The Impact Of Family Of Origin On Social Workers From Alcoholic Families And Implications For Practice

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Abstract

Social work education and social work practitioners involved in intervention in the lives of families, have long recognised that prior life experience impacts on their work. However, little research appears to have been carried out in this area, particularly in New Zealand. The current study is an attempt to redress this situation on a small scale by exploring with a group of six (6) social workers who are adult children of alcoholics (ACoA), their understanding of their family of origin experience and its effect on their current practice.

The present study is an exploratory one, drawn from the life histories of six social workers, who have identified themselves as growing up in an alcoholic family. Based on the perceptions of the social workers involved, and an understanding of the relationship between their life history and how they practice, the project explores the concepts and themes that emerged within the study and the connections between them including the similarities and differences.

Findings suggest that although participants have experienced the conflict, trauma, physical and emotional abuse commonly found in families with alcoholic parents, they have shown themselves to have a capacity for successful adaptation, positive functioning and competence. These factors have been identified conceptually as resiliency. The impact of these protective factors as well as the cost of resiliency appeared relevant to the participants and to their social work practice. These findings align with previous theory and research, particularly in regard to the importance of the triad of protective factors individual, family and environmental. Further, as the research developed, the relevance of the theory of attachment became significant. Findings in this area indicated that despite their generally abusive backgrounds, participants had formed early positive attachments which similarly influenced subsequent interpersonal relationships.

The outcomes of this research give rise to questions for further research by social workers, other professionals and educators wanting to examine the possible impact of family of origin experience, particularly for the children of alcoholic families, upon social service practitioners and their practice.

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Table of contents

1 Introduction

1.1 Choosing a research topic

The writer's interest in the area of social workers, their families of origin and implications for practice, comes from both personal and professional experience. In particular, work over twelve years in a child and family oriented mental health service, involvement in the supervision of practitioners and students and assessments of practice competency has brought an awareness of the detrimental effects of unresolved issues and feelings from the past on present interactions with clients. The impetus for the present study came from anecdotal observation among our multi-disciplinary team, that many workers had experienced traumatic events not dissimilar from their clients. This was followed by the suggestion that these experiences had prompted their choice of career.

As a social worker from an alcoholic background, it seemed appropriate to focus on an area that was of interest personally and of which I had not only experience but also (not surprisingly), a professional interest. I had, at that time, recent experience in co-facilitating a series of groups, both educational and therapeutic, for Adult Children of Alcoholics (ACoAs) alongside staff from alcohol and drug service.

In undertaking this project, therefore, the intention is to further learn about and understand the experiences of a small number of social workers, specifically adult children of alcoholics (ACoAs), who provide intervention in family oriented work, to explore with them their family of origin and allied life experiences and their perception of the connection between these, their choice of social work as a career and how they practice.

It is the writer's belief that the relationships between these variables are unclear,

conceptually undeveloped and largely unrecognised. The present study, therefore, is an attempt to identify the relevant concepts and connections between them, and to gain a clearer understanding of the implications for effective social work practice, education, supervision and professional responsibility.

1.2 Aims and objectives

The current study aims to discover the impact of family of origin experience upon a group of social workers who have identified themselves as coming from alcoholic families. The project also aims to promote both an understanding of the processes that affect social work practice by uncovering patterns and themes within the group under study. Further, it aims to provide an understanding of the relationship between participants' life history and how they practice, as well as the differences and similarities among participants. In exploring the concepts and themes that emerge, and the connections between them, the study intends to identify and analyse the processes that appear relevant to the professional practice of these social workers. As this has implications for social work practice, social work education, supervision, and professional responsibility, the project also aims to offer direction for further research. Social work educators, and social work practitioners involved in intervention in the lives of families, have long recognised that prior life experience impacts on practice. Little research appears to be available in this area, particularly in the area of practitioners from alcoholic families. The present study attempts to redress this situation on a small scale by exploring with the current group of six social workers, their individual life stories, and the impact of their family of origin experience on their lives and their practice as they report and understand it.

In summary, the objectives of the project are to discover the significance of family of origin experience on six social workers who have been raised in alcoholic families, to identify the processes that impact on the professional practice of these social workers, and to uncover the concepts and themes that offer direction for further research.

1.3 An overview

1.3.1 Literature review

The literature review section, chapter two, presents a review of research and writings on the family of origin of social workers in general. It explores the backgrounds of social workers to assess their similarities and differences, the factors from within their childhood that may lead them to become social workers, and the skills and abilities that they learnt within their families. More specifically, the focus is on those social workers who came from families that they identified as alcoholic families and the roles they played within their families. The review covers a brief history of the study of alcoholism, including both empirical studies and the more anecdotal writings of the populist Adult Child of Alcoholic movement. There follows some information on the social impact of alcoholism including some New Zealand data. The focus extends further to writings that present information and research on those children who are brought up in alcoholic families, and the risks that their parents' dependency on alcohol poses for their physical, cognitive, emotional and social development. The characteristics of these children, and the roles they assume, together with the significance of the developmental ages and stages of the child and their coping styles, are further explored through the writings. Information on the alcoholic family as a system, with each member interdependent on the others is seen as vital to understanding the impact of the centricity of alcohol in the functioning of the family and the subsequent disruption, conflict and stress it presents for all family members.

There follows further discussion on young people who appear to have overcome the odds, and who show a capacity for positive functioning despite their high-risk status. This extends to research on the concept of resiliency and its application to members of alcoholic families. Finally, the review explores the material available on those adult children of alcoholic families who choose to work as practitioners in the helping professions, and the implications for their practice, in particular, the practice of social

work.

