on the potentially traumatic event of the death of a spouse and the psychopathology that follows. Bonanno et al. noted a better understanding of

resilience functioning would assist health providers in preparation for or the aftermath of a traumatic event with psychological interventions.

The construct validity of resilience attracts both skeptics and supporters. Ungar, Lee, Callaghan, and Boothroyd (2005) asserted research investigating resilience pertaining to children thriving despite trauma and adversity continues to lack results. Multiple researchers asserted the lack of consensus in the literature as to the nature of resilience (i.e., is it a trait, an outcome, a process; Fletcher & Sarkar, 2015; Haverfield & Theiss, 2015; Herrman et al., 2011; Unger et al.). However, numerous researchers agreed that resilience can be identified as a type of cognitive belief that risks can be overcome; a type of problem-solving one can utilize to meet future challenges in a practical, confident manner (Hall & Webster, 2007; Scharff, Broida, Conway, & Yue, 2004; Vernig, 2011; Wampler, Downs, & Fischer, 2009). Hall and Webster additionally stated resilience needs to be further evaluated for there to be a better understanding of the learning factors that impact individuals as they move past maladaptive behaviors.

Summary and Conclusions

This literature review identified a multitude of salient themes pertaining to resilience within the adult children of alcoholics' population. Firstly, ACOAs continually succumb to negative behaviors due to prior events within their childhood. The ACOAs population struggle with relationship failures (mistrust, intimacy struggles) career difficulties (unable to advance, incapable of maintaining a position), mental health disturbances (low self-esteem/self-efficacy, hopelessness, powerlessness), and substance abuse. Second, ACOAs must endure the stigma of alcoholism within their family.

Haverfield and Theiss (2015) and Norman, Windell, Lynch and Manchanda (2011) have asserted that stigma or perceptions of stigma impact an individual's ability to cope with their surroundings, situation, or condition.

The literature that was available for review did not articulate how some ACOAs can adapt and overcome while others continue to struggle through life. The present study is designed to increase the knowledge regarding resilience within ACOAs and how resilience can be fostered in other adult children of alcoholics. Specifically, the study will delve into personal stories regarding successes and failures to capture the possible fluidity of resilience.

In Chapter 3, I discuss the rationale and methodological design for the current study. The population to be studied will be identified and explored along with sampling procedures, recruitment strategies, participation, and data collection. Additionally, a discussion of threats to potential external, internal, and construct validity of resilience will be examined. The chapter will conclude with ethical considerations and measurements taken to avoid any violations and maintain anonymity for the participants. I will also identify my potential biases as part of the population being researched and the steps I will take to avoid distorting or obstructing the research and possible outcomes.

Chapter 3: Research Method

Introduction

The purpose of this hermeneutic phenomenological study was to identify resilience in ACOAs. The literature indicated that ACOAs can experience resilience but are at risk for developing a variety of struggles (e.g., drug and alcohol abuse, relationship difficulties, and mental health problems; Burnett, Jones, Bliwise, & Ross, 2006; Corte & Becherer, 2007; Hall & Webster, 2007). My study will add to the body of ACOA literature by including resilience as a positive health promotive factor.

Using resilience as a social construct was best accomplished with qualitative research methods, so hermeneutic phenomenological data analysis was used in this study. Phenomenology is research focused on lived experience, (Peterson, 2016), and hermeneutics is defining the purpose and significance of the experience (Barlow, 2013). I interpreted the voices of the understudied population of ACOAs and their shared lived experiences with resilience. Chapter 3 is an explanation of the study's research design and rationale, the researcher's role, research questions, study context, recruitment strategy, and data collection/analysis techniques.

Research Design and Rationale

Design Rationale

Qualitative methodology includes five research strategies: ethnography, grounded theory, case studies, narrative research, and phenomenology. Each strategy is used to gain knowledge in different approaches. Phenomenology uses multiple subcategories to explain the life experiences of research participants. I used a qualitative hermeneutic

phenomenological approach to conduct this research study due to the ability to examine the in-depth stories of each ACOA.

Using ethnography as a research method requires understanding the symbolic world of the people studied, as the researcher studies a group in a naturalistic setting, observing day-to-day lives of the research subjects along with their interactions (Gibbs, 2012). The researcher engages in extensive fieldwork while gathering interviews, observations, symbols, artifacts, and a multitude of other types of data. Ethnography was excluded as a choice from this study due to the diverse nature of the methodology.

Grounded theory can be used when the focus is on creating theoretical ideas from the data and can be a derivative from the phenomena to assure the data is grounded (Gibbs, 2012). Grounded theory consists of multiple challenges for the researcher due to being unable to determine saturation or if the theory is adequately formed. This research strategy was not appropriate for my study because the HBM fit the framework and no new theory needed to be created or elaborated.

A case study is the study of a case within a real-life context and may include specific behavioral events (Yin, 2013). Case studies may include one individual case or multiple cases, such as a group, society, or relationship. The requirements of a case study include acquiring an exhaustive grasp of the case. Data collection for case studies involves observations, interviews, documents, or audiovisual materials; however, data analysis will vary depending on who or what is being studied. Analyzing of case studies displays the creating of patterns, justifications, or lessons learned (Yin, 2013). A case

study strategy was unnecessary for my study, as the population of ACOAs is too large to combine and create an assertion for finality.

Finally, narrative research is an investigation of how stories are constructed along with who constructs them (Andrews, Squire, & Tamboukou, 2013). Narrative research does not specify approaches for data collection or what epistemological or ontological significance to apply. Narrative research delves into identities of those studied and how the individual may view him or herself, which can be formed into chronological order by the researcher. Narrative research allows the researcher to identify the processes in which the stories are dispersed (Andrews et al., 2013). Narrative research could have been used for my research; however, the specificities of places and situations are not applicable to resilience within ACOAs.

I chose hermeneutic phenomenology due to the flexibility of the strategy and the ability to research lived experiences of the ACOA population. By using the hermeneutic method of phenomenology, I was able to interpret the essences and lived experiences through open-ended questions, which allowed for a rich and pragmatic view of the livelihoods experienced by ACOAs.

Research Questions

The study was designed around one research question and one subquestion:

Research Question 1: What influence did the moderating variables of (a) perceived self-efficacy, (b) perceived severity, (c) perceived benefits, (d) perceived barriers, and (e) cues to action have on the effect of exposure to an adverse childhood environment on adult children of alcoholics in this study who subjectively self-reported

that they were coping positively with their childhood trauma/experiences?

