

2019

# Perception of Self-Worth in African-American Adult Female Children of Alcoholic Parents

Tahira Lodge  
*Walden University*

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# Walden University

College of Social and Behavioral Sciences

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Tahira Lodge

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Walden University

2019

Abstract

Perception of Self-Worth in African-American Adult Female Children of Alcoholic  
Parents

by

Tahira Lodge

MPhil, Walden University, 2019

MS, Fitchburg State College, 2002

BA, Syracuse University, 1997

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

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August 2019

## Abstract

Parental alcoholism is a major risk factor for their children's future alcohol abuse and dependence during adulthood. Thus, the purpose of this descriptive phenomenological study was to understand African-American adult female children's perceptions of self-worth, their lived experiences, and their quality of life as it relates to parental alcoholism. The research focus and questions were addressed by applying the conceptual framework of Bowen's family systems and Covington's self-worth theories. Semi-structured interviews were used to collect data from 8 African-American adult female children of alcoholics. Subsequent data analysis and thematic coding were employed by using Colazzi's 7-step method to ensure rigor. The key findings from this study revealed that although over half of the women in this sample experienced some form of abuse and exposure to familial discord and even violence, their self-worth was strengthened by resilience and through forgiveness of their parents and siblings. This study's implications for positive social change include helping researchers and practitioners to better understand parental alcoholism and how it could shape the experiences of offspring, especially in the African-American female ethnic group. Future interventions could be shaped by these findings, and researchers may use these study results as a platform for future work in this literature domain.

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## Dedication

This dissertation is dedicated to two distinct groups of individuals in my family: my ancestors and the next generation of Lodges. To my ancestors, I feel as if I picked up the proverbial pen (laptop) to write and attain a level of scholarship that some of you didn't have the opportunity to have. I also picked up this proverbial pen (laptop) to write to effect change and continue the legacy of greatness that has come before me. I am forever grateful to have come through this ancestral line. To the next generation of Lodges: I sacrificed time, energy, and sometimes family events to try to be an example of the greatness that we all have the potential to become. I believe in leading by example. I see the greatness in you. I believe in you. If you dedicate your energy and time to be the best person that you can be which includes honoring your family, having a commitment to education and being an agent of change you, too, can leave a legacy of greatness. You will be able to fulfill your potential, change how we are viewed as individuals of African descent, and contribute to the generational excellence of the Lodge legacy.

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## Chapter 1: Introduction to the Study

Overconsumption of alcohol can be associated with a range of health and social problems (World Health Organization, 2014). For some, alcohol use and abuse may affect their quality of life (Shin, Hassamal, & Groves, 2015). Further, children exposed to alcoholic parents experience stress and a diminished sense of personal well-being (Shin et al., 2015). A parent's alcoholism can affect their children's family, employment, social life, and the well-being of others who are closely tied to their personal network. Parental alcoholism can also affect child development. For instance, a child with exposure to a parent's unaddressed alcoholism may result in social and emotional issues such as low self-esteem and poor social relationships (Haverfield & Theiss, 2016). Some may also experience depression as the result of parental alcoholism (Mangiavacchi & Piccoli, 2018). Additionally, children of alcoholics (COA) are more susceptible to alcoholism than offspring of non-alcoholics (Mangiavacchi & Piccolo, 2018). The development of alcoholism in children of alcoholics may be influenced by genetic and environmental factors (Greenberg & Crabbe, 2016; Guo, Li, Wang, Cai, & Duncon, 2015; Mangiavacchi & Piccolo, 2018; Park & Schepp, 2015).

Families exposed to alcoholism may also exhibit certain adverse behavioral patterns known as codependence (Rusnáková, 2014; Young & Timko, 2015). In codependent relationships within the family unit, members enable behavior of the alcoholic member. In this case, the parent with the addiction could be enabled by the family whose protection is administered to offset the adverse effects of his or her own



behavior (Copello, Templeton, & Powell, 2010). This response is aligned with the term *adult offspring distress* coined by counselors to describe the term *codependency* (Panaghi, Ahmadabadi, Khosravi, Sadeghi, & Madanipour, 2016). Codependency can be used to describe any dysfunctional person in the family but also describes the family members of substance-abusing individuals who engage in enabling (Ahmad-Abadi et al., 2017; Bacon, McKay, Reynolds, & McIntyre, 2018; Panaghi et al., 2016; Sakar, Mattoo, Basu, & Gupta, 2015). The alcoholic suffers from addiction, but the family suffers from codependence.

In this chapter, I preview the background on risks and impacts that may compromise the quality of life among adult children of alcoholics (ACOA). I provide the problem, research gap, purpose, and the research questions that frame this study. I also introduce the conceptual framework of self-worth theory and family systems theory used to address the research question. I also provide the methodology or nature of the study, definition of terms, and share assumptions, scope, limitations and significance. I complete the chapter by providing a summary that recaps the chapter.

### **Background**

Globally, alcoholism has negatively affected nearly 1 billion adults (World Health Organization, 2014). Alcoholism, also referred to as alcohol dependence, was classified as a medical disorder in 1965 (Robinson & Adinoff, 2016). This disorder has been identified as the world's third largest risk factor for social problems including financial burdens related to lost work productivity and healthcare (World Health Organization,

2014). Further, alcohol use in the United States is prevalent, with 15.1 million adults (9.8 million male and 5.3 million female) 18 years-old and older diagnosed with an alcohol use disorder (AUD) and 86.4% reporting drinking alcohol at some point in their life (National Survey on Drug Use and Health [NSDUH], 2015). Only 6.7% of adults who had AUD received treatment. Other statistics revealed by the NSDUH (2015), indicated that 70.1% of individuals surveyed had reported drinking in the past year. It was also reported that 50% of individuals consumed alcohol in the past month (NSDUH, 2015).

The problem of alcoholism among African Americans has remained partially obscure over the past decades. Historically, African Americans abstained or restricted alcohol use as far back as the pre-slavery culture (Christmon,1995; Zapolski, Baldwin, Banks, & Stump 2017; Zapolski, Pedersen, McCarthy, & Smith, 2014). Abstinence became the cultural norm for African American during slavery because laws prohibited drinking and slave owner restricted its use and access (Christmon, 1995; Zapolski et al., 2017; Zapolski et al., 2014). Moreover, intoxication was not condoned as acceptable behavior in the African-American culture, which was partly due to religious beliefs and societal disapproval (Christmon,1995; Zapolski et al., 2017; Zapolski et al., 2014). The temperance movement during the 18th century also emphasized abstinence, which may have influenced African Americans from indulging in alcohol consumption (Christmon, 1995; Zapolski et al., 2017; Zapolski et al., 2014).

The previous trends of abstinence within this ethnic group may be partially changing due to racial disparities and stress encountered by African Americans (Satar et

al., 2016). According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2011), although African Americans abstain from alcohol at significantly higher rates than European Americans (Zapolski et al., 2017), alcoholism is still a problem within this ethnic population. LaVeist and Wallace (2000) found that given the risks of exposure to liquor stores, lower economic status, and possible inadequate education about the disorder, some African Americans may be prone to alcohol abuse because of these environmental factors. Another primary reason for alcohol consumption may be coping with social anxiety (Sartor et al., 2016). There is also significantly more literature related to African Americans' alcohol use and consumption from the perspectives of medical researchers (i.e., Levy, Catana, Durbin-Johnson, Halsted, & Medci, 2015; Stine, Argo, Pelletier, Caldwell, & Northrup, 2017).

Alcoholism has also been studied from a variety of research perspectives concerning ethnic groups. In 2014, 3.8% of African Americans age 18 and older faced risks of having co-occurring substance abuse and mental health disorder while the national average was 3.3% (SAMHSA, 2015a). In the same year, 8.8% of Native Americans and Alaskan Natives ages 18 and older had co-occurring substance abuse and mental health (Pavlovic, Zanic, Markovic, Klacar, Huljic & Caricic, 2018; SAMHSA, 2015b). The percentage of Latinos who had co-occurring mental health and substance use disorder in 2014 was 3.3% (SAMHSA, 2015b).

Regardless of the rate of alcoholism in a population, it is important to look at how alcoholism affects children whose parent or parents are alcoholics. Haverfield and Theiss

(2016) asserted that parental alcoholism may affect parenting styles, which could lead to low warmth, poor familial relations, and poor attachment. Likewise, Bernadi, Jones, and Tennant (1989) found that maternal overprotection was identified in mothers who are alcoholics. Parenting by an alcoholic can also contribute to a dependence trait developing in their children, leading to future alcohol abuse (Mangiavacchi & Piccolo, 2018). Bernadi et al. also reported that family disturbances and dysfunction are common childhood experiences among children of alcoholics and addicts. Poor parenting can contribute to depression and anxiety in addition to a less healthy lifestyle (Mangiavacchi & Piccolo, 2018; Seay & Kohl, 2015). Adding to this body of literature, Waldron et al. (2015) explored how parental separation and parental alcoholism influenced the timing of first sexual intercourse and other risk factors.

Additionally, the effects of childhood exposure to familial alcoholism issues can be long lasting (SAMHSA, 2015b) and include low self-esteem and poor family relations (Haverfield & Theiss, 2016) and quality of life (Park & Schepp, 2015). Amodeo, Griffin, and Paris (2011) also studied the effects of parental alcoholism to examine whether negative perceptions played a key role in the experiences of African American and White women, and they found that African-American women provided more positive reports than White women when variables such as social support were present. I used this study as use a lens to understand this phenomenon of parental alcoholism from different perspectives. I was also influenced by King's (1988) indication that Black women are often put into a general group of "women" and are rarely separated from Black men as a

research focus; therefore, it is essential for this study to illuminate this population's exposure to the phenomenon of parental alcoholism.

Although some researchers have suggested there are mostly negative outcomes for offspring (Mangiavacchi & Piccolo, 2018; Waldron et al., 2015), others have found a less than negative outcome. Havnen et al. (2011) found that children placed out of the home because of parental substance abuse had less mental health problems than children placed for other reasons, concluding that children's exposure to prosocial behavior might be a protective factor against mental health issues. Kelley, D'Lima, Henson, and Cotton (2014) also suggested that not all ACOAs are negatively affected by parental alcoholism because they adapt and survive the experience of living in an alcoholic environment. Although some children cannot adapt to their environment, there are many children who cope with a negative environment.

Based on these inconsistencies in research, I found a gap in the literature, especially regarding the specific experience of African-American adult females' experiences with parents who were alcoholics. Therefore, this study was conducted to address this gap and provide the lived experiences of African-American adult female children regarding their self-worth and quality of life. This study can promote a better understanding of this population, which may lead to better interventions for African-American females struggling with their experiences of having an alcoholic parent.

## **Problem Statement**

Parental alcoholism is considered a major risk factor for their children's future alcohol abuse and dependence during adulthood (Park & Schepp, 2015). Parental alcohol dependence may contribute to a reduced quality of life and possibly a self-perception of lower self-worth within adult children of alcoholic parents (Haverfield & Theiss, 2016). Excessive alcohol consumptions can impact the family unit (Lee & Williams, 2013). Alcohol abuse by a parent and its influence on their relationships with their child may contribute to poor attachment, a lack of warmth, and poor familial relations (Haverfield & Theiss, 2016). Therefore, the family and even aspects of society can be affected by the phenomenon of parental alcoholism as children and their parents make up the social fabric of communities (Lee & Williams, 2013). In this study, I focused on the problem of African-American adult female children of alcoholic parents facing risks for compromised quality of life and perceptions of low self-worth that affects their overall well-being.

Some researchers have suggested that children who are exposed to parental alcoholism tend to have more disorders such as depression, anxiety, or even alcoholism (Mangiavacchi & Piccolo, 2018). This assumption is based on the notion that homes with substance abusing parents are generally characterized by disorganization, hardship, or inadequate parenting (Haverfield & Theiss, 2017). Other effects of parental alcoholism may include offspring behavioral problems, experimentation with substances, early sexual encounters, and the inability to trust or develop healthy intimate relationships

(Haverfield & Theiss, 2016; Waldron et al., 2015). Along this line of focus, Tolbert and Wells (2013) suggested that specific cultural groups may experience added complexities with relationships. For example, they found that African Americans with a diminished sense of personal well-being tend to gravitate toward intimate relationships that involve domestic violence, which leads to low self-esteem and influences a person's perception of self and self-worth (Tolbert & Wells, 2013).

Although there are linkages between parental alcoholism and the reported adverse impacts on ACOAs, there are facets of this problem that remain unclear, especially within the population of African-American women. Through my research, I have found a gap in the literature on parental alcoholism and African-American adult females' perceptions of their quality of life, which I addressed by exploring African-American females' perceptions of self-worth and their lived experiences as ACOAs. Having alcoholic parents and given the risks of emotional related issues, possibly compounded by physical abuse is an indicator that this problem is significant. Therefore, it was necessary to study the lived experiences from African-American adult female children to promote a greater understanding. This study adds to the body of knowledge and extends Tolbert and Wells's (2013) work on understanding children with alcoholic parents.

### **Purpose**

The purpose of this descriptive phenomenological study was to provide an understanding of African-American ACOAs' perceptions of self-worth, lived experiences, and their quality of life. Recent studies have been limited to the focus on

studying general populations or limited aspects of this social problem from the perspective of the parent, familial abusive situations, or codependency (Ahmad-Abadi et al., 2017; Calderwood, & Rajesparam, 2014; Panaghi et al., 2016; Sakar et al., 2015). To further this research and to understand this social problem, I developed a research question to guide the exploration into participants' experiences.

### **Research Question**

How do African-American adult female offspring of alcoholics experience self-worth and does exposure to parental alcoholism shape their quality of life?

### **Conceptual Framework**

Bowen's (1976) family systems theory was the theoretical foundation that I used to examine how the participants view their experiences and self-worth as African-American adult females who are children of alcoholic parents. Bowen described the emotional state of a family system and how it influences individuals' functioning as a part of a family unit, suggesting that families and social groups can influence how people think, feel, and act. This theory holds that the less developed a person's self is, the more impact others may have on his or her functioning. Bowen's theory covers family systems dynamics and provides an understanding of how a person responds to his or her own self-image as well.

Covington's (1984) self-worth theory of achievement motivation was another part of the framework for this study and entails how self-worth is often judged by the ability to achieve competitively. Covington asserted that a person's ability to achieve is directly



related to self-perception. Covington suggested that self-acceptance is the priority of human beings (Covington, 1984). Both family systems and self-worth theory provided a lens to understand the nature of this study's research problem.

### **Nature of the Study**

The nature of this study was a qualitative method with a descriptive phenomenological approach (see Moustakas, 1994). Descriptive phenomenology is used when there is a need to understand a phenomenon as it relates to lived experiences of the target population and to further understand the context in which it occurs (Matua & Van Der Wal, 2015). Qualitative research is consistent with providing an understanding of human behavior (Rubin & Rubin, 2012). Through this method, I explored how the quality of life and perception of self-worth of my study's population might be manifested and interpreted. A descriptive phenomenological research design allowed me to understand the meaning of lived experiences of the participants by referring to their perspectives through interviews. This design is also the best method to use when a researcher is investigating the *why* of a phenomenon (Moustakas, 1994). I sought to discover and find out how the phenomenon of parental alcoholism may shape a person's perception of self-worth and affect their well-being. I will cover this topic more in detail in Chapter 3.

### **Definitions of Terms**

The following are definition of terms used in this research. When possible, seminal research is used to identify the coined phrase or term.

*Adult children of alcoholics (ACOA):* ACOA can refer to individuals with an alcoholic parent (Haverfield & Theiss, 2016). In this study, it also refers to grandparent or other family member with alcohol-related problems.

*African-American females:* In this study, African-American females refer to the population being studied who identify with ethnic or racial identity of African descent (Kertzner, Meyer, Frost, & Stirratt, 2009).

*Alcohol abuse:* Defined as a chronic, maladaptive pattern of use that result in clinically significant impairment (APA, 2013).

*Alcohol use disorder (AUD):* A clinical term that refers to a diagnosis of an alcohol condition and the individual consuming the alcohol has impaired control over their consumption of alcohol (Connor, Haber, & Hall, 2016).

*Family emotional state:* The nuclear family emotional system can refer to multiple scenarios, including emotional dysfunction in marital conflict, dysfunction in one spouse, impairment in one or more children, and emotional distance (Bowen, 1978).

*Family roles:* Wegscheider-Cruse (1981) identified roles that develop within the family dynamics when there is a substance abuser in the family. There are many roles including the enabler, the hero, the scapegoat, the lost child, and the mascot.