1.3.2 Theoretical base and methodology

For the present exploratory study, a qualitative approach that enables the researcher to capture the spoken word, the meaning, emotions and changing dynamics of the interaction, was chosen. Life-history methodology is seen as well-suited where the variables have not been clearly identified and where interactions, processes, beliefs and values of those being interviewed are the basis of the analysis. The context of the current research project is located in terms of the writer's own perspective and experiences. The methodology, which is based on feminist principles, fits the current approach, the subjects and the topic.

In this instance, life-history methodology is used to locate subjects in their overall life experience as well as to incorporate their broader sociological environment. Narratives are the stories of the participants, their family of origin experiences and their backgrounds. Exploratory interviewing using a semi-structured interview guide allows the selection of themes and issues relevant to the study to emerge. This enables interviewees to consider, explore, and develop their narratives. It allows for maximum recall as the subjects consider issues and events in their entirety without the need to answer questions believed inappropriate or inapplicable. Narratives are used to illustrate the dynamic quality of human experience. The process by which past events connect with present circumstances unfolds. The story tellers set the parameters for the exchange of information and the researcher uses the story to guide the questions while maintaining the integrity of the interviewee. Data and interpretation intermingle and the narrative provides the base for analysis.

The analysis involves a search for general statements about relationships among categories of data. Differences and irregularities in the data are noted to enable the identification of recurring concepts, ideas, attitudes and patterns of beliefs. These phenomena are then grouped into categories as significant. Following this process

categories are linked via questions about the nature of the relationships between them. For example: Is personal experience related to the conceptualisation of the social work task and/or to the area of practice they have chosen? Does the social worker's understanding of the dynamics of the past have a bearing on the intervention strategies he or she uses? By this process the salience of the categories of meaning held by participants is uncovered. Data are presented from the narrative accounts, with illustrative interview excerpts to describe the various themes.

Neither neutrality nor objectivity is presumed on the part of the researcher. A personal interest in the participants as well as the research project is. The researcher's interactions throughout the process of conducting the study and developing the interpretation are important and form part of the context of the study and its interpretation. Confirmation of the findings rests with the objectivity of the data and not on the characteristics of the researcher.

The taped interviews are fully transcribed as illustrative data to meet this requirement. Through the process of triangulation, data from different sources, from the clinical and theoretical literature as well as the life-history accounts are presented to corroborate, elaborate and illuminate the findings in the context of the study. Hence a review of the available literature on alcoholism, alcoholic families, children of alcoholics, social workers and social work practice as it relates to issues and processes is to be used to supplement the knowledge gained from the interviews and as validation of the concepts and outcomes that emerge.

The study aims to allow a small number of social workers who have come from alcoholic families to tell their life stories (their experiential accounts) and to identify the relationship among the factors presented together with the implications for clinical practice. When aligned to the empirically validated findings from the available literature, the validity of the project itself will be enhanced, with the emergent themes

offering direction for further research.

1.3.3 Discussion

The aim of the discussion chapter is to gather together information from the analysis of the narrative stories of participants, to relate this back to the review of literature section and to discuss some of the outcomes of the analysis as presented. The particular focus of this section is on the relevancy of the concept of resilience for participants within the study in order to provide some understanding of how they coped and dealt with their family of origin experience. It will explore the variables that appear relevant to this group of adults from alcoholic families who seem to present with a more positive psychological profile than is generally described in current writings. The strengths and sensitivities of participants as they impact on their practice will be explored together with the pitfalls that may arise within their practice. In line with the developmental focus of the present study, it is expected that participants' practice over time will develop and change. The process of change and therapeutic growth will be noted alongside the factors that present as most significant in effecting this growth and development.

1.3.4 Conclusion

The final chapter presents a summary of the study and findings as well as the implications, both personal and professional, that emerge from these. It addresses the strengths and limitations of the research project, including the limitation of a potential sampling bias. It proposes further areas and direction for education and research. These include further study of alcoholic families where alcohol is a significant factor as well as other problematic families where maladaptive interaction patterns have been noted (e.g., families with parents who are depressed or similarly disordered). In addition, educators in social work (and allied helping professions) require a curriculum approach that enables students to identify and attend to the impact of their own psychosocial background on their clinical practice. The positive impact of the ACoA movement is noted and affirmed despite some limitations. As previously mentioned it was the

researcher's burgeoning interest in this area that led her to the selection of the thesis topic.

The challenge is not only to clarify and pull together the information that is available in the area of the alcoholic family, but also to discuss how this relates to those who practise social work or work in allied helping professions. Further, there is a commitment to providing research and resource information that will not only add to current knowledge and understanding but also provide worthwhile new data. It is envisaged that this information will provide the impetus for further studies not only in the area of intervention for families and children of alcoholic and other similarly disordered families, but just as importantly, for social work education and practice. The outcome of this study will suggest that it is important for social work students and practitioners to take more account of their own family backgrounds and other life experiences in order to minimise the impact of their life histories on their practice and to enable them to provide a level of intervention that is safe and competent.

2 Social workers, alcoholic families, and practice implications

The extent of the incidence of psychosocial trauma in the families of origin of social workers and the implications for practice have become of increasing interest and focus for study and research over recent years. Many adult children from alcoholic homes have been identified as entering the helping professions and becoming involved in the practice of social work.

This chapter considers the family background of such social workers, reviews the literature on the alcoholic family and the impact on the children of being brought up in an alcoholic home, together with the concept of the resilient child. Particular focus will centre on those adult children who become social workers, together with the possible implications for their practice.