Subquestion 1: What are the perspectives of an adult child of an alcoholic on the impact of resilience?

Role of the Researcher

In a phenomenological investigation of the ACOA population, it is important to note the researcher's role and the unique challenges brought by studying this group. This qualitative methodology allowed me to study and then describe the lived experiences from the individual participant. Additionally, my prior knowledge of ACOAs (including being a member of this population) allowed for a deeper understanding and connection with each participant. My personal knowledge provides a more intimate comprehension of the individuals experience and allows for additional awareness of the population. By acknowledging my connection with the study population, the interpretations by the ACOAs can be better understood and recognized as understudied.

Having grown up in a home with an alcoholic father, I have background knowledge and experience with the current subject matter. As a PhD student, I consider myself among those who are resilient despite adversity. My personal insight may pose some risks (Turner, 2009) and significantly challenge the authenticity of reliability among those I am interviewing. However, I maintained a balance between psychotherapy and phenomenological events and withheld personal bias (DiNuovo, 2009). Acknowledging this allowed for the research participants to freely divulge their story and allow for the shared lived experiences (essence of the phenomena) to surface. I

also documented personal bias and was aware of emotional responses such as of surprise or disagreement during data collection.

Qualitative Research Methodology

Hermeneutic Phenomenology

By using hermeneutic phenomenology, the positive contextual, social, and individual variables were gleaned from each subject. These resilience promoting factors that emphasize positive adaptation were analyzed for commonalities and other distinct qualities. Exploring this phenomenon can increase knowledge of resilience in the ACOA population as well as encourage ACOAs to identify positive adaptation within themselves.

With hermeneutic phenomenology, I captured real-world stories as experienced and told by participants. Hermeneutics has two key questions at its core: (a) What is the experience like?, and (b) What is the nature, essence, or meaning of this experience? (Smith et al., 2010). Using hermeneutics allowed me to interpret participants' experiences, as hermeneutic phenomenology is focused on the subjective experiences of individuals or groups (Finlay, 2012). Additionally, the hermeneutic phenomenological approach allowed for the epistemological belief that studying what is known and unknown is best achieved through the lived experiences of human beings (Berg & Hotikasalo, 2000).

Population and Sample

The CDC (2016) and the WHO (2015) estimate the population of ACOAs to be over 28 million Americans. Therefore, gaining access to the population and acquiring a

viable sample size was feasible. A variety of contact methods were used to acquire the study participants through purposeful sampling and snowball techniques. Facebook was used to announce the study and ask for voluntary participants. Known acquaintances with knowledge of the research who identify themselves as ACOAs would be contacted for a snowball technique to identify potential interview participants. My Walden University e-mail was a point of contact for confirmation and additional information issued if requested. The criteria for the inclusion in the study was:

1. Over the age of 18 years old
2. Grew up with a parent(s) or guardian who abused alcohol
3. Obtains a score of a minimum of 3.8 on the Brief Resilience Scale

To explore this phenomena, semistructured face-to-face interviews were performed with ACOAs who scored a 3.8 on the Brief Resilience Scale. The Brief Resilience Scale is a free scale to use that has been validated and has good internal consistency as well as test-retest reliability (Smith et al., 2011; Smith, Epstein, Oritz, Christopher, & Tooley, 2013; Windle, Bennett, & Noyes, 2011)).

Data Collection

With IRB approval (approval no. 03-22-18-0234548), win the initial e-mail invite, subjects were asked if they would be willing to participate in the research. The e-mail included information to help them determine whether they would be included in the population being studied (i.e., parent(s) or guardians who abused alcohol during respondents' childhood). A 1-week deadline for confirmation of participation was attached along with the Brief Resilience Scale and a consent form.

This study is voluntary and confidential. The introduction e-mail advised that prospective participants who met the research criteria would be contacted as soon as selection had been made. The initial e-mail invitation specified the nature of the study and a request for how the prospective participants would like to be contacted as well as their requested available times and dates.

For this study, semi tructured, face-to-face interviews were conducted with a prepared set of questions. Interviewees were encouraged to speak freely regarding their experiences and offer additional stories. Questions were open-ended with clarifying questions for follow-up. The interviews were held in an agreed upon selected location for privacy and confidentiality. If an in-person interview was unobtainable, interviews could be done via Skype or telephone with each having the ability to be recorded with the interviewees consent obtained beforehand.

For phenomenological qualitative research, there should be a minimum of five and possibly up to 25 subjects to account for saturation (Morse, 2006). My target sample size included eight subjects. The heterogeneity of ACOAs, as well as population size, allowed for a purposeful sampling technique. Snowball sampling helped garner individuals with additional stories and life experiences and thus gathering information-rich cases.

I explored the experiences of ACOAs and their connection to resilience despite being raised in an adverse childhood environment. ACOAs grow up being genetically and environmentally predisposed to negative outcomes (addiction, abuse, etc.). Understanding and exploring the lives of those who have not succumbed to the derelict

situations that their parents had is pertinent to appreciating the concept of resilience. I conducted this study to further the knowledge of how these environments have impacted ACOAs, which promotes social change.

Data Analysis

A phenomenological analysis based on the hermeneutic philosophies of Heidegger (1923) and Gadamer (1960/1990; 1986/1993; 2000) was conducted and the data collected from the interviews. Philosophically, the intentionality of this research was to analyze the conscious lived experiences of ACOAs who have exhibited resilience. The process began with reduction or bracketing out any previously held beliefs, biases, judgements, and knowledge to maintain objectivity and receive accurate information. When the interviews were complete and transcribed, the transcripts were entered into NVivo to extrapolate themes and assist with data coding and analysis.

Validity

Multiple validity check procedures that need to be included in qualitative research (Leung, 2015). Triangulation, peer review or debriefing, and clarifying research bias each provide enough of a perspective to gain further knowledge and validate the procedures attempted in this study. Triangulation is a method to support facts or information from additional informants, as it supports locating evidence to discover and document a code or theme that will then provide validity (Leung, 2015). Peer review or debriefing allows an outside source to ensure the study maintains honesty. The peer reviewer asking the researcher questions that may challenge the researchers preconceived

notions. Clarifying researcher bias helped explain my past experiences, biases, and possible prejudices, that may change the direction of the current study (see Leung, 2015).