*Nuclear family:* A nuclear family is defined as the family unit that only consists of father, mother, and children (Murdock, 1949).

*Protective factors:* Prosocial behaviors (Jessor, 2016).

*Quality of life:* Defined as the measurement of feelings related to emotional life, social life, and other areas of life as well as physical abilities (Gill et al., 2011).

*Resiliency:* The ability to have a stable psychological and physiological well-being while facing adversities (Monat et al., 2007).

*Risk factors:* The attribute or exposure that increases the likelihood of health problems, economic problems, or personal issues (Hughes, O'Brien, Rodden, & Rouncefield, 2000).

*Self-esteem:* A positive impression of self (Flexner, 1987).

*Self-perception:* Self-perception refers to an individual's ability to respond differentially to his own behavior and its controlling variables (Bem, 1967). Bem (1972) developed the self-perception theory during his tenure at Carnegie-Mellon University.

### **Assumptions**

There were multiple assumptions that underpinned this study. The first assumption was that the qualitative approach was the best method to investigate the lived experiences of African-American adult female children of alcoholics. I made this assumption based on my understanding of Moustakas's (1994) description of phenomenological studies. Additionally, I assumed by using open-ended questions to explore this population's experiences regarding self-worth, I would also learn about the effect it may have on their quality of life (see Rubin & Rubin, 2012). Another assumption was that the participants would answer each question honestly. To address this issue, I ensured that participants were aware of confidentiality and privacy related to this study. I

also assumed that the participants would be able to accurately recall their earlier memories and be willing to discuss them. Given that I anticipated having a sample between seven and 10 respondents, it was hoped that through Moustakas's (1994) and Colaizzi's (1978) seven-step method (explained in Chapter 3), I would achieve the rigor for data saturation. Therefore, I assumed that the data collected would provide clarification regarding the experiences of the participants as it relates to the research problem. Last, I assumed that based on my understanding of the research problem that I selected the appropriate method of qualitative inquiry by applying a phenomenological model.

### **Scope and Delimitations**

The scope of this study included participants from areas in the northeastern part of the United States. The sample was drawn from a population of African-American adult female children of alcoholics. I did not use African-American males or females from outside of the sample of self-identified African-American females. Therefore, based on this scope, the findings from this study may not be generalized across wider populations, which is also a delimitation. Finally, I limited the scope of this study to the tenets of Bowen's (1976) family systems theory and Covington's (1984) self-worth theory of achievement motivation, which were the conceptual framework for this study.

### **Limitations**

One limitation of this descriptive phenomenological qualitative study was the small sample size (see Moustakas, 1994). Qualitative research sample sizes are designed

to be small because of the depth of the research interviews and extensive analytical process that is required (Daymon & Holloway, 2011; Moutsakas, 1994). I hoped to meet the point of saturation with 10 participants, which has been suggested as an appropriate sample size for a qualitative study (Daymon & Holloway, 2011). Further, when exploring a phenomenon, using a small sample size allows for depth instead of breadth (Boddy, 2016). Another limitation of this study was the selection of African-American ACOAs from one geographic location.

### **Significance**

Researchers and practitioners may use the findings of my study to better understand how African-American women experience self-worth and how it may shape their quality of life when they are children of alcoholics. This awareness may provide the base for further exploration of this phenomenon for researchers to contribute to the literature pertaining to this population. Additionally, because I explored how an individual's role in the family (Wegscheider-Cruse, 1981) impacts perception of self-worth, my work may enable researchers or practitioners to design future interventions for families as well as individuals affected by the phenomenon of parental alcoholism as it intersects with self-worth. This study may also indirectly illuminate other factors that contribute to the experiences of this phenomenon that include cultural expectations, gender, and sibling relationships. Further, it is possible that participants who engaged with this study and research may have experienced a form of catharsis, especially those participants who experienced similar phenomenon during the interview process.

Finally, researchers may examine the findings with the intent to understand and develop appropriate responses that enable the design, culturally relevant interventions, and the development of support systems that address the impacts experienced by African-American ACOAs. By applying the findings, end users (i.e., researchers, program managers) could impact social change by educating scholars in the field of human services about this population and phenomenon. The insight into how it possible for African-American females who grew up in alcoholic environments to thrive and not be negatively impacted by parental alcoholism may be valuable to future researchers as a baseline for studies (see Kopera et al., 2014). This dissertation may also motivate scholarship in this area. Although this study is not a longitudinal study, my work accounts for a person's reactions to parental alcoholism during development into adulthood. Therefore, my research may provide an understanding of what Lund et al. (2015) considered the long-term effects of parental alcoholism.

### **Summary**

In Chapter 1, I provided background information, identified the problem, and provided the rationale for conducting this research study to understand how African-American adult female children of alcoholics' perceptions of self-worth and lived experiences affect their quality of life. I also provided the research question that was the foundation on which the study was conducted. The nature and purpose of the study was also outlined. An extensive list of terms related to the study was defined as well. In

Chapter 2, I provide a synthesis of literature that will substantiate the need for this study and why it is significant to the population being studied.

## Chapter 2: Literature Review

### **Introduction**

The purpose of this descriptive phenomenological study was to provide an understanding of perceptions of self-worth, lived experiences, and the resultant quality of life among African-American adult female children of alcoholics. Literature has been focused on how individuals raised by alcoholic parents experience unfavorable outcomes (Waldron et al., 2015). These outcomes include low self-esteem, poor family relations, depression, and an onset of alcoholism (Burns, Solis, Shadur, & Hussong, 2013; Haverfield & Theiss, 2016; Mangiavacchi & Piccolo, 2018; Park & Schepp, 2015). However, some individuals persevere and thrive (Wlodarczyk, Schwarze, Rumpf, Metzner, & Pawils, 2017), and children of alcoholics may not always have adverse outcomes (Kopera, Glass, Heitzeg, Wojnar, Puttler, & Zucker, 2014; Wlodarczyk et al., 2017). Increased risk may occur when individuals are exposed to environmental stressors (Brkic, Soderpalm, & Gordh, 2016). It is also possible that the individual's experience of living with alcoholic parents may be based on environment and self-perception of the lived experiences. This nuance in the literature reflects gaps in knowledge concerning this problem and further establishes the need for continued research concerning the impact of parental alcoholism.

In this chapter, I introduce the conceptual construct of family systems theory (Bowen, 1976) and the self-worth theory of achievement motivation (Covington, 1984) as it relates to the perception of self. I extend my focus on a review of the literature on



parent–children relationships, self-perception among African-American females, and family systems and its influence on children of alcoholics. To further explore this topic, I address literature specific to the research question as it relates to broad categories of the emotional states that families may experience and how an individual’s functioning relates to this dynamic. I then summarize the findings from the chapter.

### **Literature Search Strategy**

The initial literature search strategy consisted of the use of the Walden University Library EbscoHost to locate documents related to African-American adult children of alcoholic parents and their perception of self-worth and quality of life. A literature search was conducted using the following databases: PsycArticles, PsycINFO, SocINDEX, Thoreau Multi-Database Search, and Academic Search Complete. The literature search strategy also included Google Scholar. The literature obtained from these databases consisted of full-text, scholarly peer-reviewed journal articles. I used the following keywords to identify literature for this research: *ACOA (Adult Children of Alcoholics), COA (Children of Alcoholics), African-American females, Black females, self-perception, self-esteem, alcoholism, alcohol abuse, alcohol dependence, individual functioning, family emotional state, risk factors, protective factors, resiliency, quality of life, family roles, family systems theory, self-worth theory, and social problems.*

### **Conceptual Framework**

In this section, using both contemporary and seminal literature, I discuss Bowen’s (1976) family systems theory and Covington’s (1984) self-worth theory of achievement

motivation as the conceptual framework for this study. These theories provided a context for the literature review.

### **Bowen's Family Systems Theory**

Bowen's (1976) family systems theory provided the construct to understand the emotional patterns that take place within the family unit. Bowen developed the family systems model by observing similarities in the relationship patterns among the families. Bowen (1976, 1978) postulated that the family operates as a system, and the emotional state of the family unit can impact individual functioning. Bowen referred to eight interlocking states, or eight concepts, concerning the family unit and responses situationally based within the context of the individual's environment: differentiation of self and emotional fusion, triangling (or triangles), nuclear family emotional system, family projection process, emotional cut-off, multigenerational transmission process, sibling position, and societal regression, also referred to as societal emotional process (Bowen, 1978). These concepts provide a fundamental lens through which to understand the possible interlinking of children from families with alcoholic parents. While the child is an individual, family dysfunction can alter how a child responds to these environmental dynamics (Bowen, 1978).

**Differentiation of self and emotional fusion.** The key concept of family systems theory, and relevant to this study, is the differentiation of self and emotional fusion, which provides an understanding of how individuals differentiate themselves from the family as a unit on emotional and intellectual levels (Bowen, 1976). Differentiation of

self is being able to make decisions independently but still have emotional ties to the family (Haefner, 2014). Emotional fusion refers to a dysfunctional family relationship among family members (Bowen, 1978; Titelman, 2014).

**Triangling.** The state in which a person experiences anxiety and tension is referred to as triangling (also referred to as triangles). Triangling itself is not negative; it is when a third party intervenes that it distracts the two people from resolving the tension and anxiety. Because future generations can also be influenced by an outcome, triangulation can be learned behavior (Bowen, 1978). Children of alcoholic parents may also have negative traits passed on to them, resulting in high risks of future alcohol abuse (Haverfield & Theiss, 2016).

**Nuclear family emotional system.** The nuclear family emotional system can refer to multiple scenarios, including emotional dysfunction in marital conflict, dysfunction in one spouse, impairment in one or more children, and emotional distance (Bowen, 1978). A nuclear family is the family unit that consists only of father, mother, and children (Murdock, 1949). These emotional patterns are present in all nuclear family systems. Bowen (1978) and Haefner (2014) asserted that these familial patterns are passed down from past generations and are predictors for future generations. Some children engage in maladaptive behaviors learned from the familial patterns of an alcoholic parent so that they can cope with parental alcohol abuse; these behaviors continue into adulthood and often endure after the parental alcoholism has been resolved (DaSilva & DaSilva, 2011; Vernig, 2011).

**Family projection process.** The family projection process refers to parents passing their emotional problems to their children (Bowen, 1978). Not only do children inherit weaknesses from their parents but strengths as well. The family projection process may be experienced by African-American adult female children of alcoholics who experience the perception of low self-worth, and these weaknesses and strengths may affect the quality of life experienced by this population (Haverfield & Theiss, 2016).

**Multigenerational transmission.** The multigenerational transmission process refers to the continued process of family projection (Bowen, 1978). During the development of the child, he or she learns small degrees of differentiation between child and parent. These family traditions can be either supportive or detrimental (Bowen, 1978). These traditions may affect the quality of life experienced by adult female children of alcoholics and may impact their perception of self-worth. For example, Cook (2007) used Bowen's (1978) family systems theory to interview 36 chemically dependent males and females and observed patterns of multigenerational transmission. In one family unit, the alcoholic or addict followed the addict/codependent pattern and seldom married a drinker or another addict. Although there were no indications of increased alcohol or drug use down through the generations, what Cook observed was patterns of use replicated down the generations.

**Emotional cut-off.** Emotional cut-off refers to the process when family members are unable to manage their emotional issues with parents or other family members and deal with their issues by moving away or not returning to the home often (Bowen, 1978;

McKay, 2012). Individuals try to gain self-identity or escape from their parents by distancing themselves (Rabstejnek, 2013). The opposite of this is just as debilitating because the individual is so attached to his or her parents that he or she lives an unproductive life (Bowen 1978).

Studies have shown the connection between emotional regulation, self-perception, and emotional cut-off. For example, Mehri, Salari, Langroudi, and Baharamizadeh (2011) conducted a study with 200 students from the University of Tehran and showed that individuals who were emotionally reactive had difficulty regulating their emotions, had difficulty maintaining a clear sense of self in a relationship, and usually engaged in emotional cut-off or fusion. Those who were able to regulate their emotions and had a clear sense of self reported the highest levels of psychosocial and interpersonal well-being (see also Buyukozturk, Atalay, Sozgun, Kebapei, 2011).

### **Birth Order and Family Systems**

At the outset of this study, I included birth order as a possible lens related to understanding family systems. However, I found sibling interpersonal relationships were more prominent in my research findings than birth order, which will be discussed in Chapter 4. For example, Toman (1961) asserted that an oldest child leads, whereas the youngest child follows. Bowen (1976) also incorporated this sibling profile into family systems theory.

In Toman's (1961) birth order theory, children can evoke new behaviors from their parents, starting from their birth, which is impacted by their sex and age ranks.

Toman posited that parents with birth order and ranks that are “father, the oldest of sisters and mother, the youngest sister of brothers” usually have a good relationship. Both parents usually understand each other and rarely argue. Both parents are usually attentive with their children. With a configuration like this, the father would be the head of the household and set the tone, and the mother would have a soft and submissive demeanor (Toman, 1961). Toman also postulated that the best configuration of children would be one of a son first then a daughter. Another configuration of children would be several sons and several daughters, or a first-born son, followed by a daughter, then another son, then another daughter, and so forth. According to Toman, if the first-born is a daughter followed by a son, there may be conflicts with the children. Toman also suggested that the son and father cannot fully identify with the daughter and the mother due to the different age ranks of their sibling roles. Therefore, the father and daughter tend to get into conflict over leadership while the mother and son get into conflict over whom to depend on.

Although I considered Toman’s (1961) birth order theory, which influenced Bowen’s (1976) family system’s theory that was used in this study, Cook’s (2007) study showed a better understanding of chemically dependent individuals. Cook advanced the knowledge that there are greater number of chemically dependent individuals that hold the high-risk sibling positions of oldest, youngest, or only child, as 62% of the sample in Cook’s study held these positions. The youngest sibling position had the greatest number of chemically dependent individuals (17% of women and 19% male); the oldest sibling

position has 8% males and 11% females who were chemically dependent, and the only child position was comprised of 3% of women and 4% of men who were chemically dependent (Cook, 2007, p. 133).

### **Attachment and Bonding**

In addition to birth order, I also examined attachment and bonding as an influence in families where alcoholism is present. According to Lander, Howsare, and Byrne (2013), the family is the primary source of attachment and nurturing for the family, and each family member can be affected by the substance-abusing individual. For example, the effects can be exhibited by impaired attachment emotional distress or unmet developmental needs. Other researchers have posited that there is an increased risk to children who have been exposed to substance abuse within the family of individuals in developing substance use disorders (Zimic & Jakic, 2012). It is crucial to treat not only the individual with the addiction but also those affected by it (Lander et al., 2013). The key to understanding the effects of substance use disorders is through homeostasis, also known as the process in which one achieves stability and equilibrium. The goal of treatment for substance use disorders is for interventionists to provide balance, feedback, and boundaries within the family (Lander et al., 2013). I used this literature to illuminate findings in Chapter 5 relative to this phenomenon.

### **Covington's Self-Worth Theory of Achievement Motivation**

Covington (1984) used self-worth theory of achievement motivation to assert that an individual's ability to achieve is directly related to his or her self-perception.

Covington suggested that self-acceptance is the priority of human beings. Due to the practical implication of this theory, it can be applied to various scenarios. In this case, I explored scenarios involving self-esteem using interview questions. For instance, life events can shape self-esteem, and stressful life events can impact self-perception (see Orth & Luciano, 2015). However, Orth and Robins (2018) suggested that more research is needed to gain a better understanding of factors that shape the development of self-esteem. Through my research, I provided insight about how self-perception of self-worth may impact the adult females (the respondents in my research study who have alcoholic parents).

### **African Americans and Self-Esteem**

Many researchers seek to understand the nature of self-esteem in members of the African-American cultural group. For example, Broman, Millier, and Jackson (2015) concluded that African Americans have higher self-esteem than Whites and other groups. Moreover, Sprecher, Brooks, and Avogo (2013) conducted a study to examine the effects race and gender have on self-esteem in a sample of undergraduate students from a Midwestern university ( $n = 7,552$ ; 2,785 men and 4,767 women). Sprecher et al. suggested that the male undergraduates had higher self-esteem than the female undergraduates and Blacks had a higher self-esteem than Whites, Hispanics, and Asians. This trend has been consistent for the past two decades.