2.1 Families of origin of social workers

Early interest in the family of origin of social workers centred on demographic features (Golden, Pins & Jones, 1972) and factors such as social class, historical context and sex-role socialisation as a women's profession (Kadushin, 1976; Kravetz, 1976). Lackie (1983), in a study of relevance to family of origin and personality, suggests that the patterns of family experience of social workers in taking on the care of others and taking care from others, affects their career choice and professional functioning. He suggests that the families of social workers are not atypical of the general population and represent the entire social and developmental scale. However, he suggests that those family members who become social workers have been "assigned" and "played" roles of "seeming self-sufficiency: the parentified child, the over-responsible member, the mediator or go-between, the "good child", the burden bearer" (Lackie, 1983). Lackie in his empirical study of 1,577 social workers found that more than two-thirds described themselves in such a way. In addition, Bedford and Bedford (1985) explored the personality traits of 34 British social workers and found them to be "extreme" in not

blaming others, slightly submissive, and to have a low prevalence of personal disturbance (p.320).

Chudnof (1988), in exploring the life histories of a small number of health professionals including social workers, noted a consistent theme of early family dysfunction or disruption. In his study he found that helping others, both within and outside the family, was a common mechanism used by participants to cope with their family situations. Chudnof concluded that this early acquired proclivity for helping, predisposed participants to a career in a helping profession.

Racusin et al. (1981) in further research on the impact of family of origin experiences, used psycho-dynamic and family process analyses. Subjects (14) recalled experiences of physical and behavioural conditions in their families of origin which were reflected in their professional functioning. They often reported themselves to have played roles from an early age that were designed to fulfil the emotional needs of family members. Some saw their primary role as parenting and being responsible for family function and nurturing; some acted as mediators, providing awareness and advice on emotional issues, reducing family tension and resolving arguments. These studies align with Freud's (1953) hypothesis that the consequences of childhood losses lead to a strong desire to help others; that painful experiences from the past may well influence some people to choose an occupation (e.g., social work) that is based on relieving stressful life situations (Black et al.1993).

Marsh (1988) in a study at a college in the Midwest, concerning the incidence of addictive and compulsive behaviour, compared the families of origin of 60 social work students and 73 business students. The study found that 80% of the social work students compared to 59% of the business students, had an alcoholic in their family of origin. Similarly, Black, Jeffreys, and Hartley (1993) compared the incidence of psychosocial trauma in the families of origin of social work students (116) and business students (46) in the areas of

alcohol and drug abuse, physical, sexual and emotional abuse, physical and mental illness and other traumatic events. They found a reported frequency of psychosocial trauma in the early life of social work students that was significantly higher than that of business students. In addition, the study found a higher incidence of alcohol abuse in the families of the social workers than the Bissell and Haberman (1984) estimate from general population data. One-third of U.S. social workers was found to be affected by alcohol abuse. The study also concurred with previous research showing a relationship between early family dysfunction and a career in a helping profession (e.g., Chudnof, 1988; Farber, 1985; Hafner & Fakouri, 1984; Lackie, 1982, 1983; Marsh, 1988; Racusin, Abramowitz & Winter, 1981; Woititz, 1987).

Russell, Gill, Coyne and Woody (1993) note that the literature in general suggests that social workers, together with therapists, may have qualities and experiences from their families of origin that are dysfunctional and negate their effectiveness in their working relationships. Their research explored the perceptions of 147 graduate social workers about their families of origin compared to those of other graduate students. They found that the social workers were significantly more likely to have come from families where substance abuse was a problem, to have a family member who was a victim of a violent act, and to themselves have been sexually abused.

Wiloxin, Walker and Hovestadt (1989), in a study of fifty social work students, found that less healthy families of origin did not necessarily reflect negative conclusions about their mental health or skills as social workers. In fact, they reported that low levels of family of origin functioning, as perceived by students, appeared to imply higher baseline skills in interpersonal relations.

Lackie (1983) suggests that many social workers act as "rescuers" and repeat a "driven need to help". He argues that they need to accept their imperfections and care for themselves better in environments that do not duplicate parentification. Racusin et al.

(1981) state that if the worker is aware of the impact of personal dynamics on professional functioning, facilitation of professional growth and maximum effective therapeutic functioning is possible.

In summary, the research on the family of origin of social workers indicates that their family experience has impacted on the development of their personalities and the roles that they have played within the family. Social workers take roles within their often disruptive families that are designed to fulfil the emotional needs of family members, reducing family tension and resolving conflict. It is suggested that social workers are considerably more likely to have come from a family where dysfunction or disruption has been a major contributing factor in the development of skills in interpersonal relationships. Their early experience leads to a strong desire to help others that is reflected in their choice of career.

Given the implications in the literature of the impact of family of origin experience, it seems important to review the history of the study of alcoholism and the shift from its earlier focus on the individual to the more current focus on the individual in context. In this study the context is the family, and the impact of alcohol on family members, together with the interactions between parents and other members of the family.

2.2 History of the study of alcoholism

In the early years, the field of alcoholism focused on the drinking alcoholic; personality traits of the alcoholic (Jones, 1968), the etiology of the disease (Lisansky, 1960), methods of treatment (Catanazaro, 1968). When Jackson (1954) began to examine personality traits and the developmental process of alcoholism in the family, the focus began to alter and the concept of alcoholism as a "family disease" emerged. Fox (1962) suggested that "every member in such a family is affected by it - emotionally, spiritually and in most cases economically, socially and often physically" (p.72). Steinglass (1980) broadened the emphasis from a disease model to a concept of the "alcoholic family", with the exploration

of interactional systems dynamics.

It was Cork (1969) however, with her book *The forgotten children* who is credited with raising public and professional awareness to the point where children of alcoholics could no longer be ignored (Brown, 1991). However, Brown suggests that it was not until *Newsweek* (May 1979), highlighted early research on adult children of alcoholics that the Adult Children of Alcoholic (ACoA) movement began to develop and flourish.