Kafle (via van Manen, 1997; 2013) identified orientation, strength, richness and depth as crucial aspects of hermeneutic phenomenological research. Kafle noted orientation as researcher connection to the world of the research participants and their lives. Strength signifies the ability of the text to identify and understand the integral meanings as relayed by the participants within their stories (Kafle via van Manen). Richness allows for aesthetic narration as revealed by the participants (Kafle via van Manen). Depth identifies the capability of the text to decipher and relay the intent of the participant (Kafle via van Manen). Additionally, Kafle notes analytical rigor, persuasive account, and participant feedback as quality indicators within hermeneutic phenomenological research. Kafle stated analytical rigor is the approach displayed by the researcher to acknowledge all cases that either prove or disprove the study. Persuasive account determines whether the text influences the reader to examine their own experiences (Kafle). Participant feedback is included for quality prior to being passed on to a larger audience to accurately illustrate the research participants stories (Kafle).

Transferability

Houghton, Casey, Shaw, and Murphy (2012) opined thick description as allowing the reader to decide on the transferability due to the details obtained by a researcher. The researcher acquires specific elements in regards to the research participants and the setting (Tracy, 2010). Utilizing thick description, I will describe intricate aspects

pertaining to individuals' stories. By applying thick description, themes will arise through elaborate, and rich details.

Prolonged Engagement

In order to build trust with participants in the study, prolonged engagement and persistent observation are required (Onwuegbuzie & Leech, 2007). Within the field, researchers should consider the beliefs and identify falsification that could come about from the researcher or the research participants (Onwuegbuzie & Leech). I have been around substance abusers most of my adult life and I have been able to gain trust among local alcoholics' anonymous groups. I am able to engage in conversations within settings the ACOA population is amenable to.

Dependability

To achieve dependability within this qualitative research, triangulation and an audit trail are in place. The audit trail within this research will consist of an organized account of all documentation, procedures, data, and analysis tools for replication purposes. Qazi (2011) stated that an audit trail, triangulation, and discussion with peer researchers can be utilized for dependability purposes.

Confirmability

I will be using reflexivity as a strategy to establish confirmability. Berger (2013) stated reflexivity is achieved when the researcher is mindful of biases and experiences that they may convey within the study. Within this research, I have identified that I am part of the adult children of alcoholic's population who additionally identifies as having

resilience. My father is a recovering alcoholic; however, he was a functional alcoholic throughout most of his life and mine.

Ethical Issues

Kirk (2006) stated ethical issues may arise within any qualitative research. Previously within this chapter I identified that confidentiality and anonymity would be utilized as well as informed consent procedures. I will be assigning numbers instead of names and that any geographical or personal information would be unidentifiable. An additional ethical issue that may arise is sharing of previous experience or personal history from the researcher to the participant.

A draft will be sent to each interviewee to confirm the accuracy or ask for additional clarification. The participants will also be allowed to share additional information if they choose. A request for a return within 1 week so a final transcription can be included within the study.

The recordings and any information obtained from the research participants will be kept in a secure place on my home server that is encrypted via firewall and double encryption. Any identifiable information will be removed from the transcripts. Each participant will only be identified as a number within the study to avoid any violation of privacy. All recordings and transcriptions along with all files related to the research participants will be destroyed after five years after the start of the dissertation.

Chapter Summary

Chapter 3 was an explanation of the research design, rationale, my role as the researcher, the methodology, and ethical considerations. I included items necessary to

replicate or duplicate the study should any researchers have the need. The chapter also included the qualitative nature along with the chosen hermeneutic phenomenological design and the reasoning behind this choice of research. The data collected along with validity and credibility are thoroughly discussed in addition to the use of reflexivity and audit trails.

Chapter 4 will delve into the population of ACOAs history and personal stories along with participant demographics. Data collection will begin and will identify any variations or unusual circumstances that may be encountered during data collection. Data analysis will be performed identifying codes or themes that may arise from the interviews performed. Finally, evidence of trustworthiness will be addressed that will be similar to those used within Chapter 3.

Chapter 4: Results

Introduction

The purpose of this study was to examine the lived experiences of ACOAs who have succeeded despite their upbringing. One research question along with one subquestion was used to guide the study:

Research Question 1: What influence did the moderating variables of (a) perceived self-efficacy, (b) perceived severity, (c) perceived benefits, (d) perceived barriers, and (e) cues to action have on the effect of exposure to an adverse childhood environment on adult children of alcoholics in this study who subjectively self-reported that they were coping positively with their childhood trauma/experiences?

Subquestion 1: What are the perspectives of an adult child of an alcoholic on the impact of resilience?

This chapter will include the demographics of the participants and a summary of the data collection procedures.

Setting

Participants of the study determined the date and time the interview would take place to ensure ample time to discuss their lived experiences and perspectives without feeling rushed. Interviews that occurred over the phone were performed in my home office when I was alone. Interviews that occurred in person were done in accordance to the participant's preferences in a location selected by the participant to have privacy and security. The results of this study were not affected by any personal or organizational conditions at the time of the interviews.

Demographics

Participants consisted of 12 ACOA women who grew up with one or both parents who would be classified as an alcoholic. All participants of this study were at least 18 years old and met the following inclusion criteria:

1. One or both parents had a daily drinking problem.
2. Scored at least a 3.8 on the Brief Resilience Scale.

Participants' ages ranged from 24 to 57 years with a mean age of 44 years. Participants had between zero and three siblings. Participant 1 was adopted under the age of 3 years old and is the only nonbiological child in the study.

Data Collection

Interview data were collected from 12 participants. Face-to-face, semistructured interviews were conducted with four participants who chose to interview in their privately-owned home for their privacy and security. Phone call interviews were performed with eight participants in my private home office. All interviews were audio-recorded with the participants' consent using a digital recording device. The average interview duration was approximately 45 minutes. There were no deviations from the plan presented in Chapter 3, and no unusual circumstances were encountered during data collection.

Participants

Participant 1. Participant 1 stated that her parents adopted her and her siblings soon after each was born. She was the middle child with one younger brother and one older brother. The family also fostered a child for a very short time when Participant 1

was between the ages of 5 and 6. Participant 1 stated that her mother is an alcoholic bi-polar schizophrenic who has been drinking as long as she can remember. Her parents fought verbally and physically and by the age of 9, her mother placed a restraining order against her father. She asserted that she took on the mom role at this stage, and her mother began asking her to make alcoholic beverages. Participant 1 stated that she and her siblings were in their mother's care the majority of their childhood.