Although research has suggested that African-American females may have higher rates of self-esteem, this may not be conclusive. Though groups who encounter



disadvantages and discrimination may lower self-esteem, this is not always the case. African Americans may attribute any failures to prejudices, thus protecting their self-esteem. They may also have a stronger group identity (Dawson, 1994) and a greater sense of individualism. Additionally, the effects of gender on race differences in self-esteem and the effects of race on gender differences may reflect personal and social identities which may shape the evaluations of self-worth (Sprecher et al., 2013). In my study, I sought to understand how perception of self-worth might be experienced by my sample and to further interpret their feelings about self-worth through their interviews.

### **Sense of Mastery**

To understand why some African-American adult female children of alcoholics may appear to allow their circumstances to contribute to adverse reactions and circumstances, whereas others seem to have control over their circumstances and develop positive outcomes, I also investigated how a sense of mastery is thought to influence self-esteem. NaPearlin, Menaghan, Lieberman, and Mullan (1981) defined sense of mastery as the degree to which individuals feel they have control over the circumstances that impact their lives, and this is associated with the conceptual framework of self-efficacy (Bandura, 1977). For instance, Erol and Orth (2016) mentioned the relationship between self-esteem and self-efficacy. However, I was unable to find updated literature supporting that self-efficacy would eventually lead to better self-esteem, which is what I posited at the outset of this study.

### **Parental Alcoholism and the Quality of Life**

Parental alcoholism may have an impact on the perception of self-worth and the quality of life among their African-American adult female children. Researchers have suggested that there is a link between exposure to parental alcoholism and future impact on offspring (Haverfield & Theiss, 2016; Park & Schepp, 2015). More than 10 % of children in the United States live with an alcoholic parent (SAMHSA, 2012). These children are more at risk for developing emotional problems than children who did not grow up exposed to alcoholism (Caswell, Yon, & Hinckle, 2011; SAMHSA, 2015a). Stressful life events predict a decrease in self-esteem through a process referred to as socialization effects, which is whether the occurrence of stressful life events influences self-esteem (Orth & Luciano, 2015). Studies have also suggested that low self-esteem leads to depression (Steiger et al., 2014).

There is little evidence that supports the influence of selection effects on self-esteem. Selection effects (Orth & Luciano, 2015) refer to whether self-esteem influences the occurrence and outcomes of events such as in the work environment. Kuster, Orth, and Meier (2013) conducted a study on the work atmosphere. In this study, self-esteem had a small but significant effect on employment status. This could be interpreted that low self-esteem might increase the chances of being unemployed.

Finally, parental alcoholism may not only affect quality of life in adult African-American female children of alcoholics, but their whole community. Alcoholism is a disorder that is referred to as the family disease. Families make up the community or

neighborhoods. It affects individuals physically and psychologically (Lander, Howsare, & Byrne, 2013), and it may also have devastating effects on families and friends.

### **Alcoholism as a Genetic Disease**

Alcoholism is a genetic disease (SAMHSA, 2015a). While not all children develop alcoholism as the result of living with an alcoholic parent, children of alcoholic parents are four times more likely than other children to develop the disease. Children who are raised in an alcoholic home are at greater risk for developing emotional problems than children without alcoholic problems (Caswell, Yon, & Hinckle, 2011; SAMHSA, 2015c). Social and emotional adjustment problems are often experienced by ACOAs as the result of living in an alcoholic home, which is often a stressful environment (Henriques, 2011; Shin, Hassamal, & Groves, 2015). According to the Shin, Hassamal, & Groves (2015), some children that are being raised by an alcoholic parent experience some form of neglect or abuse.

Individuals with drinking problems can affect other family members, especially their children, through their unhealthy emotions and inappropriate behaviors. The study conducted by Park and Schepp (2015) identified risk factors, protective factors, and biological factors in children of alcoholics. These factors were categorized into four areas, including: individual; parental; familial, and social. Park and Schepp examined how specific factors affect the overall development of children of alcoholics, positively and negatively. Although Park and Schepp's study may not specifically have explored adult African-American female children of alcoholic parents, it demonstrated the

relationship between parental alcoholism with intergenerational risk factors and the linkage to emotions. Specifically, Parks and Schepp found that ACOAs were more anxious about interpersonal relations than non-ACOAs. Parks and Schepp also stated that ACOAs experience more shame than non-ACOAs. It was also noted in this study (Park & Schepp, 2015), that ACOAs tend to have fearful attachment styles and low self-esteem. Parental alcoholism can be related directly to negative outcomes (Park & Schepp, 2015) experienced by their children; these negative outcomes include depression; suicidal ideation; anxiety; substance abuse, and difficulty with interpersonal relationships. Kelly et al. (2014) conducted a survey which demonstrated that depressive symptoms in ACOAs were associated with negative relationships between parent and child. The results of this study contributed to understanding how self-worth might be situated as a principal factor in the emotional bearing that parental alcoholism may have on their children.

### **Social Support Systems**

Steiker (2013) discussed the importance of social supports that help promote resilience and self-esteem among ACOAs. Hall (2013) discussed how family communication and social supports are protective factors for this population. Hall posited that the growing number of web-based and computer-based interventions for this population are an extension of in-person support offerings (Elgan, Hansson, Zetterlind, Kartengren, & Leifman, 2012; Gustafson, McTavish, Schubert, & Johnson, 2012).

Another key point to this research was the fictive kin phenomenon. Hall (2013) discovered through her research that the majority of the participants in her study reported

that their support was from people not -of- color. These African-American ACOAs stated that the emotional support that they received from their fictive kin was vital to their survival. It was also stated that African-American ACOAs with kin or fictive kin were more resilient than individuals without those supports (Hall 2013). The link between multiple attachment bond, such as kin or fictive kin, impacts positive self-esteem and may contribute to improved interpersonal relationships. Hall also touched upon evidenced-based models shown to improve resilience, coping, and self-esteem in African-American ACOAs.

### **Conflictual Relationships**

Kelly et al. (2011) study on ACOAs suggested that those with conflictual relationships with their parents tend to report: a distrust of others; negative feelings about their parents; isolation; an increase in depressive symptoms; an inability to communicate effectively, and additional emotional issues. Adolescents that grow up in an alcoholic home are more susceptible to adjustment problems and have trouble managing their emotions (Straussner & Fewell, 2011). Straussner and Fewell (2011) conducted a study which suggested that adolescents have difficulty managing their emotions because their brains are not fully developed. During adolescence, there are hormonal changes which can affect the amygdala, or area of emotion control, which can heighten emotional experiences and responses. This response can give the appearance that adolescents are overly dramatic or that they make impulsive decisions.

### **Protective Factors for Children of Alcoholic Parents**

Not all research study findings support negative outcomes due to the impact parental alcoholism has on the children. Havnen et al. (2011) conducted a study which compared children placed out of the home due to parental substance abuse with children placed out of the home for other reasons. The sample population consisted of Norwegian children ( $n=109$ ) ages 6 to 12 in out- of -home care. Havnen et al. explored the link between parental substance abuse and mental health problems. Havnen et al. used the results of this study to show that there was less difficulty with behavioral problems and emotional problems among the children that grew up in a house with parental substance abuse, compared to the children placed out of the home for other reasons. Havnen et al. also found that children exposed to parental substance abuse and those placed out of the home for other reasons had more mental health problems than children in general.

Prosocial behaviors are also considered protective factors (Jessor, 2016). Jessor also conveyed that there were differences between the two groups due to the children's prosocial behavior. This evidence supports the argument for investing in programs to enhance proactive coping strategies for children.

The children exposed to parental substance abuse were less likely to have mental illness and behavioral problems than children placed out of the home for other reasons. Other researchers such as Kelly et al. (2011) were in contrast with the finding of Jessor's work, as they found that parental substance abuse was a risk factor for difficulties and emotional problems. It was recommended that longitudinal studies should be conducted

to examine if children of parental substance abuse will continue to have better mental health than children placed out of the home for other reasons when they enter adolescence and adulthood.

### **Parent-Children Relationships**

The parent-child relationship may be one of the most important relationships that exists. The complexity associated with alcoholism may cause a child to experience a disruptive childhood (Haverfield & Theiss, 2016). The consequences of growing up in an alcoholic environment can be devastating to the entire family and may persist into adulthood, long after the parents' alcoholism has been resolved (Vernig, 2011). One researcher found lower levels of attachment (poor relationships) in ACOAs (Martin, 2015). This may be the case because the child didn't have healthy relationships to model while growing up. The negative effects of parental alcoholism can have lasting effects on ACOAs if the appropriate intervention is not put in place (Haverfield & Theiss, 2016).

### **Resilience Versus Dysfunction**

According to Samuel, Mahmood, & Saleem (2014), ACOAs are more likely than non-ACOAs to come from dysfunctional families. Although not all ACOAs present the same psychological issues, some maladaptive behaviors that could be experienced include: depression, difficulty loosening up or enjoying one's self, or difficulty in interpersonal relationships (Haverfield & Theiss, 2016). ACOAs may have difficulty controlling their thoughts and behaviors. With all the negative effects parental alcoholism has on ACOAs, the opposite can be said in terms of their resiliency. Resilient ACOAs

who do well tend to utilize their internal and external protective factors. These individuals are motivated to succeed and have increased self-esteem (Kim & Lee, 2011).

### **Self-Perception Among African-American Females**

Bem (1972) developed the self-perception theory during his tenure at Carnegie-Mellon University. Bem defined self-perception as: “an individual’s ability to respond differentially to his own behavior and its controlling variables” (Bem, 1967, p. 184).

Hudson (2017) defined self-perception based on the “four selves”: actual self (who you are); ideal self (whom you want to be); perceived self (who others see you as), and future self (who you expect to be in the future). Perhaps by understanding this theory, it may provide the learning opportunity on how the perception of self-worth impacts African-American adult female children of alcoholic parents and their quality of life. It may be possible to learn how the perception of self-worth affects this population by exploring other factors within the African-American culture such as gender, ethnicity, and body image.

Seminal work by researchers in this field of study (Bachman et al., 2011; Bailey, 2005; Hirschman and Massey, 2008; Rowe, 2010) found that self-perception develops differently according to ethnicity. Individuals from different ethnic groups developed self-perception based on unique experiences and issues specific to that group. Although the seminal research by Bailey (2005) and Hirschman and Massey (2008) as well as research conducted by Bachman et al. (2011) and Rowe (2010) are not geared specifically toward African-American ACOAs, this phenomenon may give us another



area in which to explore how self-perception develops differently with African Americans in comparison with other ethnicities in this population.

Many factors influence an individual's perception of self and others, especially, the American media (Bruns & Carter, 2015). American media plays a significant role in the image of beauty. African-American women experience higher levels of positive self-concept than European-American women even though they watched more television, which exposed them to a European standard of beauty (Bachman et al., 2011). Rowe (2010) found that African-American women were not affected by body image messages that suggest that European-American women are the standard of beauty. It is unclear despite the experiences that take place in an alcoholic home, if African-American adult female children of alcoholics would still report higher levels of positive self-concept.

Greenwood and Dal Cin (2012) conducted a study on young women's ( $n = 141$ ) views of self-perception and of female media personae as it relates to body image. The participants were from a large Midwestern university. The data was collected from the fall of 2007 through spring 2011. The data collection was taken across multiple semesters to have an increased number of Black American participants. The results of this study indicated that Black women reported lower body scrutiny and concern with others' approval. It was also reported that Black women scored higher than white participants on self-esteem. While this study is not specifically about the perception of self-worth among African-American ACOAs, it may provide a lens through which to understand how certain factors impact self-perception and self-worth.

Erol and Orth (2011) conducted a longitudinal study on development of self-esteem in adolescence and young adulthood. The sample consisted of 7,100 individuals from 14 to 30 years of age. The study yielded some interesting results. There were no significant differences among gender in self-esteem trajectories (Erol & Orth, 2011). Erol and Orth also suggested that, at each age, individuals who were emotionally stable, extroverted, and conscientious had higher self-esteem than individuals who were emotionally unstable, introverted, and less conscientious.

Both past experiences and present group experiences influence self-appraisal. There are some differences in which self-perception manifests between the genders. Males tend to have higher self-perception regarding physical ability and math. Females tend to have higher self-perceptions of their close relationships. Current perceptions are based on past group memberships, ability, and current group memberships.

It is equally important to look at how culture plays a role in self-perception. Researchers (Capers, Baughman, Logue, 2011) have stated that the African-American female's beliefs, especially pertaining to excessive weight, is directly related to her experience within her culture. Perhaps, culture plays an equally important role in the perception of self-worth in African-American adult female children of alcoholic parents and their lived experiences.

### **The Nature of Alcoholism on the Family**

Parental alcoholism is a major risk factor for children's future alcohol abuse and dependence during adulthood (Donaldson, Handren, & Crano, 2016; Handley & Chassin,

2013). Individuals being raised by an alcoholic parent or caregiver may have varying degrees of emotional conflict. These issues should be addressed to avoid other problems in the future. AUD is the third largest risk factor or disease burden (Degenhardt, et al., 2019). According to the American Psychiatric Association (2013), alcoholism was not always recognized as a disease; it was classified as one only in 1956, subsequently, changing how alcohol use and alcoholism is viewed in society. Thus, this may have an impact on how African- American adult female children of alcoholics view their experience, which may influence their perception of self-worth and quality of life.

While researchers suggest there is a link between parental alcoholism and certain maladaptive behaviors exhibited in ACOAs (Wong, Putler, Nigg & Zucker, 2018), it is unclear how parental alcoholism and maladaptive behaviors affect the perception of self-worth and quality of life among adult female African-American children of alcoholics. Some researchers suggest that the quality of the parent-child relationship affects the emotional well-being of that child as he or she develops (Kelly, Pearson, Trinh, Klostermann, and Krakowski, 2011). For example, according to Kelly et al. (2011), negative effects are produced in children whose alcoholic fathers neglected their parental obligations and responded with harsh punishment. In the same survey, depressive symptoms in ACOAs were associated with a negative relationship between parent and child. Furthermore, more research is needed to show the impact that parental alcoholism has on the perception of self-worth and quality of life among African-American adult female children of alcoholic parents.

ACOA's are affected socially and emotionally. More specifically, a study conducted by Haverfield and Theiss (2014) surveyed adult children ( $n = 622$ ) of alcoholics and found that perceived stigma, family conditions, and emotional well-being affected this sample. The study resulted in common themes experienced among this population, including risk factors such as low self-esteem and poor family relations. This study also suggested that three types of stigma (discrimination stigma, disclosure stigma, and positive aspect stigma) were predicted by the severity of parents' alcoholism, and it predicted depressive symptoms, self-esteem, and resilience. This study guides my work by confirming that there are possible adverse outcomes leading to a lower quality of life for some children with alcoholic parents.

Another study that supported positive outcomes for African-American ACOA's was conducted by Hall (2013). An empirical comparative analysis was conducted on differential kinship social support, self-esteem, and coping responses between African-American college ACOA's and non-ACOA's. Hall concluded that ACOA's utilized more coping skills than non-ACOA's. The study didn't show any differences among the two groups when it came to self-esteem and kinship social support. Hall as well as Chou (2017) also suggested that African-American ACOA's that had biological or fictive kin were more resilient. Other studies suggested that individuals exposed to substance abuse experienced physical and psychological problems, as well as problems with coping skills (Lechner, Shadur, Banducci, Grant, Morse & Lejuez, 2014). Belanger et al. (2014)

conducted a study where results suggested a strong association between a strong sense of self-worth and enhanced proactive coping skills.

### **Perception of Self-Worth and Sibling Relationships**

Parental alcoholism greatly impacts the development of children of alcoholics and sibling relationships. Sibling relationships may play a key role in how the perception of self-worth is viewed by children of alcoholic parents. The sibling relationship is a complex system. The sibling relationship offers the opportunity to learn and practice social skills and adapt to behavioral patterns. The development of behavioral patterns becomes the foundation for how individuals handle future interactions with others. Shalash, Wood, and Parker (2013) suggested that the sibling relationship is one of the most important and influential relationships and may indicate how one may deal with future relationships.

Buhrmester's (1992) seminal study may support another factor that impacts perception of self-worth and quality of life in children of alcoholics. Buhrmester's study suggested that the sibling relationship was more influential than the relationship with parents. According to Buhrmester, sibling dynamics also predict companionship and intimacy.