Adult Children of Alcoholics (ACoA) as a social movement is less than twenty years old. More recently, adults and children brought up in alcoholic families have been recognised as a legitimate population for empirical study and clinical intervention. Emerging as a field of study with clear identity and beliefs, ACoA has produced a large body of literature that generally attempts to define difficulties in adult human functioning and/or adjustment as based on being reared in a home with at least one alcoholic parent. Although much of the early literature was anecdotal (e.g., Ackerman, 1983; Wegscheider-Cruse, 1981; Woititz, 1983), it has had a profound impact on theory development and clinical practice in the fields of mental health and chemical dependence (Brown, 1991). A growing number of more recent empirical studies now exists (e.g., Black, Bucky & Wilder-Padilla, 1986; Clair and Genest, 1987). In addition to work which is focused directly on the adult child of the alcoholic, there is relevant empirical work on the effects of alcoholism on the family (e.g., Moos & Billings, 1982) and more general grounded theory on adult adjustment and coping (e.g., Lazarus & Folkman, 1984; Seltzer, 1982; Vaillant, 1977; West & Prinz, 1987; Wright & Heppner, 1991).

The ACoA movement has found theory and practice to be inadequate in both the mental health and professional chemical dependence fields, and highlights the mistrust that exists between the two (Brown, 1985). It further raises important clinical and research questions to be addressed (Beidler, 1989; Brown, 1991). The ACoA movement makes a strong case for a new integrated theory, a theory that bridges mental health, chemical dependence and

self-help disciplines, and includes environmental, systems, and developmental perspectives, integrating behavioural, cognitive and dynamic psychotherapies (Brown, 1988; Jacobs & Goodman, 1989).

Earlier unpublished research on Children of Alcoholics (CoAs) in New Zealand was carried out by Martin Laurs. This led to the development of his well known work, a prevention programme for children of alcoholics entitled *An elephant in my living room* (1990), that was originally developed in the United States (Hastings and Typpo, 1984) but modified and developed for New Zealand children. Further, the work of Ellie King at Queen Mary Hospital at Hanmer, has had a considerable influence on the growing CoA movement (Johnson, 1990).

The official formation of the New Zealand National Association for Children of Alcoholics (NZNACoA) in 1990 provided a forum for developing the concept of Adult Children of Alcoholics and affirmed the ACoA movement as a legitimate treatment population. The NZNACoA was founded to develop, maintain and support services, education and information for and about children of alcoholics of all ages. Unique to the New Zealand movement is the commitment of a grass-roots membership dedicated to multiple perspectives; those of Maori, women and children (Johnson, 1990).

2.3 The New Zealand scene

For some years, the economic, personal, social and health care costs of alcoholism in New Zealand, have been of national concern (Cooke, 1987). Caughey (1987) suggested that New Zealand was a "nation in crisis" regarding its alcohol problem. He estimated that there were 50,000 alcoholics (alcohol dependent) and 100,000 hazardous drinkers and that the children of around five percent of the New Zealand population could be considered at risk for subsequent alcoholism, alcohol related problems and maladaptive behaviour.

Alcoholics are more likely than non-alcoholics to have an alcoholic father, mother, sibling

or relative (Johnson, 1990). Cotton's (1979) review of 39 data sets of familial incidence of alcoholism found that almost one third of any sample of alcoholics studied has at least one parent who is reportedly alcoholic. The review also suggests that alcoholism is specific to families of alcoholics, and that alcoholism is more prevalent in male rather than female relatives of alcoholics.

As early as 1982, a study by Stacey and Elvey found that, among fourteen to seventeen year-olds, attitudes towards drinking displayed a strong link with consumption patterns (Stacey & Elvey, 1982). More recently, Ministry of Health statistics (1993) show that although those aged nineteen to twenty-four make up only 11% of the population, they drink 25% of alcohol consumed in New Zealand, each year.

Alcohol and other drug abuse problems affect individuals, families, communities, populations and countries. The negative consequences and chronic family disruption that often result, affect both those close to the drinker as well as the wider society that must cope with the alcoholics' behaviour (Johnson, 1990; ALAC, 1996). A 1996 report on social costs of alcohol abuse in New Zealand estimates that the annual costs of alcohol use, including lost production, lost working efficiency and excessive unemployment ranges between $1.5 billion and 2.4 billion (Devlin, Scuffham & Bunt, 1996).

Health problems, drinking-related traffic accidents, and negative socio-economic consequences are the more visible adverse consequences of alcohol abuse; with the most consistently observed negative effect for the alcoholic, being the impairment of cognitive functioning (including attention, memory and information processing). The risk for members of alcoholic families is clear (Bennett & Wolin, 1990).

Children from alcoholic families are seen to have increased likelihood of both alcoholism and maladaptive behaviour due to both increased biological risk and environmental factors associated with alcoholism in their drinking parent and their social milieu.

2.4 Children of alcoholics

For far too long, children of alcoholics were neglected, overlooked, and ignored as both the general public and professionals failed to recognise that this large and vulnerable group were watching, listening and being affected by the harmful effects of their parents' drinking and subsequent behaviours (Woodside, 1989).

A growing clinical interest in the long-term impact of living with an alcoholic parent shows that many of these children "suffer a variety of problems related to the alcoholism of a parent that was never labelled as such" (Brown, 1988, p.11). Parental alcohol dependency poses a risk to the physical, cognitive, emotional and social development of their children (West & Prinz, 1987).

Sexual abuse, physical abuse, psychological abuse and emotional neglect have all been linked to alcohol-intoxicated parents in clinical and research literature (e.g., Kaplan, Pelcovitz, Salzinger & Ganeles, 1983: Murphy, Jellinek, Quin, Smith, Poitrast & Goshko, 1991). Briere (1992) adds that adults in therapy who were psychologically, physically or sexually abused as children often report that their abuse occurred within the context of parental drunkenness or drug intoxication. He does point out, however, that parental alcoholism is not necessarily the only "underlying traumagenic factor" in such cases (p.14).