Participant 1 had vivid memories of neglect and helplessness that, in turn, have developed into anger and resentment. Her recollections of neglect encompass the small adoption community that allowed her and her siblings to be adopted into a home with an alcoholic who also suffers from a mental illness diagnosis. She stated that the small adoption community included an attorney and one judge who attended the church her parents favored. The judge and attorney were responsible for signing her adoption paperwork. Participant 1 blamed the attorney and judge for neglecting her and her siblings' needs by not investigating her mother and father. She felt neglected by "the system" and helpless to alter the situation. Participant 1 stated that her anger and resentment are toward the adults she reached out to for help. The adults she attempted to contact when she was a teenager were unsympathetic or incredulous towards her stories. She asserted that the adults maintained that they were unaware her mother was an alcoholic suffering from a mental illness. Participant 1 acknowledged that she continues to harbor anger and resentment towards several of those adults who refused to take action.

As an adult, Participant 1 chose therapy and eventually volunteering as two outlets to mend the trauma she endured. She stated that therapy is helping her with boundaries and the volunteering is helping her build a strong social support network. Additionally, the therapy has allowed her to test the waters of intimate relationships. She admitted that she struggles with vocalizing her past with her partner, and it has caused communication problems. Volunteering has offered her opportunities for friendships and giving back to the community.

Connections with Participant 1's family are nearly nonexistent. Her father passed away in 2017, her mother lives about two hours away and continues to abuse alcohol, and she stated that her older brother has been convicted of child molestation and she is unaware of his location. She and her younger brother have occasional contact, but he continues to harbor anger.

Participant 2. Participant 2 stated that she grew up in the country with her parents and one younger brother. Her mother suffered a miscarriage a few years after she was born. Seven years passed, and her younger brother arrived. She asserted that she took on the caretaker role for her brother due to both parents working full-time. Eventually, due to circumstances, she gained full custody of her younger brother receiving child support from her parents.

Participant 2 surmised that she did not realize there was a daily drinking problem until she was in her early teenage years. She knew both parents "partied," drank, and had multiple friends coming and going. Around the age of 13, she discovered her parents and

their friends were involved with a swingers lifestyle that she speculated was fueled by alcohol.

She acknowledged that there was neglect and helplessness she felt; however, therapy has allowed her to take an introspective look into her life. Participant 2 stated that therapy has developed her communication skills and in doing so has revived her second yet recent marriage. She maintained that therapy has increased her abilities to cope during stressful situations and continues therapy as of the date of the interview.

Participant 2 does not have any communication with her parents. She reaches out to her brother, who is now married with a child, and they have an evolving yet amicable relationship. She and her brother struggled with building an adult sibling relationship due to the roles each had taken on in their childhoods and beyond. They have attempted to work through denial and bitterness towards their parents with open and honest communication.

Participant 2 stated that she is happily married to her second husband with two children from her previous marriage. She has a daughter (15) who lives with her full time, and a son (18) who has recently graduated high school. Participant 2 stated that her children have inquired about their grandparents. She expressed concern for their well-being, asserting her parents are "bad people." Participant 2 enjoys listening to podcasts, writing, walking, hiking, or biking as her coping mechanisms. Listening to podcasts allows her to learn from or relate to others' stories. Writing comforts and expresses her feelings freely and openly without judgment. She stated that exercise has been her anti-depressant and has allowed her to meet new people and enhance her communication

skills. Participant 2 conceded that she continuously struggles with using her coping skills on a regular basis.

Participant 3. Participant 3 spent her childhood in a small town not exceeding 600 people. She stated that she grew up with one older brother, one younger brother, and her biological mother and father. She attended the local schools until eventually graduating and deciding to leave the area.

Participant 3 remembered discovering, at around the age of 10, that her father's daily drinking was not common. The occasion of her 10th birthday was her first memory of being embarrassed by her father. She recalls her father being inebriated and frightening her friends. This was the first of multiple occurrences of her father creating an embarrassing situation. During her teenage years, Participant 3 stated that she began to defend her father, adding that she knew her father was a "drunk," but she engaged in physical confrontations if anyone were to state the obvious. Participant 3 witnessed her brothers engaging in similar battles; however, she maintained that their confrontations were initiated by copious amounts of alcohol.

Participant 3 acknowledged that she felt helpless and neglected as a child. She stated that her father would take her brothers when he decided to go hunting and fishing. However, the brothers would also succumb to her father's rage in the form of physical abuse. She did not recall any physical abuse by her father toward herself, though she conceded that her father would not hug her or tell her he loved her until she was 24 years old.

Today, Participant 3 is happily married with her husband of 7 years. They share their home with her 15-year-old daughter. Her daughter is from a prior relationship; however, she maintains sole custody. Participant 3 continues to stay in contact with both parents, who have since divorced.

Participant 4. Participant 4 stated that she grew up rather isolated in a small farming community. She has one older brother who she describes as "kind of grumpy, not affectionate, a little bit sour, but we're super close." Participant 4 stated that her parents had a tumultuous relationship for as far back as she can remember. As her father was the alcoholic in the family, her mother would "kick Dad out of the house, then he'd come back." However, in the end, Participant 4 stated that her parents always loved each other. She stated that her mother was at her father's bedside as he passed away due to "cirrhosis of the liver, septic shock, and gangrene."

Participant 4 stated that she did not notice the heavy drinking until she was approximately 8 years old surmising, "about the time things began spiraling out of control." She began to see her father in a terrifying light during his episodes of alcohol fueled rage. Participant 4 shared that her father had a calm demeanor while not inebriated. Eventually, her mother began to show signs of depression and instability ensued. She elaborated by stating her parents began to fight, both verbally and physically. When the police were eventually called, her parents were put in jail for 7 days. Those 7 days she and her brother had to fend for themselves.

As time went on, Participant 4 stated that her father's alcoholism escalated to the point that he could no longer work. She concluded that he was physically and mentally

unable to resist alcohol. Participant 4 shared that her father was an uneducated, undocumented immigrant worker from Chili and he assumed he would not succumb to cirrhosis because he "didn't drink the hard stuff," as he consumed only beer. She conceded that both she and her mother thought her father would eventually get sober and healthy. At the age of 54 her father passed away in a Chilean hospital with Participant 4's mother by his side.

Participant 4 shared that her mother is "doing better than she has in decades" and that "new medication and some support group meetings as well as volunteering and art classes" are supporting her mental and physical health. Participant 4 stated that she, her mother, and her brother are extremely close. She says, "We speak almost daily, take vacations together, and maintain a happy, communicative relationship." Participant 4 concluded by stating she and her brother are "very stable, well-adjusted people."