The family unit and its subsystems may impact individuals and their problematic adolescent behaviors. Buist, Dekovic, and Gerris (2011) conducted a longitudinal study on the effects of the negative and positive affect in parent-child, marital, and sibling relationships on adolescent internalizing and externalizing problems. The study also

looked to compare the strengths of different family relationships for internalizing and externalizing problems and for negative and positive affect. This study was comprised of 280 families (father, mother, and two adolescents). The adolescents were between the ages of 11 and 15 years. The family reported on their affective relationships. The adolescents reported on their problem behavior. The results of the study were an indicator to the researchers that both negative and positive effects regarding the affect of parent-child dynamic. There were positive and negative effects on the sibling relationship on adolescent internalizing and externalizing problem behavior. Interestingly, the study shows that warmth and support between siblings may be just as strong as the lack of warmth in the parent-child relationship for positive social adjustment. However, sibling conflict was found to be a risk factor for depression and self-worth, and the amount of warmth didn't matter in the sibling relationship (Buist & Vermande, 2014). Some siblings form a deeper attachment or bond to compensate for the negative interactions or experiences in the family (McHale, Updegraff, & Whiteman, 2012).

The family system has been researched extensively. An area that is getting more attention is the sibling bond. The sibling bond seems to be more important in determining the quality of life than the relationship between parent and child (Buist et al., 2014; Hindman, Riggs, & Hook, 2013). Hindman et al. (2013) conducted a study on 82 two-parent families with at least one child between the ages of 8 to 11 years-old. The participants were recruited from area schools and organizations. The focus of this study was to examine the mediation roles of children's attachment to parents and sibling

relationship quality in relation to marital adjustment, children's psychological functioning, and parent's mental health. The highlighted finding regarding sibling relationship quality was that it was directly linked to children's behavioral problems.

A critical part of understanding the quality of family life is to have input from both parents and children. Carter, Cook, Sutton-Boulton, Ward and Clarke's (2016) found that many instruments used to learn about the quality of family life are directed at parents who provided information on the behalf of the entire family unit. Burbidge and Minnes (2014) conducted a study which consisted of interviews to understand the experiences of being a sibling from the point of view of the sibling with and without developmental disabilities. In their study results, Burbidge and Minnes showed that sibling relationships are important among siblings with or without developmental disabilities. Carter et al. found discrepancies between how the siblings viewed quality of life, compared to how the parents viewed quality of life.

The studies on siblings' experiences gives us a lens through which to look at the perception of self-worth in African-American adult female children of alcoholic parents. We can explore the lived experience of siblings, including how they relate to their alcoholic parents and how they relate to other siblings. Many factors influence the perception of self-worth and the quality of life other than the parent-child relationship.

### **Poor Family Relations**

**Survival roles.** There is extensive literature and statistics on the devastating effects parental alcoholism can have on children and ACOAs (Lander et al., 2013; Merrill

& Thomas, 2013). Even though some children are exposed to horrendous conditions while living in a household with parental alcoholism, some children are protective of family members in the household. In a lot of homes with alcoholic parents, there are rules around discussing what goes on in the house. Some children are afraid to discuss the parent's alcoholism (Haverfield & Theiss, 2016). Other children go as far as taking on survival roles (Vernig, 2011) to hold the family together and to hide the parent's alcoholism. These roles prevent the family from interacting with each other and the substance abuser in a healthy way. Wegscheider-Cruse (1981) identified roles that develop within the family dynamic when there is a substance abuser in the family. There are many roles, including: the enabler; the hero; the scapegoat; the lost child, and the mascot. The enabler takes on extra roles or responsibilities neglected by the substance abuser. This individual is usually closest to the substance abuser. The enabler takes on the substance abuser's responsibility to protect him or her and the family. The hero is usually the oldest child. These individual holds everything together in the house and is seen as having it all together on the outside. The scapegoat is the individual that gets all the attention in the family and gets into trouble. This person doesn't seem to care. The lost child role is usually taken on by the quietest child. This child has learned to stay out of trouble so that he or she can be perceived as being good. This child does not ask questions in an attempt to avoid problems. This child also feels unimportant. The mascot role is usually taken on by the youngest child. All the other roles are assumed by older siblings, and they try to protect this child from the effects of the parental alcoholism.



While I focused a great deal of research on the effects of parental alcoholism on the family, the effects on a larger scale—outside of the family— can be just as devastating.

### **Social Problems**

Alcoholism has been associated with increased social problems. These disruptive patterns have led to incarceration and other risky behaviors (U.S. Department of Justice, 2017). Crimes committed by individuals under the influence include rape, burglary, child abuse, and domestic violence (U.S. Department of Justice, 2016, 2017). When alcoholism strongly impacts the quality of life on a larger scale, it is a social issue.

According to the U.S. Department of Justice (2017), in 2015, approximately 1.1 million arrests were related to driving under the influence of alcohol. Individuals who suffer from alcoholism are more susceptible to legal problems, which ultimately cause problems for them, their families, and the community. Statistics (U.S. Department of Transportation, 2015) show that nearly 10,000 people are killed as the result of alcohol-related motor vehicle accidents annually. Hundreds of thousands more (National Institute of Alcohol Abuse and Alcoholism, 2017) are injured. The annual cost of alcohol-related crashes is around \$44 billion (Blincoe, Miller, Zaloshnja & Lawrence, 2015).

It is estimated that approximately 88,000 people die from alcohol-related causes (CDC, n.d.). In 2014, 9,967 driving fatalities (CDC, n.d.) were due to individuals being alcohol-impaired. Alcohol is the fourth preventable cause of death (Mandy, Roeber, Kanny, Brewer, & Zhang, 2014) in the U.S. Statistics show that 1,825 college students

between the ages of 18 and 24 died from alcohol-related unintentional injuries (National Institute of Alcohol Abuse and Alcoholism, 2017), including motor-vehicle crashes.

In addition to alcohol-related accidents, alcohol has contributed to the occurrence of both physical and sexual assaults. It was estimated that 696,000 students between the ages of 18 and 24 were assaulted (National Institute of Alcohol Abuse and Alcoholism, 2017) by another student who had been drinking. It was reported that approximately 97,000 students between the ages of 18 and 24 experienced alcohol-related sexual assault (National Institute of Alcohol Abuse and Alcoholism, 2017) or date rape.

While statistics show that alcohol use contributes to the rate of assaults, it also plays a role in the rate of hospitalizations. For example, researchers (Hingson, Zha, & Smyth, 2017) conducted a study on the increase in rates of hospitalization in young adults due to alcohol overdoses. The study was used to explore the trend in inpatient hospitalizations due to alcohol overdoses and alcohol-impaired driving, and alcohol-related mortality. Hospitalization rates for alcohol overdoses increased 26% during 1998 to 2014. Alcohol-related overdose deaths increased from 207 in 1998, to 891 in 2014 (Hingson, Zha, & Smyth, 2017). In addition to alcohol overdoses, drug overdoses and their combinations increased from 1999 to 2008 among individuals ages 18 to 24. Alcohol and opioid overdoses increased by 197% (Hingson, Zha, & Smyth, 2017). It is imperative not only for medical professionals but also for the public to be educated about the risk of overdoses.

Herttua, Makela and Martkainens (2011) conducted a study in Finland on the effects that the reduction of alcohol prices had on hospitalizations related to alcohol. Finland experienced a large reduction in alcohol prices in 2004 due to lowering alcohol taxes and abolishing duty-free allowances for travelers from the European Union. Using this study of chronic hospital rates, Herttua et al. showed that, for men there was an increased hospitalization among those below the age of 70. The greatest increase in hospitalization was among those in the age range from 50-69 (22% increase). There was an 11% increase among those in the 40-49 years-old age bracket and a 16% increase among those between the ages of 15-39. The researchers also found an increase in the rate of hospitalizations among women, as well. There was a rate increase by 23% among women in the 50-69 age range and a decrease in those under 40. These researchers found that the increase in all the population groups was due mainly to an increase in mental and behavioral disorders. Finally, Herttua et al. found that acute hospitalizations increased by 17% among those in the age bracket of 40-49, and 20% among those between 50-69 years-old. The conclusion of this study was that reductions in alcohol prices led to increases in alcohol- related hospitalizations in Finland among certain age groups.

Kypri, Davie, McElduff, Connor, and Langley (2014) conducted a study on the effects that lowering the alcohol purchasing age had on individuals (aged 18-20yrs) in New Zealand. The researchers hypothesized that the law change would result in increased assaults among individuals aged 18 and 19 and illegal sales or alcohol supplied by older friends, siblings, parents, or other adults. Through this study, Kypri et al. showed an

increase in weekend assaults involving hospitalizations among young men in the 18-19 years age bracket, who were affected by the change in minimum alcohol purchasing age in New Zealand. The greatest change among this age group occurred 5-12 years after the change. During this time frame, researchers saw the increase among young men aged 20-21 years of age. There were similar results among those in the 15-17 age range.

### **Summary**

Parental alcoholism has been a major problem for individuals, families, and communities. Researchers postulated that individuals raised in a home with parental alcoholism experience unfavorable outcomes (Andersen, et al., 2017; Haverfield & Theiss, 2017; Waldron, Doran, Bucholz, Duncan Lynskey, Madden, et al., 2015), although not all researchers suggested adverse outcomes (Kelley, D’Lima, Henson, & Cotton, 2014). The purpose of this study was to understand perceptions of self-worth among African-American adult female children of alcoholic parents and learn how their lived experiences associated with this phenomenon affect their quality of life. I hoped to address the gap in the literature from gathering first-hand accounts from African-American adult females of alcoholic parents.

Bowen (1976) (seminal work on the family systems theory) guides this work and provides the framework to understand some of the emotional patterns that are experienced within the family unit. Orth and Luciano (2015) explored how stressful events influence self-esteem. This literature review has included descriptions of different factors that may influence perception of self-worth and quality of life as it relates to self-

esteem. Park and Schepp's (2015) findings from their study demonstrated how fearful attachments and low self-esteem can be related directly to parental alcoholism. Pavlovic et al. (2018) indicated that depressive symptoms were common in ACOA as the result of a negative parent-child relationship. While there is evidence of negative outcomes as the result of parental alcoholism, some factors, such as protective factors, contribute to resilience in this population. African-Americans adult female children of alcoholics with kin or fictive kin support do better than those without this type of support (Chou, 2017). Other factors, such as sibling relationships, positively influence outcomes or children of alcoholics. Cultural expectations and gender, ethnicity, and body image also affect self-perceptions of self-worth. The culture of African Americans is important in understanding how African-American adult female children of alcoholic parents view themselves within the cultural group and how this may strengthen their confidence, thus making this population less likely to be subjected to the negative impact associated with this phenomenon. A detailed plan for this study was outlined in Chapter 3.

## Chapter 3: Research Method

### **Introduction**

The purpose of this descriptive phenomenological study was to provide an understanding of perceptions of self-worth, lived experiences, and quality of life in African-American adult female children of alcoholics. In the two previous chapters, I detailed the experiences of children and adult children of alcoholic parents. The literature review supported both negative to no adverse effects as the result of being raised in an alcoholic environment. However, there is little known on how the lived experiences and perceptions of self-worth affect the quality of life of African-American adult female children of alcoholic parents. Bowen's (1976) family systems theory and Covington's (1984) self-worth theory of achievement motivation provided clarification on this phenomenon. The qualitative method outlined in this chapter was used with the intent of gaining an understanding of the lived experiences of African-American children of alcoholic parents.

### **Research Design and Rationale**

Qualitative research is used to describe the exploration and understanding of individuals and groups as it relates to a social or human problem (Fine, 2013). Qualitative research occurs in natural settings and allows for exploration of a specific phenomenon based on the participants' experiences and perceptions (Birt, Scott, Cavers, Campbell, & Walter, 2016; Fossey, Harvey, McDermott, & Davidson, 2002). The data that were

collected and analyzed in this study articulated the lived human experience of participants.

A variety of approaches can be used in conducting qualitative research. Although other approaches were considered for this study, they were not a good match to address the current study's research question. For instance, grounded theory would not have been a good choice because this study was not designed to develop mid-level theory (Charmaz, 2006). An ethnographic study would have been appropriate for this study; however, I was not looking to just describe or interpret the day-to-day actions of this cultural group in its natural setting as aligned with the ethnographic approaches (Parker-Jenkins, 2016). A case study would have been another appropriate approach, but I was not looking at an in-depth experience of single or multiple cases that have occurred over time (Parker-Jenkins, 2016). In this study, I found the phenomenological approach to be the most appropriate in answering this study's research questions, based on my understanding of Moustakas (1994).

### **Research Question**

Qualitative research was the most appropriate method to address this study's research inquiry. The following central research question was formulated to address the gap in the literature: How do African-American adult female offspring of alcoholics experience self-worth and does exposure to parental alcoholism shape their quality of life?

## **Role of the Researcher**

The role of the researcher in qualitative research is important to the research process because he or she is considered a primary data collection instrument (Clark & Veale, 2018; Greenbank, 2003; Karagiozis, 2018). The researcher must be aware of biases, vulnerability, assumptions, and personal values at the onset of the study (Husserl, 1970). To address researcher bias, researchers can engage in bracketing, which refers to putting aside all judgment and beliefs about a particular phenomenon so that it can be viewed through a clear lens (Aagaard, 2017; Laverly, 2003). Another significant part to the researcher's role is to review similar studies to gain an understanding of data that may be obtained from participants that will be interviewed (Bernard, 2017; Charmaz, 2000; Charmaz, 2008; Karagiozis, 2018). Hence, the researcher must be willing to engage in self-reflection to identify beliefs and ideas about a certain phenomenon and then be willing to set them aside, and reviewing past literature may prepare the researcher for conducting interviews and may help ascertain if the appropriate methodology is being used for the study.

## **Methodology**

### **Participants**

The participants for this study were eight self-identified African-American adult females over the age of 18. They were recruited from community centers; malls; groups at churches, cafes, and coffee shops; social media groups; and libraries. The participants had to identify having at least one parent, diagnosed or undiagnosed, with alcohol abuse.



Previous research has suggested between three and 10 participants for a phenomenological study (Janesick, 2015), and phenomenological research studies generally use a small number of participants (Atwood & Stolorow, 2014). To ensure thick and rich descriptions from the participants, I chose to use the higher number in the range. For data collection, eight participants were used in this study.

### **Sample Size**

The purpose of qualitative research is to increase an understanding of a phenomenon that is being explored, so researchers purposefully select participants who can contribute to the complexity of the phenomenon or central issues being studied (Rudestam & Newton, 2015). In the phenomenological tradition, sampling is the process used to select individual cases; therefore, the aim of descriptive phenomenological qualitative research is not to generalize findings from a sample of the population. Determining the correct sample size that can provide adequate data becomes challenging (Malterud, 2016). When considering sample size, two areas need to be addressed (Aagaard, 2017; Creely, 2018; Nastasi, 2004; van Manen, 2014): the sample size needs to be large enough so that it provides enough variation in the population being studied, and it needs to be small enough to identify consistent patterns in the population experiencing a phenomenon. In qualitative studies, it is also important to have a sample size that would allow for a point of saturation in the collection process. The suggested number of participants for a phenomenological study is between three and 10 (Janesick, 2015). I

hoped to reach the point of saturation with 10 participants for data collection as aligned with Milton's (2014) research.

### **Sampling Strategy**

Purposeful sampling strategies are used by qualitative researchers who are conducting studies to determine the participants' characteristics (Palinkas et al., 2015). Participants for this study were selected based on certain life experiences (see Maxwell, 2013). A criterion sampling strategy was used to purposefully select participants for this study, which refers to selecting certain individuals that meet the criteria or share a life experience (Palinkas et al., 2015). The use of criterion sampling strategy eliminated individuals who did not meet the criteria or experience the same phenomenon for this study.

### **Inclusion Criteria**

The inclusion criteria for each participant entailed:

- Be a self-identified African-American woman;
- Be 18 years-old or older;
- Live or have lived with at least one parent who identifies as having experienced alcohol abuse,
- Reside in the northeastern part of the United States.

Interested participants were recruited and drawn from community centers; malls; groups at churches, cafes, and coffee shops; social media groups, and libraries through research flyers. I also accepted word-of-mouth referrals from gatekeepers and

participants as well. I followed the IRB protocol for data collection, informed consent, and research flyers. I allowed the participants to contact me and tell me if they met the inclusion criteria to avoid any influence and discrimination. I continued to recruit participants until I reached the point of saturation. The point of saturation was met when no new information was learned and the information started to become repetitive from the eight participants (see Saunders et al., 2017).