Traditionally, two approaches have been used to study the transmission of alcoholism; the genetic, biologically determined perspective, and the environmental/cultural view that emphasises the influence of the social/familial values and behaviours. The study of Pollock, Schneider, Gabrielli and Goodwin (1987) provides persuasive data on a physiological vulnerabilty to alcoholism that is at least partially inherited by first-degree relatives. Researchers Cloninger (1983) and Goodwin (1984), however, conclude that the alcoholism of many individuals cannot be explained by genetic influences alone and arise primarily from psychological factors present in their families of origin. Most researchers

now advocate a multifactorial framework where the genetic component presents as the predisposing factor while cultural experience constitutes the precipitating factor (Johnson & Bennett, 1988; Sher, 1987).

The research on children of alcoholics has spanned across many different behavioural domains, including neuro-psychology, electro-physiology, personality, self-esteem and depression (Sher, 1987). Research on school aged children of alcoholics has been so broad based and methodologically diverse that it has been difficult to identify a typical behavioural profile (Johnson & Rolf, 1990; Russell, Henderson & Blume, 1985).

In general, research shows that children of alcoholics (CoAs) have a higher incidence of emotional, behavioural and developmental disorders when compared with children of non-alcoholics. Rolf, Johnson, Israel, Baldwin and Chandra (1988) report that children of alcoholics have more depressive affect than children of non-alcoholics. Psychosocial risk factors of cognition, personality and general adaptation show similar delineation between the two groups (Berkowitz & Perkins, 1988; Clair & Genest, 1987; Johnson & Rolf, 1988). School-age children of alcoholics generally show lower levels of cognitive competence, poorer adaptability and, in gender-related personality profiles, males appear to show more anti-social personality characteristics (Johnson & Rolf, 1990; Sher, 1987).

Ackerman (1987), however, suggests that not all children raised by alcoholic parents are affected in the same way, that the individual is "the beginning unit of analysis" to understanding the family dynamics in the alcoholic home (p.6). He identifies gender and age of the parent or child at the time of alcoholic drinking, cultural values, the degree and type of parental alcoholism, and individual differences in the child's stress reaction and perception of the alcoholic's behaviour as the variables worthy of consideration. He further notes that much of the presumed loss of childhood for children of alcoholics centres on the lack of expressive freedom and the inability to experience positive and spontaneous life events.

2.4.1 Characteristics of children of alcoholics

Weddle and Wishon (1986) note that the characteristics of children of alcoholics can be categorised into three broad areas that incorporate physical considerations, emotional considerations and more general characteristics. General characteristics, as identified by clinicians, also include the roles assumed by children who live in an alcoholic environment (Weddle & Wishon, 1986).

Physical considerations

Physical considerations for the child of the alcoholic begin with the development of the foetus of the alcoholic mother. It is accepted that as few as two drinks a day, increase the chances of a child being born with Foetal Alcohol Syndrome (Streissguth, Landesman-dwyer, Martin & Smith, 1980; Streissguth, 1990; Day, 1992). Physical anomalies associated with Foetal Alcohol Syndrome include higher rates of infant mortality, pre-maturity, poor motor development, disfigurement, and irreversible, immature physical development together with a high susceptibility to mental disability. The effects of paternal alcoholism on the developing foetus are more subtle. It is recognised that the emotional state of the mother has an impact on the development of the unborn baby and the degree of maternal anxiety is directly affected by the stage of her partner's alcoholism, his behaviour during the pregnancy, and fear of future problems (Smith, 1980; Ackerman, 1987).

Further, children raised in alcoholic homes are often neglected. Their basic needs for food and proper care are often left unattended and their rate of abuse, both physical and sexual, is high (Sameroff & Chandler, 1975; Black, 1983; Briggs, 1987). The consequences of abuse, as well as fear of further abuse, have implications that can cause mental, physical and emotional damage to the victims (Ackerman, 1987).

Emotional considerations

Healthy, emotional development is often thwarted in an alcoholic home that is volatile, repressive or inconsistent in atmosphere. Although the alcoholic parent may want to

provide a nurturant and caring home environment, the involvement with alcohol may prevent them from providing the trust and sense of security that are the most basic of human needs. The non-drinking parent may be so involved with the issues that result from their partner's drinking that they have little time or energy to attend to the children's emotional needs, the problems taking precedence over the needs of family. Alcohol and the alcoholic's behaviour often become the central focus of attention to the detriment of the emotional development of the child. Hence, the emotional development of such children becomes a struggle as they attempt to maintain a sense of security and stability for themselves. This typically leads to the development of various defence mechanisms, such as regression, repression, sublimation and projection and reaction formations, to enable the child to escape rather than confront their feelings (Papalia & Olds, 1978). A tendency to depend on such defence mechanisms often hinders the development of a true sense of self, even through to adulthood (Ackerman, 1987; Wood, 1987).

General characteristics

More general characteristics that have been associated with growing up in an alcoholic home, and that expand upon or present as an outcome of wider physical and emotional considerations include low self-esteem, lack of feelings of control over their lives, poor coping skills and problems of trust in interpersonal relationships. Overall, children of alcoholics do not reach out for help and attempt to repress their feelings or minimise them (Robinson, 1989). They often develop a sense of over-responsibility and become helpers and carers of others to the detriment of their own needs. They have a need to seek approval. They often confuse love with pity, judge themselves critically, and have difficulty with angry people, authority figures and personal criticism. As adults they are likely to become alcoholic, marry an alcoholic (or other compulsive personality) or both (Weddle & Wishon, 1986).