Participant 5. Participant 5 grew up in an isolated farming community consisting of less than 500 people. She is the middle child of three (a younger brother and an older sister). Her brother was killed by a drunk driver as he stood in front of a bar waiting to drive a friend home. Two to 3 years later, her father committed suicide.

Participant 5 stated that her parents "used to have a great relationship" until her father's drinking increased from one or two cans to one or two cases per day. Her father suffered from post-polio pain as well as severe depression. Participant 5 stated that her father did what he could to provide for the family and she felt this was most important to him. Her father did not physically abuse her, but she stated he "has a definite temper." Participant 5 acknowledged that she and her father were very close, and she would

consider herself the favorite. Toward the end of his life, Participant 5 feels he was self-medicating with the alcohol due to pain and depression over the loss of her younger brother. She states she and her mother were not as close as she and her father. Participant 5 asserts her mother was brought up in a home where peaceful or comforting conversations did not happen between parents and children. Additionally, she felt her mother was not as affectionate as her father was towards her and her siblings.

Today Participant 5 is in a, "loving, happy marriage," with her husband. She states they have no children by choice and have "adopted" many friends' children as nieces and nephews. Her sister has an autistic son who Participant 5 maintains a healthy relationship. Participant 5 maintains contact with her mother and her sister and continue to develop their relationships with one another.

Participant 6. Participant 6 grew up in a small farming community. She states her father left their home when she was 7 years old. When she was 9 years old, her father was sent to federal prison for, "paper terrorism." Her mother divorced her father and eventually married a man who would become the alcoholic parental figure in her life. Her siblings consist of an older brother, a younger brother, and a stepsister.

Participant 6 states her step-father was abusive towards her brothers, but she and her step-sister were unharmed. She states her stepfather was unemotional towards and did not display or engage in emotional bonding. Participant 6 feels she has, "never trusted him." When he would drink alcohol, he became emotionally and physically abusive towards her brothers. She states she was, "terrified of the screams," from her

brothers being physically abused and she felt helpless. Participant 6 wanted her mother to intervene. However, she states her mother was either unable or afraid to intervene.

Participant 6 continues to live in a small community where she states she is, "thriving despite the odds." She now considers herself in a type of matriarchal role within her family. She feels she is, "the fixer, the glue, I hold us all together." Participant 6 feels it is unnatural to have boundaries and therefore she immerses herself in her families' lives. She currently works as a software developer and loves her job. She is currently in a happy, healthy relationship with her boyfriend. Participant 6 states she rarely feels the need to self-care as there is nothing to, "escape," and she feels good about coming home every night.

Participant 7. Participant 7 grew up in a small community as an only child who was closer to her grandparents than her mother and father. When her grandparents passed away in 2017, a void was created that she fears will never be filled. She states she has a decent relationship with father as he attempted to shield her from her mother's drinking. Participant 7 and her mother continue to have a tumultuous relationship.

Participant 7 remembers the first time she knew something was "wrong" with her mother was when she was 5 years old. She remembers it was very late and she was unable to locate her mother and she could not call her father due to him driving home from work (prior to cell phone service). Eventually they found her mother passed out behind a guest bed too inebriated to hear her child's cries. Participant 7 recalls how terrified she felt because she thought her mother had left. This story continues to upset her to this day.

Participant 7 recalls that her mother "cleaned up her act a bit" while she was in middle school and high school. She remembers during this period her mother being emotionally unavailable, selfish, and miserable. What she also remembers, during this era, was that her mother stated she loves her very much. However, Participant 7 sees this love as "desperate, self-serving, and needy" as though she is only able to provide love in a small, limited capacity. She states these emotionally traumatic time-frames during her formative years have left her struggling for maturity.

Today, Participant 7 maintains a mostly stable relationship with her partner of 17 years. They met when they were 14 years old and she states they "make a great team." She states her partner is "broken like me," in that he issues with his father, infidelity, and a "myriad of other problems." Participant 7 states they argue like most couples would, however, they are currently traveling the world together and try not to complain too much.

Participant 8. Participant 8's parents continued to stay married up until her mother's death at 48 years of age. Participant 8 grew up with a younger brother who she believes to be the "favorite" child due to milder punishments. Participant 8 recalls her mother as being a Catholic schoolteacher who drank scotch from a coffee cup. She believes she first recognized her mother's problem when she was in either sixth or seventh grade. Participant 8 was confused when other children would say "mean, awful things," about her mother. She remembers playing games with her younger brother in attempts to try to wake her. They would yell "FIRE" and begin to run; she would not rouse or stir. Participant 8 recalls during her high school years, she caught her mother

being physically intimate with her classmate. She states her father was aware and did not want to speak about the alcoholism or the adultery.

Today, Participant 8 is retiring from a career of teaching disabled children. She has four children, however, her oldest son recently passed unexpectedly. Participant 8 believes she brought her children up to be loving adults and does not believe they carry any of their grandmothers' tendencies. She states her children have kept her going and do not allow her to give up or give in to any negative thoughts.

Participant 9 Participant 9 requested her childhood home location not be divulged for this study. However, she states she grew up within a chaotic household where both of her parents drank heavily. She grew up with two sisters and they supported one another during the times their mother and father were absent. Both her mother and father have passed within the last 4 years. She states her father stopped drinking in 2007 and they grew closer. Her mother continued to drink until the day she died.

Participant 9 states her father was harsh while he was inebriated. Her mother the silent one, though she would actively engage in arguments with her father. She admits her father was aggressive while he was inebriated, but did not physically harm his daughters. Participant 9 states her father would punch holes in the walls or damage property. She relays her father has had multiple run-ins with law enforcement.

Her mother stayed with the daughters during their early years, but by the ages of 8 or 9 she began to leave them home alone. Participant 9 states her mother had a babysitter on call who the daughters began to rely on to "save us." The babysitter was also helpful

when their mother had passed out from having too much to drink. Other than from the babysitter, Participant 9 states their mother had shown minimal signs of affection or support for the sisters.

Today Participant 9 is in graduate school and is working on her Masters degree. She goes on to say her life is currently busy and therefore hobbies are nonexistent. Participant 9 notes she has struggles and admits the struggles are most likely due to her childhood of absent parents. Even though her childhood was peppered with chaos and minimal affection, she laments she would not be where she is today without her upbringing.