### **Data Collection**

To answer the research question, I identified participants for the study by using inclusion criteria. The first step was to complete the application to obtain institutional review board (IRB) approval (approval no. 10-04-18-0280877) from Walden's IRB. Once approved, I started recruiting participants by using criterion sampling strategy to purposefully select participants.

### **Recruitment Procedures**

The participants for my study were not considered a vulnerable population; however, having a state of low self-worth meant potentially treating participants as vulnerable given their possible emotional state. Qualitative researchers may encounter some challenges especially when working with vulnerable populations (Cook, 2012; Renert, Russell-Mayhew, & Arthur, 2013). One of the primary strategies that I used to protect this group was to follow all IRB approval procedures and to provide a resource guide to each participant (see Appendix D). There are also some strategies that make recruiting individuals from vulnerable populations easier: approaching the gatekeeper to

gain access to the population being studied; recruiting prospective participants; using word-of-mouth referrals from participants and gatekeepers, and building trust with prospective participants (Namageyo-Funa et al., 2014).

I planned to approach gatekeepers or moderators (Stage & Manning, 2016) of facilities to ask whether it is acceptable to post my flyers at locations such as churches that allow support groups and other community organizations to host meetings in their facilities. I asked if I could post recruitment flyers for interested participants on their bulletin boards and at prominent areas where people browse other literature. I also used word-of-mouth referrals from participants and gatekeepers to recruit other participants. I also obtained permission to post recruitment flyers at community centers, malls, cafes, coffee shops, groups on social media, and libraries. The flyers included a description of the purpose of my study and how I planned to collect data for my study. Participants contacted me via e-mail or by telephone. Once I had identified potential respondents, I screened them using a demographic screening questionnaire.

**Demographic screening questionnaire.** During the initial contact, I confirmed that the prospective participants met the inclusion criteria. Through the respondents' own self-identified answers, they were either qualified or disqualified. The respondents who did not meet the study criteria were thanked for their interest. Subsequently, I ensured that the informed consent form was read to each participant and signed. This form was also used to discuss the details of the study such as the risks and benefits and the steps I used to conduct the interview. For those who chose to participate via phone, I used a

consent form designed for verbal permissions via phone. The forms could also be electronically signed and e-mailed to me prior to the interview.

**Compensation.** Each participant was compensated with a \$10 gift card for their time. At any time, the participants could stop the interview.

### **Informed Consent**

Before any data were collected, the informed consent form was read to each participant. Afterward, I read questions from a prepared interview guide (see Appendix A). The respondent was asked questions and provided clarification, if necessary. These questions were derived from the primary research question. However, there may have been a need for probing questions to gain an understanding of meaning and experiences of these respondents as it pertains to their self-worth and quality of life.

### **Instrumentation**

The researcher is the primary instrument in qualitative research (Peredaryenko & Krauss, 2013). There are various forms of interview processes used to obtain rich, thick data (Fusch & Ness, 2015). For this study, I used Rubin and Rubin's (2012) responsive interviewing model. Responsive interviewing refers to the iterative process, which allows a variety of styles that are standard in the field (Rubin & Rubin, 2012). This process involves careful listening and sharing in addition to choosing a framework for the interview method (Rubin & Rubin, 2012).

## **Interview Process**

Each interview was anticipated to last between 60 to 90 minutes (see Seidman, 2013). A quiet, comfortable private setting such as a library or an approved private location of the participants' choice could be used to conduct the interviews (Jamshed, 2014). To ensure that the data collected during the interview process were accurate, I used an audio recording with the participant's permission. If granted permission, I would capture copious field notes and request clarification; however, this could have extended a normal interview from 60 to 120 minutes.

During the interview, it is important to establish trust and a rapport with interview participants. By establishing a rapport between the researcher and the participant, the researcher can encourage the participant to share experiences. The main questions need to be asked to encourage conversation (Rubin & Rubin, 2012). To obtain greater depth and detail in information, the researcher may have to probe (Rubin & Rubin, 2012). Follow-up questions may have to be asked to expand on what the researcher may think is important for clarification (Rubin & Rubin, 2012).

There was also a debriefing process to discuss problems that may have arisen during the interview process. Participants were encouraged to provide feedback at the end of the interview. A debriefing sheet was used to close out the interview (see Debrief Script in Appendix A).

## **Interview Guide**

To understand this phenomenon possibly affecting African-American adult children of alcoholic parents, participants were interviewed using semi-structured, open-ended questions (Cridland, Jones, Caputi, Magee, 2015; Rubin & Rubin, 2012); a possible source of data could be collected from journals that they wish to submit (Cope, 2014). This information could reveal additional insights needed to interpret the data. These journals could also contain participants' recorded perceptions (Cope, 2014) related to their self-worth. I ensured that these journals have no identifiers that might compromise a respondent's identity.

At the conclusion of the interview, I read the debriefing script after the interview to explain the process following the interview (Rubin & Rubin, 2012). The participants were made aware that their interviews will be audiotaped and transcribed. I provided all the participants with a resource list of mental health clinics/facilities (see Appendix D) in the event that they experience any adverse effects or stress from participating in the interview. I also had planned to file an incident report with Walden, if needed.

## **Data Analysis**

Data was analyzed following my transcription of the audio recorded interviews. To conduct data analysis, I used Colaizzi's (1978) seven-step method. Colaizzi's descriptive phenomenological method assisted me with the data collection and analysis for this descriptive qualitative study. This was because Colaizzi's method considers participants as co-researchers as it relates to their lived experiences. Therefore, true

essence of the lived experience was revealed through the exchange between the researcher and the co-researchers (Beck, 1994; Colaizzi, 1978). Therefore, in essence, the first part of the data collection was accomplished through semi-structured interviews. Next, the data was carefully analyzed and examined for prevalent themes.

According to Vaismoradi and Bondas (2013), the goal of qualitative research is theme identification. Frankfort-Nachmias & Nachmias (2008) stated that the goal of qualitative research is the identification of data concepts and the relationships between them. A qualitative data analysis plan was employed to analyze the data and categorize themes (Gibbs, 2007; Miles, Huberman, & Saldaña, 2014; Saldaña, 2013), which is identified in the next section.

### **Colaizzi's Seven-Step Method of Analysis**

Colaizzi's (1978) seven-step strategy was used to ensure a thorough and exhaustive data analysis. The seven-step strategy was as follows:

1. Following the interviews, the audio tapes were transcribed. I reviewed the transcription so that I became familiar with the content;
2. I identified key statements made by the participants to see if these statements are linked to concepts related to my research problem. These were coded;
3. I inferred meaning from the statements made by the participants;
4. Similar statements were sorted into clusters and categorized to form themes;
5. I then drafted comprehensive descriptions and/or narratives of the experiences of the participants;



6. I identified the fundamental structure of the phenomenon as a collective theme;
7. Finally, I validated findings by following up with participants and conducting member checking.

**Member checking.** After the interviews have been transcribed and analyzed to confirm that I accurately interpreted the data collected during the interview, I shared my initial interpretations with participants for feedback. It is noted that not all interviews required member checking, as they may be clear, and I used paraphrasing on the spot to ensure my understanding of the answers provided. However, some participants were asked to participate in member checking (Houghton, Casey Shaw, & Murphy, 2013) if clarity was needed. Member checking refers to the participant being allowed to read the transcription of her interview to determine if it is accurate and true (Houghton et al., 2013).

### **Data Storage, Confidentiality of Records and Storage**

Data was kept secure by me on USB drives in a locked security safe at my private residence. All information on the USB drives was password-protected. Information obtained during this research study will be kept for a period of at least five years, as required by Walden University.

### **Validity and Reliability**

Qualitative reliability refers to: the consistent approach used by different researchers and different projects to ensure rigor (Yilmaz, 2013). While quantitative

researchers center on reliability and validity, qualitative researchers focus on data trustworthiness while conducting studies. Lincoln and Guba's (1985) seminal text outlined the components of trustworthiness (Connelly, 2016; Elo, Kääriäinen, Kanste, Pölkki, Utriainen, & Kyngäs, 2014; Korstjens, & Moser, 2018) which consist of: (a) credibility; (b) transferability; (c) dependability; and (d) confirmability. Guba and Lincoln (1994) suggested another criterion to the list, authenticity, which ensures that the study is authentic and genuine— seeking to empathize with the feelings of the participant.

Throughout this study, validation of findings occurred by outlining the steps in the research process. It is imperative to include these steps to check for accuracy and credibility of the finding of the study. Merriam and Tisdell (2015) suggest that qualitative researchers should document the steps involved in the procedure of the study. Qualitative validity refers to the researcher checking for the accuracy of the findings by using certain procedures (Erchul & Sheridan, 2014; Lincoln & Guba, 1985). These procedures include: triangulating different data sources; using member checking; using rich and thick descriptions when conveying findings; clarifying the researcher's bias; including discrepant information in relation to the theme; spending a prolonged time in the actual setting; using peer briefing, and using an external auditor to review aspects of the project (Erchul & Sheridan, 2014; Lincoln & Guba, 1985).

**Credibility.** Credibility was established by conducting this qualitative study according to Walden University's and IRB's ethical principles. The concept of credibility is similar to the concept of internal validity in quantitative studies (Yilmaz, 2013). One

way to improve credibility is by employing the use of data triangulation (Anney, 2014). The concept of data triangulation refers to the use of multiple methods, sources, and theories to corroborate findings (Anney, 2014). Another way to verify that the results from the participants are accurate is by using member checking (Yin, 2014). This procedure involves the researcher following up with the participants by taking the final report back to the participants to check if they are accurate (Birt, Scott, Cavers, Campbell, & Walter, 2016).

**Dependability.** Dependability is similar to the term reliability in quantitative research (Yilmaz, 2013). Dependability is associated with the accuracy of the results (Anney, 2014). Therefore, it is imperative to provide detailed steps related to this research process.

**Transferability.** Transferability is a concept similar to that of external validity in quantitative research (Warner, 2013). Transferability relates to the results of the study being able to be generalized, or transferred, to other contexts or settings, which is similar to external validity (Warner, 2013). Anney's (2014) definition of transferability is defined as the results of the study being able to be applied to other contexts with other respondents.

**Confirmability.** Confirmability is a term that is defined as a method by which the researcher is able to establish that the data obtained from the study represents the participants' feedback, but not the researcher's bias or point of view (Cope, 2014). One way to demonstrate confirmability is by describing how the conclusions and

interpretations were established (Cope, 2014). Explanations of how the findings resulted from the data should be included.

**Authenticity.** Cope (2014) defined authenticity as the ability of the researcher to convey the feelings of the participants. The reader can grasp the emotional experience of the participant through the quotes provided by the participants.

### **Threats to Validity**

In qualitative research, validity does not carry the same connotations as in quantitative research (Yilmaz, 2013). One of the strengths of qualitative research is validity. In qualitative research, validity is used to determine if the findings are accurate from the perspective of the researcher, the participants, or the readers of the account (Yilmaz, 2013). The following describe the five possible threats to validity:

**Descriptive validity.** It is imperative that the researcher record interviews accurately and completely. What the researcher is unable to record is just as important as what is recorded during data gathering. It is equally important to document to make sure that what is documented is from the participants and not an abbreviated version from the researcher. Although it won't eliminate threats, one way to verify descriptive data is by video-taping or tape recording the session (Muswazi & Nhamo, 2013).

**Interpretation validity.** To avoid compromising interpretation validity, the researcher needs to capture the observation as interpreted by the participant. It is crucial for the researcher not to impose his or her own meaning on what the participants express either through words or actions (Chan, Fung, & Chien, 2013). Open-ended questions

should be posed to the participants instead of inquiries that will lead the participants to respond in a way that he or she normally would not have.

**Researcher bias.** Every researcher has some biases. It is important that the researcher acknowledges his or her biases so that this does not impact the results of the study (Simundic, 2013). In descriptive phenomenology, the researcher uses a process called epoche/bracketing (Husserl, 1970). During bracketing, the researcher puts his or her beliefs about a phenomenon aside so that it does not interfere with the phenomenon (Chan, Fung, & Chien, 2013). Husserl (1970) recommended that the researcher bracket out his or her biases or personal beliefs so that the experience with the phenomenon is not influenced. Darawsheh (2014) suggested that the researcher engage in self-reflection to become aware of his or her biases so that the integrity of the study is not impacted by preconceived notions. In addition to engaging in self-reflection, I engaged in journaling and might share it with my chair.

**Theory validity.** At the beginning of a study, most researchers may have a particular theory that they would want to use to support their study (Grant & Osanloo, 2014). It is the responsibility of the researcher that he or she does not force the data to match the theory. It is equally important that the researcher does not ignore data that does not align with the theory. Researchers must provide all data even if it doesn't support their hypotheses.

**Reactivity.** The presence of the researcher can impact both the environment and the participants being observed. While it is impossible to eliminate reactivity threat, the

researcher needs to be aware of it and its potential to impact the study. According to Maxwell (2013), participants often react to researchers rather than the situation being observed. It is not uncommon for the participants to influence the researcher by staging events or making themselves seem important.

### **Ethical Considerations**

Several ethical considerations (Gambrill, 2015; Longhofer & Floersch, 2014) were addressed to manage this study. An application was submitted to Walden University's Institutional Review Board (IRB) to ensure that this study complied with all "ethical standards as well as U.S. federal regulations" (Walden University, 2017). Prior to the interview, each participant was informed about the purpose of the study. Each participant was given information about the nature of the study, the procedure, confidentiality, and informed consent (Cazorla-Palomo & Bernal-Cisneros, 2014). The participants were compensated with a \$10 gift card for their time. At any time, the participants could have stopped the interview. Following each interview, data was kept secure by the researcher on USB drives in a locked security safe at her private residence. All information on the USB drives was password protected.

As stated earlier, information obtained during this research study will be kept for a period of at least five years, as required by Walden University. All data collected will be destroyed by wiping of the hard drive it is stored on 5 years from the date of final acceptance of the dissertation. All written materials including field notes will be shredded. I had planned to hold a debriefing process to discuss any problems if issues had

arisen during the interview process. Each participant was encouraged to provide feedback at the end of the interview.

### **Summary**

In Chapter 3, I provided a detailed overview of the phenomenology and how I determined which method to use to answer the research question. This chapter reintroduced the problem statement. I conducted semi-structured interviews to explore if lived experiences and self-perceptions affects self-worth and quality of life in African-American adult female children of alcoholic parents. I thoroughly described the data collection process. I also outlined the inclusion criteria. The methodology, instrumentation, and other ethical consideration were addressed in this chapter. In Chapter 4, I presented the research findings.

## Chapter 4: Results

### **Introduction**

The purpose of this study was to provide an understanding of perceptions of self-worth, lived experiences, and quality of life of African-American adult female children of alcoholics. A qualitative, descriptive phenomenological analysis was conducted using data gathered from in-depth interviews from eight self-identified African-American adult females over the age of 18 who disclosed that they live or lived with at least one parent who identified as having experienced alcohol abuse. The research question that guided this study was “How do African-American adult female offspring of alcoholics experience self-worth and does exposure to parental alcoholism shape their quality of life?”

In Chapter 4, I present the results and provide illustrations of the participants’ experiences. Although each participant had her own unique experiences, there were some commonalities. I organized this chapter to include the details of the participants’ demographics as well as the setting, the methods for data collection, and the processes of transcription and coding for themes. The analysis process moves inductively from identifying statements linked to concepts related to the research problem to clusters, which were categorized into significant themes. A discussion related to the evidence of trustworthiness is also included in this chapter. This chapter concludes with a summary of the findings as they relate to the research question.



### **Research Setting**

The research study was conducted in the northeastern part of the United States. The interview process was conducted from October 2018 through January 2019. Two methods of interview were offered to the participants: in-person or by telephone. Each participant gave her preference as to how she would like to be interviewed. Two of the eight participants chose to be interviewed in person. Each participant who opted to be interviewed in person read and answered the demographic screening questionnaire to make sure she met the criteria for the study. The participants who were being interviewed by telephone also had to confirm that they met the criteria for the study by answering the demographic screening questionnaire. All the participants read and signed the informed consent prior to participating in the study. The informed consent was e-mailed to the participants who chose to be interviewed over the telephone, which were signed and e-mailed back to me prior to the study being conducted. In addition to the participants reading the informed consent themselves, I also read the informed consent to each participant. I maintained a contact log for each participant; I recorded the interview by date and number, such as 10/23-1, and by contact information in a separate log to maintain the participants' confidentiality. Once a participant contacted me after viewing my research flyer or via word-of-mouth, we agreed upon a date, time, and method of the interview. The in-person interviews were conducted at an agreed-upon location between the participants and me.