The roles that children in alcoholic homes assume, serve as a "protection system" to enable the family to function and individual members to achieve some security and stability for themselves (Robinson, 1989). Wegscheider (1979) states that, within

alcoholic families, family members play particular roles. These roles she identifies as "family hero, scapegoat, lost child, and mascot". They align to the role patterns later identified by Black (1982) as "responsible child, acting out child, adjuster and placater". Drew (1983) related the taking on of certain roles by such children according to their ordinal position in the family. Children are seen to assume these roles as a result of parental inconsistency. The fluctuations between rigidity and absence of controls that are common in these homes, often leave the child confused and unsure (Weddle & Wishon, 1986). The roles appear to enable the child to function more effectively during childhood but fail to distract from the alcoholic behaviour and lose their efficacy as the individual moves through adolescence to adulthood (Robinson, 1989).

Devine and Braithwaite (1992) found that the children who were more likely to adopt the roles identified by Wegscheider (1979) and Black (1982), as coping mechanisms, came from families where the divisions and conflict were strong. Black argued that assuming these roles was ultimately detrimental to the child. Burk and Sher (1988) have questioned Black's model, contrasting the maladjusted responsible child with Werner's (1986) finding that responsibility was a quality found in those who were better adjusted.

2.4.2 Personality development

Ackerman (1987) discusses personality development among children of alcoholics in terms of Erik Erikson's (1963) theory of developmental life stages. Ackerman (1987) suggests that for many children of alcoholics the crises confronted in the successive stages are compounded by the lack of resolution of the previous stages because of the continuing stresses of living within an alcoholic family.

In infancy, when the child is non-verbal and helpless, the development of a basic sense of trust is paramount. The seriousness of alcoholic parental role-inconsistency at this level together with the high likelihood of lack of emotional stability, may be underestimated. The toddler's development of autonomy may be hindered by inconsistency and restrictiveness, resulting in a self-concept of inadequacy and shame. Similarly, conflicts

between initiative and guilt feelings for the pre-school child may occur when curiosity about the world is restricted and consistency unreliable. Role modelling, important at this stage, can provide inappropriate concepts of adult roles. The early school years provide opportunity for the development of a sense of industry. A lack of parental interest in the child's accomplishments can impact on the child's sense of inferiority. Likewise, inappropriate parental support in the following stages, identity development and the establishment of intimate relationships, may result in an inability to develop the life skills required to become fully functioning adults. However, not all children of alcoholic parents are similarly affected. Some pass through the developmental stages with a high ratio of positive resolution. A number of these children appear to have considerable resilience that has enabled them to achieve a satisfactory life-style.

For most adolescents, relationships are seen as extremely important in the establishment of a sense of identity and self-worth. For those from alcoholic homes, relationships are often difficult, both within the home and with their peers and others outside the home. Alcohol-related behaviours become the central organising principle around which family life is structured, making it particularly difficult for the adolescent to create a separateness and psychological distancing from the family (Berlin, Davis, & Orenstein, 1988). Berlin et al. (1988) suggest that adolescents must disengage from the pull of the family distress to follow their own pursuits and obtain satisfaction in the outside world of peers, school and community. The alcoholic family is often marked by isolation, denial, self-blame and despair, although the adolescents in these families often remain very loyal to their families. Their ambivalent feelings often make the separation and individuation process necessary to achieve a satisfactory sense of self, particularly challenging.

In a British Columbia study of a small group of adolescents with alcoholic fathers, Priest (1985) found that reactions to their parents' alcoholism reflected fear, anger, grief, low esteem, and poor sex-identification. She cites previous research statistics reported by the Canadian Ministry of Human Resources, showing that 56% of teenage runaways and 66%

of suicidal adolescents were from homes where one or both parents were alcoholics; 50% of juvenile offenders through the courts in that year, 1978, had an alcoholic parent. The findings from these and later studies suggest that a divided family where children lack an intimate relationship with at least one parent is a more powerful predictor of serious maladjustment than the alcoholism itself (Braithwaite & Devine, 1993).

Further research comparing 84 college students with alcoholic fathers with 123 college students with non-alcoholic parents showed that paternal alcoholism has a long-term impact on children of alcoholics (Jarmas & Kazak, 1992). Students with alcoholic fathers were found to manifest distinct, identifiable, emotional characteristics. They were perceived to experience more introjective depression, to rely more on aggressive defences and to perceive their families as more inconsistent.

In addition, it is suggested that children of alcoholics are more likely to have functioning difficulties as adults (e.g., Black et al. 1986; Clair & Genest, 1987; Vaillant, 1983; Werner, 1986). Black et al. (1986) suggests a greater frequency of adult difficulties but not a specific set of difficulties. However, Werner (1986) documents a variability of adjustment. She reports a more positive outcome for those individuals who have such personal attributes as at least average intelligence, adequate communication skills, an achievement orientation, a positive self-concept, and an internal locus of control. She further identifies diverse protective factors from within the family and community environments that appear to have enabled some children of alcoholic parents to achieve positive developmental outcomes despite high-risk status. These factors include affectional ties that encourage trust, autonomy and initiative, together with other support systems within the community that foster positive "person-environment" interactions.

Overall, however, in considering children of alcoholics (CoA's), it is important to note, that despite a genetic component to the vulnerability to alcoholism, CoA issues are not related primarily to alcoholism itself but to the social and psychological dysfunction that

may result from growing up in an alcoholic home (Gordis, 1990).

2.5 The alcoholic family

Alcoholism affects every member of the family. The centricity of alcoholism, a term used to indicate that all aspects of life within a family may be affected by the alcohol-related behaviour, is well documented (Berlin et al., 1988; Black, 1982; Deutsch, 1982; Wegscheider, 1979; Wilson & Orford, 1978). Deutsch (1982) identifies four conditions that he notes appear, to various degrees, in most families that may have nothing else in common other than alcoholism: denial and shame; inconsistency, insecurity and fear; anger and hatred; guilt and blame.