Participant 10 Participant 10 chose not to divulge her place of upbringing due to the size of the small community. She states her parents were married for 51 years and each had their vices. For her father it was food; for her mother, alcohol. Participant 10 states she has two older sisters who are 9 and 10 years older than her, respectively.

Participant 10 states her home was in a constant state of clutter that was ignored by both her mother and father. Neither parent would allow her friends to visit due to the messy environment. She states she was terrified of making friends because she was unable to invite them to her home. Participant 10 states few friends understood and the embarrassment was palpable. Participant 10 acknowledges the lack of having friends visit her home has made her feel resentful and, at the time, helpless.

Participant 10 remembers when her parents had joined the *Wine of the Month Club*. She recalls it was at this time when her father began to indulge in alcohol with her mother. Each parent was becoming more frail and unable to help Participant 10 with

seemingly mundane household activities. Towards the end of her father's life, she recalls cleaning out the home and finding empty wine bottles from "the club" strewn about the home.

Today Participant 10 enjoys a close relationship with her sisters along with their husbands and children. Participant 10 chose not to have children due to the fear of not wanting to pass along the genetics from her parents. She states she does not have a religion, although does consider herself a Christian and prays often as a form of meditation. Additionally, Participant 10 enjoys socializing, a variety of arts and music, and considers herself well adjusted and upbeat. She admits she struggles with some anxiety, but states she copes by having a large social support network of friends and family.

Participant 11. Participant 11 chose not to disclose the location where she grew up. She states her childhood was spent mostly with one younger sister and her mother. Her parents had divorced when she was five years old, but she remembers a close relationship with her dad.

Participant 11 states her father would have extreme bouts of violence and anger. She states her father would become angry and choke her sister. She remembers the manipulation and chaos that went along with the anger. He would call Participant 11 and state he was unable to eat and needed to borrow money. Her mother would then clarify stating he has funds available, but would rather spend them elsewhere.

Participant 11 has suffered with depression and anxiety and assumes these issues are related to her childhood. She states her sister also suffered emotionally and began to

self-harm. She and her sister were admitted into counseling as teenagers to help cope. Participant 11 states she no longer participates in therapy and credits her husband and son for their emotional support.

Data Analysis

First, all participants were asked the same semi-structured interview questions that were provided to the IRB for approval and inclusion within the study (Appendix A). Additional questions were asked if the answer was unclear or initiated further investigation. Based on the responses from participants, the frequentative flow of the data influenced additional questions with future participants.

Once the interview with each participant was completed and recorded, transcription of the audio was performed. Each recorded conversation was transcribed into its' own document and labeled by participant number. When the transcriptions were completed, they were uploaded into nVivo where coding and thematic analysis began.

I listened to the audio recordings a second and third time in order to gain a sense of the whole interview as well as capture missed nuances of each participant. I took notes listening to the recording attempting to identify units of meaning. I highlighted phrases or verbiage that conveyed important statements, assertions of meaning, textural description of the phenomena, and structural descriptions of the phenomena from the participant experiences and developed codes through this process.

The web-based online presentation tool, Google Slides, was used as a graphical means for organization of my data. Google Slides is similar to PowerPoint in that it offers various ways of adding content in an organizational and appealing format. I used

Google Slides to input the major themes that were created through the interviews and allowed me to grasp additional meaningful content. Google Slides allows the user to zoom into a piece of data or zoom out for a larger, more encompassing view. Additionally, Google Slides was optimal for this qualitative research as the hermeneutic circle allowed me to see the entirety of the codes and the comments that fit beneath them and supported the greater picture.

Google Slides allowed me to insert the major themes that were gleaned from the use of nVivo software. To explore the major themes further, I organized the themes into three that emerged through coding: resilience, perseverance, and positivity. I positioned participants' quotes within the cloud shapes to support the theme that most matched the commonality or essence of the quote. Figure 1 displays my ideation of the major themes supported by phrases used by the participants. Figure 2 displays a WordCloud of the combined transcripts verbiage based on highest usage. Commonly used words were filtered out for clarity purposes.

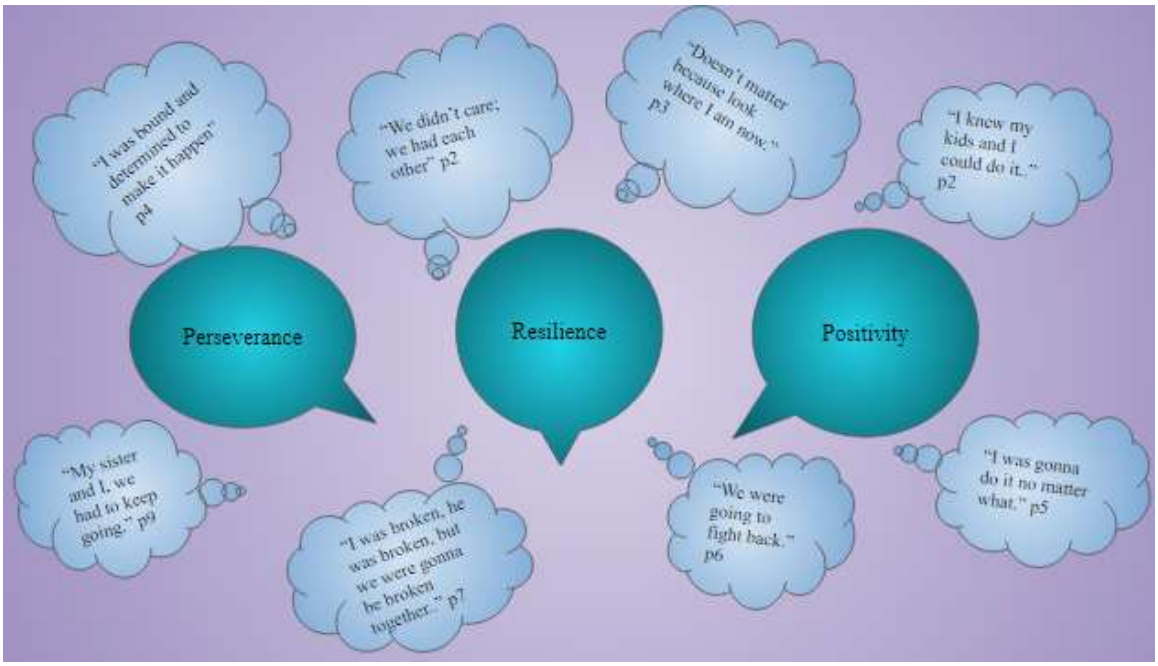

Figure 1. Major themes with attached quotes from participants.