## **Recruitment**

The techniques used to recruit participants included snowball sampling, word-of-mouth referrals, and posted flyers. Some of the participants who were recruited via snowball sampling were disqualified to participate in the study due to not meeting the criteria. I posted research flyers at community centers, malls, cafes, coffee shops, and libraries. I also used social media groups such as Facebook and some group pages on Facebook. Prior to posting to the social media groups, I received permission from the group administrators. All participants were recruited as the result of word-of-mouth referrals or from seeing my recruitment flyer.

## **Demographics (Participant Profiles)**

Each participant was required to meet the inclusion criteria and agree to the informed consent. To protect the confidentiality and anonymity of the participants, each participant was assigned a pseudonym. In my contact log, each participant was identified by the date she was interviewed and a number (from 1 through 8), indicating the chronological order in which she was interviewed (see Table 1). No real names were used in this study.

Table 1

*Participant Demographics*

Participant	Age	Ethnic Background	State	Alcoholic Parent
Tammy	47	AA	NJ	Father
Pearl	47	AA	NJ	Father
Rosie	55	AA	MA	Stepfather
Ruth	51	AA	MA	Father
Kenya	53	AA	NJ	Father
Dalis	26	AA	MA	Mother
Judith	40	AA	MA	Grandmother
Velysha	46	AA	MA	Father

*Note.* AA = African American

### **Demographic Summary**

Eight participants were interviewed for this qualitative, phenomenological study. I was able to reach data saturation with eight participants. Data saturation means that no new data, no new themes, or no new coding occurs (Fusch & Ness, 2015). Data saturation can be reached with as few as six interviews (Fusch & Ness, 2015). Each of the participants was over 18 years of age. All the participants lived in the northeastern part of the United States and identified as living with at least one alcoholic parent at some point

in her life. The participants' confidentiality and anonymity were protected even though background information was provided in the demographic information to confirm that each participant met the inclusion criteria.

### **Data Collection**

While engaged in the process of data collection and analysis, I was aware to set aside, or bracket, any biases related to the topic. As the primary instrument in data collection, I acknowledged the difficulty in setting aside preconceived notions related to this research (see Husserl, 1931). When feelings or thoughts related to this study came up, I documented them in my journal to separate my experiences from the participants' experiences.

Once it was determined that each participant met the inclusion criteria by positively answering the questions in the demographic screening questionnaire, each participant signed an informed consent form prior to the interview. The consent form included the title of the study, summary of the study, my contact information, and the IRB approval number and its expiration date. The consent form also included examples of the interview questions and risks and benefits of participating in the study.

Once I determined that each participant met the inclusion criteria, a mutually agreed upon time and location was scheduled. I scheduled a time that was convenient for the participants who would have their interviews conducted by phone. I conducted this study by using Rubin and Rubin's (2012) responsive interviewing model, using semi-structured, open-ended questions posed to each participant to obtain rich, thick data (see

Fusch & Ness, 2015). I also engaged in careful listening and sharing and during in-person interviews, I maintained eye contact and respectfully provided personal space (see Rubin & Rubin, 2012). A copy of the interview guide can be found in Appendix A. Each interview lasted between 60 and 90 minutes (see Seidman, 2013). Interviews were conducted either by phone or in person at an approved private location that was agreed upon by the participant and me.

Prior to starting each interview, I obtained consent from each participant to use an audio recorder and to take notes. The participant was informed that she could stop the interview at any time without any penalty. Once consent was given, I tested the audio recorder prior to each interview to make sure it was in good working condition. I took field notes to capture changes in tone of voice, body language, and clarified statements or answers from the participants. Some of the questions were asked out of order of the interview guide to keep the content of the conversation flowing better from the participant. Only one participant became so agitated that she refused to answer a few questions. At the conclusion of each interview, a \$10 gift card was presented to each participant as a token of my appreciation for taking the time to participate in the study.

Once the interviews were concluded, I transcribed the recordings and saved it in both a Word document and on a USB drive. To ensure accuracy of the transcriptions, these recordings were repeatedly played. I followed the data collection protocol outlined in Chapter 3. A few participants mentioned that they would like to read the “finished

product.” As a part of the informed consent, I mentioned that upon request, a summarization report would be made available to that participant.

### **Data Analysis and Findings**

The goal of qualitative research is the identification of data concepts and relationships between them (Belotto, 2018; Blair, 2016; Chowdhury, n.d.; Frank-Nachmias & Nachmias, 2008). Additionally, the goal of qualitative research is theme identification (Vaismoradi & Bondas, 2013). Using a systematic and rigorous approach to data analysis can yield rich and in-depth findings (Vaughn & Turner, 2016). Therefore, to ensure a thorough and exhaustive data analysis, the following steps were used. Following the interviews, the audio recordings were played several times. The interviews on the audio recorders were transcribed. The transcriptions were read several times so that I became familiar with the content. Key statements were linked to concepts related to my research problem and were coded. Codes were later sorted into clusters and categorized into themes, a process consistent with Vaughn and Turner’s (2016) strategies of data analysis. The next step was to identify key statements and infer meaning from the statements. I highlighted statements with similar meaning with colored pencils. I also organized these statements separately on individual pages to make organizing easier for me. The narratives of the experiences of the participants were highlighted. The structure of the phenomenon was categorized as a collective theme. Each participant was made aware that she may be contacted for clarification of content of the interview through the process of member checking.

The research question posed in this study was addressed by the process of data analysis, which included identifying, sorting, and analyzing different codes into themes. Several themes emerged from this study, including the abuse and self-worth, repeating the cycle and family systems cycle, the non-alcoholic parent, forgiveness, inconsistent familial environments, and resilience and perception of self-worth.

### **The Abuse and Self-Worth**

All the participants of this study recalled some form of abuse, either physical or verbal. Some of the participants reported neglect. Some participants shared that the abuse was from the alcoholic parent, whereas others reported that the abuse came from the non-alcoholic parent. One participant disclosed that the abuse she suffered was from her own siblings. Kenya stated:

I didn't have a role in the family in the past. I had brothers and they were the forefront. I had nothing. I had nothing. I had brothers that would beat me up just because I was a girl. I had brothers that would take me outside 'cause they had to. Growing up, we had an old lady who lived down on the corner and she kept a lot of dogs. And because my brothers had to take me outside, they would play with these dogs, and agitate these dogs, so those dogs could chase you. And you had to jump on a car so they wouldn't get you. I had brothers that would push me on the ground so I can get bit by the dogs. I had no role growing up. If I did, I figured it was just to be a whipping post, I don't know. I had none.

Pearl commented on her situation with abuse: “And when he was intoxicated, he would really, whether he was intoxicated or not, he would just take whatever she said. He wouldn’t do too much arguing or anything like that.” Kenya also shared the following:

My mother told me if I had any more kids, she was gonna put me out. My mother told me when I was going to church and getting baptized, “I hope you drown.” My father was so mad at my mother being mad about this, this is what I grew up with; beating her up. [M]y mother ran out of the house and took her sons and left me in the house. And my father dangled me out the window and told my mother, she gotta come back upstairs or I’m gonna jump [throw] her out the window. How traumatizing is that for a kid?

Tammy recalled how her father was abusive to her mother, but never to her: “Whereas having an alcoholic father, he was abusive. So not to me but to my mother.”

Kenya disclosed her experience with her parents:

Well, with my parents, it was with me personally, with my dad, it just was he was just straight alcoholic, so that doesn’t really matter. He would not, he was abusive to my mom. But he was never abusive to me. You know what I mean? My father never did go after me. My father loved me wholeheartedly. But he was never abusive. He was very abusive to my mother.

Pearl recalled how her mother responded to her: “Mom was emotionally abusive to me.” Tammy also shared:



One of the things that I would do is when he would be abusive whether he was drinking or not. I know he was an alcoholic, but I didn't know if he was drinking that evening or not. But if he was fighting and arguing with my mother, I would go into the bedroom and then he would stop. So, I think I was conditioned to once I heard yelling and screaming, go in and then it would stop.

Pearl remembered how her mother provoked her father: "I remember my mom just hitting him, hitting him, hitting him, hitting him. And eventually, he just turned on her. He attacked her." Ruth also recalled her experience in her house: "drinking everyday . . . fussing . . . arguing . . . violence."

### **Repeating the Cycle and Family Systems Cycle**

Five participants reported that they had a history of drinking. One participant reported that she would drink with her stepfather. Another participant stated that she experienced alcoholism. The participants' experiences with alcohol ranged from experimenting to alcoholism. The following statements illustrate this point:

Ruth shared, "My children had to live with me being an alcoholic." Judith disclosed, "Cause they made me want to experiment with alcohol at a young age." Rosie revealed that she and her stepfather "used to drink together." During the interview, Velysha shared:

I do think it has a lot to do with growing up with an alcoholic parent because there's no one there to diffuse the situation. When I would drink so much, I wouldn't even realize sometimes, who I was. I wasn't seeing this; I was just

ignoring everything from my life. So, there's plenty of times I blanked out from drinking and I can even remember seeing my father just laying there passed out Velysha also divulged "then I turn[ed] to the bottle."

### **The Non-Alcoholic Parent**

At least seven participants referenced their relationships with their non-alcoholic parent. Most of the memories that were recalled about the non-alcoholic parent were not positive. The following statements illustrate this point:

Pearl indicated that "in addition to being verbally abusive to my father, this is my stepmother actually, she would become physical with him as well because she would just get so angry that perhaps he wasn't arguing back with her." Although Rosie stated that she felt like she was the "black sheep" of the family, she stated that she loved her mother. Pearl also suggested that:

There was an envy, there was a dislike, there was a hatred that she had towards me. So, I think that prevented us from ever truly having a mother-daughter relationship. The relationship that we have now is very fake. Really. It's out of duty, I make sure that I call, and she'll call me. And it's been fake--up to this point. I think it's probably starting to improve now and it's becoming more real. But even still, it's not a mother-daughter relationship.

When reflecting upon the non-alcoholic parent relationship, Kenya also disclosed, "My mother told me if I had any more kids, she was gonna put me out." My mother told me when I was going to church and getting baptized, "I hope you drown." Kenya also

recalled, “[So, my mom [and I], do not have the greatest of relationships because she still wants to control what I do.” Pearl stated, “[My] stepmother . . . about five years ago, decided that she didn’t want anything to do with my family, my husband, my daughter at the time was 17.” Another example of the relationship with the non-alcoholic parent is illustrated by Kenya, saying, “Well, now there’s no conflict. My daddy passed. He’s been dead now over 20 years. Me and my mom, we just coexist as mother and daughter.” Ruth shared, “My mom is still alive . . . our relationship is well.”

Velysha suggested that she experienced, “My mom for a while, she didn’t like me, either. She’d get really mad at me at times when I would try and protect her and get him off of her when he’s drunk and everything.” Rosie referenced her mother in a positive way: “I love my mom.”

### **Forgiveness**

Another common theme among the participants was forgiveness. At least two of the participants shared that although their alcoholic parents caused confusion in the household, the participants chose to forgive their alcoholic parents in order to move past that phase of their lives. The significant statements that follow illustrate this point.

Kenya suggested that she experienced: “My daddy’s passed. I’ve since forgiven him because I just, I don’t know if it was just for my own sake, I had to forgive him. I never knew if he was ever sorry, but I feel like he was in my heart. And in my soul, I feel like he was.”

Tammy indicated that “I kind of pushed aside all the stuff that I’ve been through when I was younger. I would never talk about it, but I just pushed it aside.” Another participant felt as if her mother chose her father over her and managed to forgive her mother. Kenya shared the following statement:

I love my mother. But I don’t have a relationship with my mother . . . . You chose him over me. And I’m telling you the truth. If you would walk in the door, and see things, and not acknowledge them. And you see the look of terror in my face, and you just want to close your eyes. So that’s part of my life with my mom. I have no respect for her. I forgive her, but she don’t know.

Kenya also shared: “It was particularly tough, but today it’s no problem. I’m okay with it. I forgive all of that stuff.”

### **Inconsistent Familial Environments**

Two participants described the chaotic environment that they often had to endure. Both participants reported that they knew at some point during the day they would encounter their alcoholic parents and experience their unpredictable behaviors. It was the inconsistency that was unnerving, as evident by the following statement made by Tammy:

“Not knowing what’s going to trigger him. Because of the alcoholism.” Velysha suggested, “It was just inconsistency and not knowing. And being scared by it. Yeah. That was it.” Velysha also stated, “The worst part is not knowing what to expect, really. Not knowing if my mom’s gonna be there. Yeah, that’s the worst part.”

### **Resilience and Perception of Self-Worth**

All the participants, despite having lived in an alcoholic household, reported having a positive quality of life or the ability to be resilient. The following statements are in response to an interview question regarding how participants perceived their quality of life and self-worth: Judith stated, “Basically, I feel pretty good. I mean I have a job and I have two children that are healthy. I have a roof over my head, so, you know, I’m not really stressed out or anything.” Dalis responded, “I would say the quality of life is okay. I am working so it’s better.” When reflecting on self-worth, Rosie disclosed, “I feel as though I’m a good person.”

Velysha stated:

Quality of life now, I think, is peace. I try my best to live in peace, not to be in anybody’s drama that’s going on and that’s including my own family. I try to center myself around positive things, positive people. I try to fill myself and my children with knowledge and that’s knowledge within God, knowledge within education. I try to keep myself at a better centered place so that I can stayed centered.

Tammy indicated, “I think quality of life now is just being happy with what you want to do in life.”

Pearl responded:

Yeah. My quality of life is excellent. I have healthcare, I have medication. I don’t worry about, if the lights are going to stay on, if I can afford my medication. I

don't worry about just having to put \$3 of gas in my car. So, my quality of life is excellent and I'm very grateful for that.

Kenya reflected on her quality of life and her self-worth. She shared:

So, my quality of life today is so, so much better. It's like when I cut out of this, I never say, and I'll say it like this, when I got out of being an alcoholic, I got out of my father being an alcoholic. So, I see a little girl that didn't know nothing, disappear in a corner. So just to see the little girl that was always in the corner on her room covered down, and not even to understand anything that was going on around her in her room, I've seen her disappear. And saw this person rise. And that is a beautiful thing. A beautiful thing. So, my quality of life today is great, beyond belief.

Tammy indicated, "I think quality of life now is just being happy with what you want to do in life." Ruth commented, "it could be better, but it is good." The aforementioned quotes and results are interpreted as they align with theory and address the research questions and are presented in Chapter 5 of this dissertation.

### **Trustworthiness**

The needed constructs in qualitative studies were addressed by establishing trustworthiness (Connelly, 2016; Korstjens, & Moser, 2018; Lincoln & Guba, 1985). The constructs to establish trustworthiness (Connelly, 2016; Korstjens, & Moser, 2018; Lincoln & Guba, 1985) were credibility, transferability, dependability, and confirmability. Credibility is established by using certain procedures for data collection

and interpretation (Bernard, 2017; Saldaña, 2015). Specifically, and as indicated in Chapter 3, credibility was established by conducting this qualitative study according to Walden University's and IRB's ethical principles. The concept of credibility is similar to the concept of internal validity in quantitative studies (Yilmaz, 2013). One way to improve credibility is by employing the use of data triangulation (Anney, 2014). The concept of data triangulation refers to the use of multiple methods, sources, and theories to corroborate findings (Anney, 2014).

Another way to verify that the results from the participants are accurate is by using member checking (Yin, 2014). This procedure involves the researcher following up with the participants by taking the final report back to the participants to check if they are accurate (Birt, Scott, Cavers, Campbell, and Walter, 2016). These procedures include member checking, triangulation, and saturation. These procedures are used to ensure accurate information which represent each participant's point of view. Transferability refers to results being applicable to other situations or transfer to other contexts.

Dependability refers to accurate data obtained directly from the participants in the study. Dependability was maintained by an audit trail that included eight audio-recorded interviews, eight transcriptions, eight files of codes and emergent themes, an interview guide, and field notes. Dependability is similar to the term reliability in quantitative research (Yilmaz, 2013). Dependability is associated with the accuracy of the results (Anney, 2014). Therefore, it was imperative that I provided detailed steps related to this research process (in the research IRB application as well as documented in Chapter 3 and

in the Informed Consent form). Confirmability refers to being able to maintain the integrity of the study by having the study represent the feedback of the participants, but not the researcher's bias. Confirmability is a term that is defined as a method by which the researcher is able to establish that the data obtained from the study represents the participants' feedback, but not the researcher's bias or point of view (Cope, 2014). One way to demonstrate confirmability is by describing how the conclusions and interpretations were established (Cope, 2014). This process of confirmability is illustrated in Chapter 5 through analysis of how the conclusions are drawn from the research results and as aligned with the literature.