To understand what happens to the child of an alcoholic parent there is a need to understand the inter-workings of a total family system. Each member, as part of a functioning system, is interdependent on the others, and any change in one part of the family will result in changes in the other parts, as the family system attempts to keep itself in balance (Bradshaw, 1988). Alcoholic families alter their functioning to accommodate the behaviour changes of the alcoholic member/s. As the alcoholic, (the dependant), becomes "out of kilter", the whole family becomes out of balance and needs to shift to the way it typically functions to survive (Robinson, 1989). Everything revolves around the alcoholic parent, whose behaviour dictates how other family members interact inside and outside the family. Each member adapts to the dependant's behaviour in the way that causes the least amount of personal stress (Wegscheider, 1979).

As parental alcoholism is often unacknowledged within and/or outside the family, children are made partners in the family denial of the drinking (Woodside, 1986). Wegscheider (1981) describes the alcoholic family system as a closed system that does not allow communication from the outside and thus cuts itself off from learning and change. Kantor and Lehr (1975) describe a "closed family system" as one which has strong external boundaries that maintain privacy and "family secrets", with rules that are authoritarian,

with roles and boundaries fixed. In contrast, the "random family" is characterised by chaos and fluctuation in roles and decision-making. Sher (1991) suggests that alcoholic families may fluctuate between the two, depending on the current degree of parental alcoholism. As family members unconsciously play the roles that counterbalance the alcoholic's behaviour and maintain the family system, every child in an alcoholic home takes on a role or roles to survive. In this way the family can continue to function, and individual members can achieve some security and stability for themselves.

Systems theory is important for understanding the alcoholic family. Bradshaw (1988) suggests that the family systems concept took a giant step forward with the growth of the ACoA movement. Black (1982) and Wegscheider (1981) identified specific roles that CoA's adopt within the family context in order to maintain equilibrium. Family members are often "enablers" or "co-dependants" (Fitzgerald, 1988). Denial and other defences are part of all family members' unspoken rules (Wegscheider, 1981). Distorted boundaries, rules, and communication are part of the alcoholic family system (Constantine, 1986).

Although Jackson (1954) was instrumental in developing a family approach for intervention within the alcoholic system, it was Steinglass, Bennett, Wolin and Reiss (1987) who defined the alcoholic family as one in which alcoholism has become the central organising principle around which family life is structured. They further suggest that assessment and treatment of the family be based on the developmental stage of the family (a concept further developed by Brown, 1988). Krestan and Bepko (1988) emphasise the need to also consider the effects of the disruption and stress of alcoholism on the family developmental tasks within the family life cycle.

Various empirical studies have been carried out on the relationships between alcoholism, the family and the effects on children raised in alcoholic families. These include earlier research by Jackson (1967) on family rules of interaction that enable family members to adapt and cope with the behaviour of the alcoholic, a Moos and Billings (1982) study on

conflict, and decrease in cohesiveness and expressiveness within alcoholic families, and a study on personality and behavioural changes in the alcoholic that impact on family members (Vaillant, 1983). This research dramatically altered practice within the field of alcoholism by introducing an interactional perspective and expanding the individual focus of intervention to include family members.

Adult children of alcoholics have for a long time been overly represented in the traditional mental health population where the reality of the effect of parental alcoholism has been largely ignored (Brown, 1991). ACoA identification is in part, a family systems, or interpersonal "diagnosis" because it links generations, parent to child, child to parent, and the system as a whole. Disruption and dysfunction within the alcoholic family have been identified as contributing factors to ACoA's later emotional and psychological problems (Sher, 1991). Research has shown increased rates of depression in older adolescents and adults from alcoholic families. Studies of non-clinical samples indicate that women who were children of alcoholics scored higher on depression scales than peers with non-alcoholic parents (Benson & Heller, 1987; Elliott & Briere, 1992; Parker & Harford, 1988). Hibbard (1989) reports that female adult children of alcoholics showed higher scores of dysthymia and a Berkowitz and Perkins (1988) study shows more self-deprecation among female adult children of alcoholics than women from non-alcoholic families. Reich, Earls, Frankel and Shayka (1993) found no significant rates of depression but significantly higher rates of overanxious disorder. Other recent research suggests that when controls for concomitant abusive treatment by alcoholic parents is introduced the incidence of depression is substantially reduced (Wright & Heppner, 1993).

However, at a Conference of ACoAs sponsored by the National Society on Alcohol and Drug dependence (NSAD), Wellington 1988, around eighty male and female participants were surveyed with regard to their family background of alcoholism and related problems. Within the survey, it was revealed that approximately half of the adults had a personal history of sexual abuse as a consequence of behaviour of an alcoholic parent or other

alcoholic relation (Johnson, 1990). The experience of conference participants is supported by other research studies showing that a history of child sexual abuse is prevalent among substance abusers (Briggs, 1987; Rohsenhow, Corbett & Devine, 1988).

Clair and Genest (1987), drawing on existing empirical knowledge on the effects of alcoholism on the family and on grounded theory on human coping mechanisms, found that not all adult children reported difficulties. Other research suggests that numerous factors operate singly or collectively to produce a variety of psychological outcomes. These include gender and age of the child (Werner, 1986), gender of the alcoholic parent (Steinhausen, Gobel & Nestler, 1984), family socio-economic status and whether both parents drink (Parker & Harford, 1987), ethnicity (Ackerman, 1987), birth order (Keltner, McIntyre & Gee, 1986) and whether the parent is a recovering or active alcoholic (Callan & Jackson, 1986; Moos & Billings, 1982).