Figure 2. This image displays the WordCloud based on word usage by all participants combined.

Coding within nVivo software is a process of reading and re-reading participant interviews, highlighting verbiage, and connecting it to a code or theme.

Evidence of Trustworthiness

Credibility

Credibility involves the internal validity of a qualitative study (Thomas & Magilvy, 2011). Leung (2015) identified multiple validity check procedures that need to be included within qualitative research. I used triangulation of data sources, peer review, clarifying researcher bias, and audit trails to establish validity in this study. Denzin via Flick (2002) identified four different types of triangulation: data triangulation (transcriptions, images, articles, or websites), investigator triangulation (using several people during the gathering and analyzing process), theory triangulation (viewing the data with multiple theories or lens), and methodological triangulation (subtypes – within-method and between method, gathering data with more than one method). For this study I used data triangulation with participant interview transcripts, images, articles, books, and websites. Additionally, I noted my researcher bias and put member checks into place. My co-participants reviewed the transcripts to confirm the transcript was accurate. I began data analysis once these procedures had taken place.

Transferability

To determine how well the findings in this qualitative study can be repeated with similar participants and situations, transferability is utilized. Within this study, I provided rich, thick descriptions and used purposeful sampling for transferability. Creswell (2013) identifies rich, thick descriptions enable another researcher to replicate the study with similar scenarios. Using these methods, the research procedures and data

analysis process were expressively detailed. Purposeful sampling enabled key informants to be used as a method of providing in-depth analysis.

Dependability

Dependability is the extent in which the same results could be created if the study were to be replicated by other researchers via the same methods and procedures (Miles & Huberman, 1994). To determine dependability, I presented rich, thick descriptions and identified my researcher bias, in addition to providing limitations and delimitations of the study. Furthermore, triangulation and audit trails were in place.

Confirmability

Qualitative researchers use confirmability to establish trustworthiness (Miles & Huberman, 1994). Lincoln and Guba (1985) identifies confirmability as the results of participants stating their ideas and experiences, rather than the characteristics of the researcher. Confirmability was used in this study by creating an audit trail throughout the data collection and data analysis phases. The audit trail consisted of all documents that were created during the collection and analysis of the study.

Results

In this researched study, I explored one central question with an additional sub question. The central question focused on the influence of moderating variables of perceived self-efficacy, perceived severity, perceived benefits, perceived barriers, and cues to action on the effect of exposure to an adverse childhood environment on adult

children of alcoholics. The central question additionally addresses coping positively with these experiences based on self-reported responses.

Research Question 1

What influence did the moderating variables of a) perceived self-efficacy, b) perceived severity, c) perceived benefits, d) perceived barriers, and e) cues to action have on the effect of exposure to an Adverse Childhood Environment on Adult Children of Alcoholics in this study who subjectively self-reported that they were coping positively with their childhood trauma/experiences?

Perceived Self-Efficacy

Bandura (1991) opined the greater the perceived self-efficacy, the loftier the goal challenges people set for themselves and the stronger is their dedication to them. The participants in this study were not required to have goals, yet each presented achievements based on goals previously set. Participant 1 has a career in healthcare and is exceeding expectations she has set for herself. Participant 2, as of the date of this writing, has begun her education to become a registered nurse. Participant 3 possesses a career in healthcare marketing management. Participant 4 is obtaining her Master's degree in social work with a focus on immigration. Participant 5 obtained an engineering degree to assist in advancing medical imaging technology with the hopes of eradicating breast cancer. Participant 6 achieved the lofty goal of becoming a national football league (NFL) cheerleader. Participant 7 is traveling the world with her significant other. Participant 8 obtained a degree in law enforcement and sociology. Participant 9 is

working on her Master's degree in social work. Participant 11 wanted to be a mom; as of the date of this writing, she is seven months pregnant.

Perceived Severity

The health belief model asserts perceived severity is the individual evaluation of the dangerousness of a health problem and its' potential results. In my study, each participant was questioned regarding their thoughts, opinions, and lived experiences with alcohol after leaving their parents or guardians home. All participants discussed alcoholism as being a family or genetic "problem." Participant 10 devoutly stated she would not have children as she considers herself a "carrier," of the "addictive gene." Each participant identified alcohol as being a threat to their livelihood, however, all participants admitted to drinking a glass of wine on occasion. The participants each stated, due to the severity of the alcoholism, they monitor their alcohol intake.

Perceived Benefits

Perceived benefits are health behaviors that are shaped by an individual's assessment of the worth of engaging in health promoting behavior in order to decrease the likelihood of acquiring a disease. Individuals assume a particular action will reduce the chances of a health problem. Participants in the study actively refrain from copious amounts of alcohol in order to protect themselves from potential diseases.

Perceived Barriers

Perceived barriers act as the obstacle to the health promoting behavior change. Individuals may fear breast cancer, but fear the pain caused by the exam. The conflict or barrier to minimizing the health risk is seen by the individual as great as the fear of

receiving the diagnosis of cancer. However, the individual may attempt to remove herself mentally from the situation by attempting to alleviate the threat and thereby reduce her fears. Rosenstock (1974) postulated vacillating between alternating options may be a consideration. The woman, who feared the painful exam for breast cancer, may opt to perform self-exams. However, she may forget the exam despite her commitment to early cancer detection and temporarily relieve the pressure between the barrier and the benefit (Rosenstock).

Cues to Action

Cues to action are inside or outside influences that could elicit a health behavior from the individual (Skinner, Tiro, & Champion, 2015). The intention of committing a behavior by the individual who is emotionally prepared and ready to take the recommended action.

Participants within this study have expressed their cues to action as being internal and external. Based on listening to all participants and having the ability to view some participants body language, the cues to action were prominently displayed. Participants voice inflection variations gave away the intentionality of abstaining, partially or wholly, from alcohol. Additionally, the body language, including eye contact, reflected fear and dismay and thereby act as a trigger or cue to action.

Sub Question 1

What are the perspectives of an adult child of an alcoholic on the impact of resilience? Participants received questionnaires prior to being included within the study.

These questionnaires identified the approximation of resilience based on day to day thoughts and actions. Participants were included based on their strength of score.