### **Summary**

In this chapter I provided an account of a descriptive phenomenological analysis aimed at understanding perceptions of self-worth, lived experiences, and quality of life in African-American adult female children of alcoholics. One primary research question was formulated to understand the research problem. The participants associated parental alcoholism with neglect/abuse while growing up and inconsistency from the alcoholic parent. Some participants reported having a difficult upbringing and experienced or witness neglect/abuse. All the participants expressed resilience and currently reported positive quality of life. Five participants reported having a history of alcohol abuse. Five participants referenced their relationship with their non-alcoholic parent. Most of the participants that referenced their non-alcoholic parent reported a conflictual relationship or feelings of disdain from this parent. Three participants reported that they forgave their



alcoholic parent for the chaos that was brought into the home as the result of their drinking. Five participants disclosed that they became involved in drinking. The description of their drinking ranged from experimenting to alcoholism.

In Chapter 5, the results of the findings as they relate to the conceptual framework and past literature are discussed. This chapter also presented the limitations of the study, recommendations for future research, and implications for social change.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

The purpose of this study was to provide an understanding of perceptions of self-worth, lived experiences, and quality of life of African-American adult female children of alcoholics. In this study, I used a descriptive phenomenological research design to collect and analyze data from eight participants. I also incorporated Colaizzi's (1978) seven-step strategy to ensure a thorough and exhaustive data analysis. Literature suggests unfavorable outcomes for individuals raised in alcoholic homes (Waldron et al., 2015); however, further research may be necessary due to individuals not always experiencing adverse outcomes (Kopera et al., 2014). In this study, I identified a gap in the literature on parental alcoholism and African-American adult females' perceptions of their quality of life. Six themes emerged from the research question, including the abuse and self-worth, repeating the cycle and family systems cycle, the non-alcoholic parent, forgiveness, inconsistent familial environment, and resilience and perception of self-worth.

In this chapter, I present the interpretation and findings as they relate to the conceptual framework, and I provide the limitations of study. I also discuss recommendations for future research and implications for positive social change. I conclude this chapter with a summary of the research project.

## **Interpretation and Findings**

The findings from this study provided me with key insights regarding African-American adult children of alcoholics' perceptions of self-worth, lived experiences, and their quality of life. Researchers have explored parental alcoholism and its relation to the adverse impact on adult children of alcoholic parents (Haverfield & Theiss, 2016; Rusnáková, 2014; Tolbert & Wells, 2013; Young & Timko, 2015). However, there is a gap in the literature on African-American adult females of alcoholic parents and their lived experiences. I interpreted the participants' responses to the research question: How do African-American adult female offspring of alcoholics experience self-worth and does exposure to parental alcoholism shape their quality of life? I identified the following six themes from the interviews: the abuse and self-worth, repeating the cycle and family systems cycle, the non-alcoholic parent, forgiveness, inconsistent familial environments, and resilience and perception of self-worth.

### **Theme 1: The Abuse and Self-Worth**

Violence and disruption in the home expose children to vulnerable situations (Khan & Rogers, 2015; Phillips, Bowie, Wan, & Yukevich, 2016). For instance, Choenni, Hammink, and van de Mheen (2017) indicated that having a partner who has an alcohol or drug problem increases the likelihood for physical and sexual abuse. Aggarwal, Sinha, Kataria, and Kumar (2016) also indicated the prevalence of intimate partner violence with AUD; in a sample of 30 men over a period of 6 months, the prevalence of intimate partner violence (physical and psychological abuse) was 90%, and the rate of sexual

abuse was 76.7%. In this study, one of the participants disclosed that she was “touched” by her mother’s significant other.

Participants’ responses substantiated the statement made by the American Academy of Child and Adolescent Psychiatry that most children raised in a home by an alcoholic parent experienced some form of neglect or abuse (Shin, Hassamal, & Groves, 2015). The experiences shared by the participants can also be understood from the conceptual framework of the family systems theory (Bowen, 1978). For instance, Kenya rationalized her brothers’ behavior of beating her or pushing her down so the neighbor’s dog could attack her by saying that maybe this could be frustration exhibited by her siblings due to living in an alcoholic home, which is an example of the family projection process (Bowen, 1978). The dysfunctional family dynamics learned from observing the emotional problems in an alcoholic home were perpetuated in the sibling relationship. Some literature even suggests that violence among siblings can be life-threatening in these situations (Tucker, Finkelhor, Turner, & Shattuck, 2014).

As a result of abuse, children of alcoholic parents may experience low self-esteem and poor family relations, indicating a linkage to self-worth (Haverfield & Theiss, 2016). Some of the risk factors this population experiences related to poor family relations include high levels of conflict, communications problems, inconsistent messages, and a lack of cohesion among siblings and the family unit (Klostermann & O’Farrell, 2013). These factors may align with the abuse conveyed by the research participants. For example, Kenya’s reported abuse aligns with poor family relations as discussed by

Klostermann and O'Farrell (2013). Conflict problems and confusion are also apparent in Tammy's recollection of witnessing her mother's abuse. Although her father may not have abused her physically, seeing her mother's abuse and the father's acts of violence may have been a form of secondary abuse or trauma. For instance, Cohen, Mannarino, and Deblinger (2016) found that children's exposure to traumatic events exacerbated their own internalized reactions to the event or violence.

I interpreted the responses elicited from participants in this study as having a dichotomous reaction to abuse. If they were the target of familial abuse, it appeared to have a devastating effect on the individual. On the other hand, if the individual were not targeted (e.g., Tammy's experience), they internalized and exempted the abuse or forgave the abuse. This phenomenon may be aligned with codependence as mentioned in Chapter 1. When codependence occurs in the family system as it relates to alcohol abuse the dysfunction is often aligned with enabling behavior (Rusnáková, 2014; Young & Timko, 2015). Under these circumstances the family may suffer, but the offending patterns of the alcoholic parent becomes the norm in the household.

**Self-worth.** Social and emotional issues such as low self-esteem and poor social relationships may result from exposure to parental alcoholism (Haverfield & Theiss, 2016). The value that an individual places on self-worth after being abused might be understood through Covington's (1984) self-worth theory of achievement motivation, which explains that there is a relationship between perception of self and self-acceptance. Thus, I assumed that life events can shape a person's self-esteem and align with a

person's self-worth. For example, Velysha commented about how being raised in an environment with alcoholic parents affected her: "I've grown into my self-worth. It took a long time to get to this point. For a while it felt like I didn't feel like I deserve better or I didn't know how to be better." Velysha also stated that emotionally, she felt like an "empty shell" and it was not until she got older that she started to "think differently" and care about herself. It is possible that as this participant matured, she also gained a sense of self-identity that reinforced what she was capable of overcoming and accomplishing as an adult. This is supported by Covington, who posited that a person's self-work is comprised of his or her performance or ability, personal assessment of worth, and the level of effort toward growth. Velysha appeared to grow through her emotional challenges that supported her self-esteem and perception of self-worth.

In this study I was able to ascertain that stressful life events could impact an individual's world view, but the participants in this study seemed to rebound from negative self-assessment or self-worth. According to Bajaj, Robins, and Pande (2016) as well as Lui et al. (2014), individuals who demonstrate internal locus of control can adapt to adverse situations. For instance, one of the participants reflected on her relationship with the non-alcoholic parent, indicating "Well, now there's no conflict . . . [m]e and my mom, we just coexist as mother and daughter." Even though the relationship was reported as strained initially, after the father who had alcoholism passed, they adapted and "coexisted." This may be considered mode of adaptability. Conversely, one of the participants reported that she would "drink her feeling away" as a coping mechanism.

She reported that she still drinks, but she does not consume as much as she did previously. Another participant shared that she does not drink because she watched the effects of her mother's drinking. Although she does not have a "strong bond" with her mother, her mother's drinking helped strengthen her relationship with her brothers.

In addition to these findings on self-worth, previous research has connected self-esteem and self-worth. For example, Boyd et al. (2018) indicated that individuals with a positive outlook and well-being are also likely to have high levels of self-esteem and contingent self-worth. Orth and Luciano (2015) also examined whether stressful life events influenced self-esteem. It is possible that the life events experienced by participants in this study were in some manner influenced by the stressful events that occurred in their lives. However, the scope of this study was not to measure self-esteem or self-worth but rather to explore self-perceptions reported by the participants.

In summary, my findings were aligned with the work of previous researchers, which illuminated that the risks for abuse is high, family discord and dysfunction are prevalent risks, and that there is a likelihood that an adult child is at risk for alcoholism themselves. Finally, Covington's (1984) self-worth theory of achievement motivation is used to understand the direct relationship between self-perception and self-acceptance. The participants' internal locus of control could explain their ability to overcome adverse situations, aligning with their value proposition of self-worth. This is an area for future research and beyond the scope of this dissertation.

## **Theme 2: Repeating the Cycle and Family Systems Cycle**

Child development can be affected by parental alcoholism (Haverfield & Theiss, 2016). Some researchers have suggested that genetic and environmental factors are key components in the development of alcoholism in children of alcoholics (Greenberg & Crabbe, 2016; Guo et al., 2015; Mangiavacchi & Piccolo, 2018; Wall, Luczak, & Hiller-Sturmhöfel, 2016). Although participants in this study indicated that their alcohol intake varied from experimenting to alcoholism to misusing it, these participants experienced the repeated cycle of drinking. At least five of the participants reported that they had a history of drinking. One of the participants divulged how she would “turn to the bottle” when dealing with certain situations in her life.

Alcohol-related stress experienced by family members can lead to various physical and psychological symptoms (Horvath, 2019). Bowen’s (1976) family systems theory can help understand the emotional patterns that take place within the family unit. Bowen postulated that the family operates as a system and the emotional state of the family unit can impact the overall functioning of the individual(s) that are a part of it. Bowen’s family systems theory is comprised of eight interlocking states. For the sake of understanding the emotional state of alcoholic parents and how certain traits are passed down to the next generation, I explored two of the eight interlocking states: the family projection process and the multigenerational transmission. However, other interlocking states are evidenced in the participant responses as well.



The family projection process refers to the passing of emotional problems from one generation to the next (Bowen, 1976). Both weaknesses as well as strengths can be passed along. The family projection process may explain why African-American adult female children of alcoholic parents may experience the perception of low self-worth which may affect the quality of life in this population (Haverfield & Theiss, 2016). I found some evidence of this phenomenon in my sample. The emotional discord in Tammy's household as the result of her father's drinking could explain why she described herself as "anxious as a child." Ruth also reported that her father's daily drinking and arguing while growing up could be responsible for her depression and her substance use (drinking and drug use). Although Judith's grandmother did not have conflict with her as the result of her drinking, she observed "a lot of arguing between my brother and my grandmother growing up." Judith commented that she was "depressed" when she was younger, and it was challenging going to school and "maintaining a positive attitude."

The continued process of family projection process is called multigenerational transmission (Bowen, 1978), which has been exemplified in other research through observed patterns across generations (Cook, 2007). There are six other interlocking states include triangling, differentiation of self, nuclear family emotional system, emotional-cut-off, sibling positioning, and social emotional process or societal regression. All the participants endured triangling at some point, which refers to learned behavior of anxiety and tension experienced while living an alcoholic household (Bowen, 1978). One

participant reported experiencing depression and anxiety and expressed how she learned to deal with these emotions. This participant said that her depression and anxiety “didn’t hinder me from doing what I had to do.” She also stated, “If I have a problem with something, then I just speak on it.” Another participant reported that she had anxiety and “I think we were all on edge and we tried our best not to get our father upset.” As an adult she describes herself as the “authoritarian type person. I look at it like I can be a good leader.” Differentiation of self can also be seen in the behavior of one of the participants in my sample who moved out of the home at an early age, went into the military service, and eventually got married and started a family. She demonstrated differentiation of self by making independent decision-making but staying emotionally tied to the family (Haefner, 2014).

As I continued to interview the participants, I also identified examples of the nuclear family emotional system (Bowen, 1978) and the nexus between “repeating the cycle” or intergenerational alcoholism. All the participants reported one or more parents who exhibited dysfunctional behavior such as drinking with their child. Rosie reported that she drank alcohol with her stepfather. Another example of this behavior was when Judith disclosed that her grandmother would take her with her to the bar to drink. Kenya shared that after her mother broke up with her father, she married a man who would “touch” her. Kenya stated that her mother would walk in and “see the terror in my eyes” and did not do anything about it. Nuclear family emotional system refers here to emotional dysfunction within the marriage or in one spouse. It can also include

dysfunction with children (i.e., brothers attacking their sister) and emotional distance (i.e., some of the interactions between the non-alcoholic parent and the child or the alcoholic parent and the child).

Finally, emotional cut-off refers to the inability to manage feelings with parents or other family members and the issue is dealt with by moving away or not visiting often (McKay, 2012). During one of the interviews, one of the participants divulged that her siblings did not visit as much because she suspected they did not want to be exposed to the arguing, drinking, and violence in the home.

Although none of the participants reported that they got involved in criminal life (see Bowen, 1978), the data suggest how the influence from being raised by an alcoholic parent can impact a child's emotions as well as how people may view themselves and interact with the world around them (see Shin, Hassamal, & Groves, 2015). Kenya recalled how her father would drink during the day and by the evening, he would be heavily intoxicated. Kenya commented that "mentally, I think it just totally destroyed me from a social setting of people. Socially, I just didn't socialize because I didn't know how to interact with people because all I'd ever been around was that."

In summary, repeating the cycle and family systems cycle is a theme that codifies how participants in this sample followed the patterns and behaviors of their alcoholic parent. Although participant behaviors varied, there are examples of how the parent-child drinking may have been influenced by the parent with alcoholism. In some cases, the parent invited the child to drink at a bar. This is also an example of familial dysfunction

that has been noted through this chapter. The non-alcoholic parent also played a role in shaping the child's life; interpretation of this theme follows in the next section.

### **Theme 3: The Non-Alcoholic Parent**

During this study, each participant referenced the non-alcoholic parent. At least seven of the participants in the study had negative interactions with their non-alcoholic parents. To interpret how the role of the non-alcoholic parent was portrayed in this study, background using current and seminal studies are necessary. Some children are afraid to discuss their parent's alcoholism (Haverfield & Theiss, 2016), whereas other children and family members take on survival roles (Vernig, 2011) to hold the family together and to protect the substance abuser. Wegscheider-Cruse (1981) also discussed roles that develop in family dynamics when there is a substance abuser in the family: the enabler, the hero, the scapegoat, the lost child, and the mascot. For the purpose of understanding the non-alcoholic parent, the focus will be on the enabler and how the enabler's behavior perpetuated the alcoholic parent's drinking behavior.

None of the participants shared that the non-alcoholic parent attempted to assist in helping the alcoholic parent stop drinking. Usually, the enabler is the person closest to the substance abuser; in this case, the non-alcoholic parent. The family can also be described as codependent, which refers to the dysfunctional person in the family who enables the substance abuser's behavior (Ahmad-Abadi et al., 2017; Panaghi et al., 2016; Sakar et al., 2015). One participant reported that when the police were called on her father, there was no consequence for him because he knew all the officers. During another interview, a

participant shared that her mother worked and could have left because she had the money to leave, but she chose not to. However, two of the participants were able to refer to their non-alcoholic parent in a positive way.

It is important to understand the relationship with non-alcoholic parents as well as alcoholic parents, as the parent–child relationship is an important dynamic. Martin (2015) suggested that ACOAs have poor relationships or lower levels of attachment. Haverfield and Theiss (2016) also posited that the effects of parental alcoholism may have devastating and long-lasting effects that could impact an individual’s perception of self-worth and quality of life.