Psychological therapy was the common thread amongst all participants. Each participant identified attending therapy for at least one year. Participants describe therapy as a way to cope with the psychological trauma within the household as they grew up. Additionally, participants identified resilience as something they embraced and learned to enhance through therapy and social interactions. Resilience was seen by participants as an unseen assistant, offering direction.

Summary

Resilient adult children of alcoholics manage day-to-day activities with positivity and perseverance. The participants within the study continue to actively engage with friends, but differ on communication and activities with the alcoholic parent(s). Some participants acknowledge interaction with family is strained and has continued to disrupt life. However, despite the struggles with family interactions, all participants actively engage in their communities and social networks.

Chapter 5 begins with an introduction and explanation of the findings. The limitations of the study along with recommendations and implications for social change are included within the final chapter.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Due to the traumatic childhood ACOAs have experienced, their quality of life is diminished (Anda et al. 2014). The ACOAs' ability to experience resilience has been researched with results pointing to weakened psycho-social skills, greater chance of experiencing failed intimate relationships, and succumbing to the cycle of alcoholism (Anda et al., 2014; Kearns-Bodkin & Leonard, 2008; Klostermann et al., 2011). Thus, the purpose of this study was to examine the lived experiences of adult children of alcoholics who have succeeded despite their upbringing.

Results of the study exposed themes of positivity, perseverance, and determination as well as chaos, conflict, and fear. Research Question 1 helped explore the variables of self-efficacy, severity, benefits, barriers, and cues to action on the exposure to events experienced through childhood and how the ACOA coped positively. The subquestion addressed ACOAs perspectives on the impact of resilience. Each theme exposes understanding of ACOAs perspectives from childhood and reflects present conditions as an adult. These themes demonstrate how participants transitioned from an unstable set of circumstances to engaging in determination and perseverance. In examining ACOAs experiences through turmoil and distress, that evolved into determination and perseverance, findings demonstrated how their experiences growing up created a desire for independence.

Interpretation of the Findings

Experiences of Adult Children of Alcoholics

Based on the accounts of the participants, a social support network is crucial in navigating a childhood with exposure to trauma. Research Question 1 is reflected in themes positivity, perseverance, and determination as well as chaos, conflict, fear, and turmoil. A cognitive dissonance exists in answering Research Question 1 due to the contrast in themes. However, the participants acknowledged the themes and suggested that had a social support network been made available, the terms *chaos* and *conflict* may have been lessened or perhaps eliminated. In addition, the themes positivity, perseverance, and determination may have increased with a stronger support network.

Resilience has multiple sources including personal, biological and environmental-systemic factors (Herman et al., 2011). The participants experienced varying degrees of personal, biological, and environmental-systemic factors. However, each participant made mention of a family member or a family friend who would have been aware of the conflict within the home but chose to remain silent or ignore the situation. Participant 3 mentioned, "Daddy's brothers all knew what a [redacted] he was and how he chose to raise us. But he didn't say a word." Additionally, Participants 2, 3, 4, and 5's transcripts included the phrases, "didn't try and help us," "the whole neighborhood knew," and "we were on our own."

The ACOAs who chose to participate in this study also described experiences of hardship, toxic environments, and fear. However, each participant exposed stories never revealed prior to this research. Participants 1, 6, and 8 indicated their feelings of having

no one to turn to for advice or help during the illegal activities or "immoral acts" they were compelled to do. Each participant divulged nearly identical narratives of helplessness and confusion resulting in "never ending fear."

Limitations of the Study

Possible limitations to this study include the retrospective accounts of the participants. The study asks the participants to recall instances within their childhood and reflect on their adulthood. Participants may have difficulty of recall or rationalization of their actions or their parents' actions. However, hermeneutic phenomenological research methodology views the stories of participants as essential and encourages revealing the essence of the experience.

An additional limitation to the study was an unforeseen occurrence. Respondents to the study included both men and women; however, all participants were women and qualified using the Brief Resilience Scale. The study does not address or expose any gender differences in ACOAs; however, lack of men qualifying for the study could encourage future research within resilience.

Another possible limitation is popularization of the topic of adult children of alcoholics. Chapter 2 discussed the vast amounts of research available concerning deleterious outcomes for adult children of alcoholics. However, hermeneutic phenomenology is key in understanding the experiences of ACOAs due to the unique themes and patterns that are distinctive to this demographic. To address this issue, a research study employing a narrative design may deepen the knowledge gained from this study.

Recommendations

Results from this study reflected different themes of the lived experiences of adult children of alcoholics. The lives of the ACOAs who participated within this study are vastly different; however, each participant acknowledged outside support would be vital to children growing up in homes with an alcoholic. Recommendations for additional studies would include interactions of outside support systems. Studies with children receiving interaction from someone outside of the home could encourage or explore varying degrees of resilience. Additionally, the results of a study implicating interaction with resilience and the ability to thrive could provide social change.

Implications

Positive Social Change

In addition to adding to the quantity of literature, the themes and patterns that emerged from this study could offer health providers additional tools to help children currently enduring life with an alcoholic. Providing doctors and practitioners a view of ACOAs histories including ACOAs recommendations, could create better treatment plans or enhance those in existence. Understanding how ACOAs lived in an adverse environment and diverged from their genetically predisposed path resulting in resilience, could lead to positive social change.

Conclusion

The purpose of this study is to examine the lived experiences of adult children of alcoholics who have succeeded despite their upbringing. Results of the study exposed themes detailing intimate struggles and themes revealing triumphant phenomena that

ACOAs have endured. Asking ACOAs to participate in research potentially exposes them to feelings of embarrassment and shame from society. However, through themes that emerged from this study, resilient ACOAs could assuage the deleterious impact their history had on struggling ACOAs. Future research studies are recommended to improve upon the results of this study to further understand how ACOAs have achieved and maintained resilience despite their childhood trauma.

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Appendix A: Guided Interview Questions

1. Tell me in as much detail as possible about your experiences growing up with a parent that had a daily drinking problem. Sub question probe: How did these experiences affect your life?
2. How would you describe the family cohesion when you were growing up?
3. How would you describe the way your parents treated you while they were under the influence of alcohol?
4. Did you ever have a sense of embarrassment living with your alcoholic parent? Sub question probe: Can you remember a specific story?
5. Have you ever felt neglected by either parent and how would you describe those feelings?
6. What did you do to cope with the emotions you experienced growing up with your parents? Sub question probe: Can you remember if you experienced any moments of helplessness?
7. Please describe how all of these experiences have affected you today. Sub question: How do these experiences affect the way you look at your family today?