#### **Theme 4: Forgiveness**

It is possible that the abuse and familial disruption and dysfunction was overcome through the participant’s ability to forgive. One way to understand forgiveness is through Worthington’s (2014) REACH forgiveness model (recall, empathize, altruism, committing, and holding on). The application of Worthington’s model entails moving through the steps of recalling the event, empathizing with parties involved, committing to an action and holding on to the act that forgiveness is a choice. Worthington et al. (2014) explained how individuals need to remember pain and suffering inflicted by another upon oneself. The rationale behind this is if the participant can recall a time when she or he inflicted pain or suffering upon another person and received forgiveness, then she or he can mentally and emotionally prepare to offer another person forgiveness. One of the themes identified from this study was “forgiveness.” Worthington et al.’s REACH

forgiveness model could possibly explain why the participants in this study were able to have forgiveness toward their alcoholic parents. The following example demonstrates forgiveness by two of the participants. Tammy shared that she pushed “all the stuff” that she had been through aside. Another way to illustrate forgiveness is from Kenya’s interview when she shared that she forgave her father for the chaos that comes along with living in an alcoholic home.

According to van Alphen (2015), social responsibility is a concept rooted in systems theory (of which Bowen’s family system theory is a derivative). This multi-faceted concept is an effective protective factor for social health. Ideally, individuals should practice socially appropriate behavior. Society has had a history of dealing with inappropriate behavior with a punitive approach (Bear, Whitcomb, Elias, & Blank, 2015). Restorative justice is a phrase coined by Albert Eglash (1958) which entails facets of forgiveness. The restorative approach refers to the theory, principles, processes, and practices used in application. Eglash (1958) was a psychologist who worked with youth and adults in the criminal justice system. There is no universally agreed-upon definition of restorative approach (Fronius et al., 2016). The restorative approach allows perpetrators to face their victims to deal with the emotions of those affected by their actions, address the harm or need, and repair the harm done. I think this systems approach seems like the most appropriate way to deal with the emotions and behaviors experienced while living in an alcoholic home. Individuals that utilize this approach may have a less negative experience since this concept includes dealing with inappropriate behaviors in a

non-punitive way which could be healing for both parties involved and reinforce a positive outlook on one's perceptions of self-worth and their overall well-being.

### **Theme 5: Inconsistent Familial Environments**

Environments with parental alcoholism can be traumatic, chaotic, unpredictable, and stressful (Shin, Hassamal, & Groves, 2015), or lead to what I term "inconsistent familial environments." In attempts to cope with parental alcohol abuse, children learn maladaptive behaviors even after the resolution of parental alcohol abuse (DaSilva & DaSilva, 2011; Vernig, 2011). During my interviews, a couple of the participants mentioned their chaotic households and inconsistency in parenting in the household. One participant indicated that she didn't know what to expect from day to day. Another participant disclosed that she didn't know what would set her father off. Bernadi et al. (1989) posited that, based on their study, disturbances in parenting in childhood are common in alcoholics and addicts. There is a strong link between chaos in the home and inconsistent parenting (Haverfied & Theiss, 2016). Mangiavacchi and Piccolo (2018) advanced that a dependent trait could be contributed from alcohol abuse if parenting is by an alcoholic. According to Mangiavacchi and Piccolo, inconsistent and poor parenting may also contribute to depression and anxiety among offspring. The participants of this study have provided a glimpse into what their day to day lived experience is like and how the inconsistency is one of the factors that led to internalizing the behavior of the alcoholic parent, thus impacting the emotional state and self-perception of the participants.

**Theme 6: Resilience and Perception of Self-Worth**

Most of the participants in my study demonstrated resilience. It is plausible that the participants developed resiliency as a result of overcoming difficult circumstances such as being a victim of violence or witnessing abuse. Resilience has also been linked to communication dynamics in the family. Haverfield and Theiss (2017) indicated that there is a linkage between familial communication and the level of resilience in children. In essence, when family communication is strained due to conflict related to parental alcoholism and resultant dysfunction, it is possible that a child's coping is affected and thereby altering their resilience. Martin, Conger, and Rogers (2019) indicated that when children have strong attachments within the family system it may bolster their resilience. According to Lee and Williams (2013), resilient people, people who have developed better coping skills or positive acceptance to change, have more tolerance of negative effects.

Researchers argue that protective factors such as strong familial attachments, emotional bonds, and adults or others who exemplify hard work could all be contributors to building resilience in children (Arelingaiah, Pandian, & Sinu, 2017). All the participants with the exception of one were gainfully employed. I made a point to acknowledge the participants employment history because despite all the chaos in the environment, they acquired skills and/or developed enough self-worth to pursue employment and this could be an indicator that some positive traits could have been passed down from the alcoholic parent to the child if the parent was employed.



Arelingaiah et al. (2017) also suggested that when children have at least one adult who models positive factors such as positive social interactions and employment, these traits may be passed on to children. Most participants tried to find meaning in their lives. Pearl reported that she joined the Air Force and never sought validation from her parents. Pearl also stated that she had high self-esteem and self-confidence. Pearl's example is aligned with the fundamental premise of Covington's (1984) self-worth theory of achievement motivation which is one's self-worth is directly related to their accomplishments. Lee and Williams (2013) helped others to better understand some of the adverse impacts of being an adult child of an alcoholic. These researchers explored the relationships between parental alcoholism, sense of belonging, and depressive symptoms of Korean adult children of alcoholics. Lee and Williams showed that the sense of belonging was the most powerful factor to mediate depressive symptoms.

While Steiker (2013) focused on resilience and self-worth through the lens of social support. Hall (2013) focused on supports through the viewpoint of fictive kin. Hall posited that kin and fictive kin play a major role in how one responds to stressors in their world. Although none of the participants mentioned the influence fictive kinship, one participant recalled going to stay with other family members during the summertime. It is unclear if other participants had the opportunity to visit other family members for extended periods of time, but presumably the environment that one lives in or frequently goes to may impact how an individual deals with internalizing and externalizing

behaviors while affecting the overall quality of one's life and their perception of self-worth.

Individuals who are resilient can adapt despite adverse circumstances (Liu et al., 2014). Resilient individuals also display a positive self-image; optimism; active coping; self-efficacy, and an internal locus of control (Liu et al., 2014). Liu et al.'s (2014) revealed that the trait, "resilience," enhanced life satisfaction and reduced depression through three areas: positive views towards self, the world, and the future. In exploring the experiences of African-American adult females of alcoholic parents, despite unpredictable and adverse circumstances, the data collected indicated that these participants demonstrated perseverance and the findings provided a lens to examine the emotional patterns that can affect the family unit as well as how life circumstances can impact individuals and how they view themselves and their environment.

### **Findings Linked to the Conceptual Framework**

The conceptual framework used in this study was Bowen's (1976) family systems theory, and Covington's (1984) self-worth theory of motivation. Bowen provided an overview of the participants' life experiences through the lens of his family systems theory. The participants shared their experiences with living in an alcoholic environment and described an "emotional rollercoaster" when it came to the alcoholic parents' drinking. Bowen thoroughly explains the emotional patterns that take place within the family unit. Bowen also draws an association between the emotional patterns within the family unit and the impact on individual functioning. For example, Judith stated that she

experienced “depression and didn’t want to live” as a teenager. Kenya’s and Tammy’s experiences are examples of the “repeating the cycle and family systems cycle” theme. Tammy commented on how her experience with growing up with an alcoholic father made her more “aggressive oppose to submissive.” Kenya disclosed that she “had no self-worth back then” and battled alcoholism at one point of her life. The “inconsistent familial environments” theme was also supported by comments made by Tammy. Tammy reported having anxiety as a child and “feeling on edge” because she didn’t know if it was going to be a “good day or a bad day” referring to her father’s drinking and behavior. Bowen provided an understanding of how individuals can differentiate themselves from the family unit on an emotional and intellectual level (Haefner, 2014) through a process called differentiation of self. The differentiation of self is one of the eight interlocking states (Bowen, 1976). The concept of this theory is germane to this study because I was able to view the participants from a different perspective. I then understood how the participants were resilient enough to find employment, develop positive self-worth, improve their quality of life and persevere. I also provided examples of the “resilience and perception of self-worth” theme. For example, Pearl described leaving home at age 15 and moving in with friends. She later mentioned that she went into the Airforce and she is the “most educated person” in the family. Another example was when Dalis recalled moving in with her grandmother at one point due to her mother’s drinking and now she feels more confident raising her three children. Although Judith shared that she was raised by her mother due to her drinking, she didn’t escape the

dysfunction because her grandmother also had a drinking problem. Judith said that she is happily raising her two children, works, and was able to provide for her family.

Emotional fusion refers to the dysfunctional relationship among family members (Bowen, 1978; Titelman, 2014). Emotional fusion may explain why some ACOAs become stagnant and cannot move on to form healthy relationships, develop positive self-worth, or a positive quality of life. This may be true when individuals experience lower levels of attachment (Martin, 2015), a diminished sense of well-being (Shin et al., 2015), or abuse/domestic violence (U.S. Department of Justice, 2017; Shin et al., 2015). The theme of ‘abuse’ was illustrated by Ruth as she recalled the “violence” while growing up in her parents’ home. Dalis shared that sometimes it would get “physical” in her household. However, I found with my study, forgiveness (i.e., Kenya forgave her father and Tammy “pushed it aside”) was a theme that impacted self-worth and quality of life while allowing the participants to experience resilience.

Covington (1984) postulated that one’s ability to achieve is directly related to the perception of one’s self. The self-worth theory of achievement motivation provided a perspective on the participants who were successful and doing well. I was able to glean insight on how African-American adult female children of alcoholic parents could be exposed to adverse situations and persevere without succumbing to the effects of parental alcoholism. The theme of “the non-alcoholic parent” was illustrated by Pearl when she shared that her stepmother would be “verbally abusive” toward her father as well as become “physical” with him. Pearl also revealed that her “confidence and self-esteem is

pretty high.” Pearl said, “What role my father played in all of that, I’m not really sure. I would say that I have high self-worth.” Tammy disclosed that “financially she had the means to leave” referring to her mother. Tammy also shared that “because of the way he acted (referring to her father), it gave me a stronger self-worth.” Self-worth theory of motivation provided a lens through which to observe how life events can shape self-esteem and impact how individuals view themselves and the world. These theories also provided a context for the literature review. Both theories accurately represented the findings of this study and integrated the themes of the study. I was able to give an explanation and interpretation of the data collected from the interviews and have some insight in to the participants’ perceptions of self-worth, lived experiences, and quality of life.

### **Limitations of Study**

The purpose of this descriptive phenomenological study was to provide an understanding of African-American adult female children of alcoholics’ perceptions of self-worth, lived experiences, and their quality of life. Several limitations have been identified in this study. One limitation of this study was the small sample size ( $n = 8$ ), which was purposefully selected to make sure the participants fit the criteria for the study. Another additional limitation of this descriptive phenomenological study was that it could not be generalized. Another possible limitation of this study was the geographical location. The participants were from the northeastern part of the United States. During the study, I excluded African-American females that contacted me from other

geographical locations. While I interviewed participants over the phone and in-person, another limitation that is important to note is that I could not observe non-verbal reactions. However, I was able to make note of sighs, long periods of silence, and changes in volume and tone of voice. Lastly, I interviewed only adult African-American females for this study.

### **Recommendations for Future Research**

Alcohol consumption in the United States is prevalent (NSDUH, 2015). Parental alcoholism can impact the offspring's life including family, employment, and social life. Although this study was a descriptive phenomenological study, this work can position other scholars to conduct follow-up longitudinal studies to gain an understanding of the long-term effects of parental alcoholism. Findings from this research could possibly motivate other researchers to increase scholarship in this area. An interesting finding from this study was the relationship between the child of the alcoholic and the alcoholic parent. Most of the participants in this study described a protective bond with the alcoholic parent even though that parent was described as abusive and inconsistent. Although most the participants mentioned a non-alcoholic parent in the home, as well, most of the memories that were recalled about the non-alcoholic parent were not positive. Future researchers could examine why the adult child of an alcoholic may view the non-alcoholic parent negatively. There is also an opportunity to further investigate the phenomenon of sibling rivalry in regard to parental alcoholism.

### **Implications for Social Change**

The aim of this study was to gain an understanding of the impact that parental alcoholism has on African-American adult female children of alcoholics' perceptions of self-worth, lived experiences, and their quality of life. The implication for positive social change would be educating scholars in the field of human services about this population and phenomenon. This study may be used to provide insight into how it is possible for African-American females who grew up in an alcoholic environment to thrive and not be negatively impacted by parental alcoholism (Kopera, Glass, Heitzeg, Wojnar, Puttler, & Zucker, 2014). This study may be used as an outlet for individuals that share this phenomenon. Researchers maybe able to glean insight from this study so that culturally relevant interventions can be implemented for families and communities as well as individuals directly affected by parental alcoholism. This study may be used to provide a platform for other researchers to build upon and to further contribute to this literature domain.

### **Conclusion**

The purpose of this descriptive phenomenological study was to gain an understanding of African-American adult female children perceptions of self-worth, their lived experiences, and their quality of life as it relates to parental alcoholism. Although all eight women grew up in an alcoholic home, each one had a unique experience living with an alcoholic parent. This study allowed me the opportunity to give a voice to those who are often voiceless due to the stigma of being ACOAs. I was able to identify

common themes shared by the participants that I titled: the abuse and self-worth, repeating the cycle and family systems cycle, the non-alcoholic parent, forgiveness, inconsistent familial environments, and resilience and perception of self-worth. There was also a linkage between parental communication and resilience. Completing this study also allowed me to add to the body of knowledge regarding the linkages between parental alcoholism and the reported adverse impact on ACOAs with a specific focus on African-American adult females. Although the participants exposed themselves to the possibility of having unpleasant feelings and flashbacks from participating in the study, it is evident that they exemplify resilience (through their quality of life and perception of self-worth) and strength which has overshadowed the influence of living in an alcoholic environment. Further longitudinal research studies are recommended to improve upon the results of this study to further understand the long-term effects of how perceptions of self-worth and the quality of life through the lived experiences of African-American adult children alcoholics.



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## Appendix A: Interview Questions and Debrief Script

### Open-ended Interview Questions

1. Please share any pleasant memories of childhood that you believe might relate to this study. [designed to help the participant feel at ease and build researcher rapport]
2. Please, describe the aspects of growing up in a home with an alcoholic parent.
3. How, if at all, has your quality of your life been affected by your relationship in the household with an alcoholic parent?
4. If you feel comfortable, please describe your thoughts about your personal self-worth. If not, we can return to this question later.  
 Probe 4a. How, if at all, do these feelings of self-worth relate to growing up with an alcoholic parent?
5. Please describe your role in the family in the past as well as your role now.  
 Probe 5a. What, if anything, was the most challenging aspect of growing up in an alcoholic home?  
 5b. How, if at all, do you think your parents' drinking affected your relationship with them or your siblings?  
 5c. How, would you describe your relationship with your parents today?
6. Please describe any conflicts that took place while you were growing up, related to your experience with your parent's alcoholism that affected you then and/or now. Can you give examples of how you respond to the conflict?  
 6b. How do you respond to conflict now?
7. Please describe your understanding of the term "quality of life" and how it pertains to you.
8. Is there anything else you would like to cover that I didn't ask?

### Debriefing Steps:

- This concludes our interview. I appreciate your participation. Should you feel any discomfort at all, I have provided you with a set of resources, where some are free of charge.
- The next steps involve transcribing and reviewing the data by this researcher. I may have questions. If you grant permission, it is possible that you may be contacted for follow-up.
- Additionally, once I am finished with the study, if you wish, you can request a summarization of the research study.
- Please note that I take your confidentiality as my highest priority. Therefore, I want to ensure that you know I will not use any identifying information in the transcription of the interview or in the final summary and report.

## Appendix B: Demographic (Screening) Questionnaire

**Qualifying Questions:**

Are you at least 18 years of age or older? Yes/No

Do you identify as an African-American female? Yes/No

Do you live or have you lived with at least one parent who identifies as having experienced alcohol abuse? Yes/No

Do you live in the northeastern part of the United States? Yes/No

1. Please enter the four-digit year in which you were born: \_\_\_\_\_ [for Age Compliance]
2. Please identify the geographic state in which you live: \_\_\_\_\_

## Appendix C: NIH Certificate



## Appendix D: Resource List

**Arbour Counseling Services**

157 Green ST

Jamaica Plain, MA 02130

617-524-1120

**Boston Medical Center**

1 Boston Medical Center Place

Boston, MA 02118

617-414-4238

**South Boston Behavioral Health**

58 Old Colony AVE

Boston, MA 02127

617-268-1700

**South Bay Mental Health**

415 Neponset AVE, Fl.3

Dorchester, MA 02122

857-217-3700

**South Bay Mental Health**

541 Main ST, #303, South

Weymouth, MA 02190

781-331-7866

**Tufts Medical Center**

800 Washington ST

Boston, MA 02111

617-636-5000