Adults raised in families with alcoholic parents frequently describe an environment of chronic unpredictability and unreliability, the outcome of living with one or more people who could not be counted on to provide safety, security or nurturance (Briere, 1992). Brown (1988) suggests that this often results in a child of the family assuming a parental/caretaking role because of the alcoholic parent's "regression, neglectfulness or primitive demands", within a childhood often filled with fears - for themselves, for family members and even for the alcoholic member.

More specifically, in a study between adolescent ACoAs and their peers from non-alcoholic families, the former perceived their families as having shown greater inconsistency, lower cohesion, less expressiveness, more conflict, less organisation and poorer communication, with paternal inconsistency emerging as the most significant discriminator. (Jarmas & Kazak, 1992).

2.6 The resilient child

With growing research into social and family correlates of childhood and adolescent problems, particularly conduct problems, juvenile offending and substance abuse, investigators have identified a range of childhood, family and parental characteristics associated with a considerable range of these problems (Cronkite, Finney, Nekich & Moos, 1990; Farrington, Loeber, Elliot, Hawkins, Kandel, Klein, McCord, Rowe, & Tremblay, 1990; Fergusson & Lynskey, 1996; Hawkins, Catalano & Miller, 1992).

The association between risk factors and outcomes has shown that high risk children and families experience an accumulation of difficulties and hardships. These include poverty and economic difficulty, parental abuse and/or mental illness, together with impaired parenting, family conflict and family change (Blanz, Schmidt & Esser, 1991; Fergusson, Horwood & Lynskey, 1994a; Shaw, Vondra, Hommerding, Keenan & Dunn, 1994).

During the mid-1980's social researchers from child development, psychology, psychiatry and sociology began studying a group of young people who had overcome great odds. Despite high-risk status, chronic stress or prolonged or severe trauma they had been described as having the capacity for successful adaptation, positive functioning and competence; a concept that became identified as resilience (Garmezy, 1991; Herrenkohl, Herrenkohl, & Egolf, 1994; Masten, 1989; Rutter, 1987; Werner, 1986, 1995).

The concept of resilience, also referred to as competence, coping or invulnerability, has been studied in a variety of populations of high-risk individuals, in high-risk situations (McDowell, 1995). Three distinct kinds of phenomena have been identified to describe resilience: good outcomes despite high-risk status, sustained competence under threat, and recovery from trauma (Masten, Best & Garmezy, 1991).

Werner (1986), in an eighteen year study of forty-nine children of alcoholic parents, found that although some children developed severe psychological disorders, others appeared

resilient. Children were assessed as resilient through interviews and examination of records: by their appearance, by good school grades, by lack of mental and behavioural problems. They did well at school, at work and in their social lives. They had realistic goals and expectations for the future.

Keltner et al. (1986), in a study on the effect of birth order on adjustment to living in alcoholic homes, found that firstborn children were notably more resilient than middle and later-born children. The most common characteristic of these first-born children is their exceptional ability to cope and react to stress. They are described as stress-resistant (Robinson & Fields, 1983). Anthony (1978) describes invulnerable children as seeming to thrive on the trouble and turmoil in their world.

Resilient children share a number of common characteristics. They have good social skills, appear at ease and make others feel comfortable; they are well liked, have positive feelings of self regard, internal locus of control and an urge to help others needier than themselves. They are successful at school and high achievers in their careers with a certain sense of detachment from their stressful surroundings. Most of these children, despite inadequate parenting and early turmoil, become competent adults and appear to suffer little or no psychological damage (Robinson, 1989).

The characteristics identified were found to be similar to those of the "family hero" of Wegsheider (1979). However, they also align with the concept of "false self" (Winnicott, 1975; Wood, 1984, 1987). On the surface, these children appear to be functioning extremely well, but the resilience of family heroes can also be the source of deeper-seated problems of inadequacy and poor self-esteem - the invulnerability a denial of the inner misery they are compelled to hide. Winnicott (1975) suggests the heroic position is "society-syntonic", frequently earning substantial recognition and financial reward; with its emphasis on perfectionism, self-sufficiency and denial of vulnerability, it often masks massive anxiety, depression and a sense of isolation and emptiness.

In more positive mode, Wolin (1991) emphasises the strengths displayed by survivors of alcoholic and other dysfunctional homes. He describes resilience by grouping the characteristics of survivors into clusters across the developmental stages, from childhood to adulthood. In tracing one such cognitive cluster from childhood through to adulthood, he explains that this group of characteristics (cognitive cluster) enables children as young as five or six to develop a hunch that something is seriously wrong with their troubled parents. This awareness is usually sensory at first, coming in the recognition of a drunken father's key rattling and missing the lock or the increased anxiety of their mother as she tries to hide her fear. Later, in adolescence, these sensory impressions become a clear understanding of the trouble that is imminent, and the adolescent presents as insightful and knowledgeable about the family situation. As they become adult, these resilient children expand their sensitivities and understanding into permanent and protective growth-producing parts of the self. Hence, Wolin (1991) contends that the initial sensory impressions of resilient children refine and diversify into empathy, introspection and clear thinking and an ability to tolerate and intellectually manage life with all its complexities and ambiguities.

Attention has become focussed on the protective factors that moderate the individual's reaction to stress and adversity. Current models of stress and resiliency include buffers that are seen to reduce the likelihood of dysfunction and disorder in the presence of stressful life experience. These protective factors are generally classified into two groups: (1) personal factors, such as physical health and temperament together with a social component such as self-esteem and mastery beliefs (2) environmental resources such as family income and supportive social relationships (Garmezy, 1994).

Overall, the factors that appear to have protected against or mitigated the effects of growing up in adverse circumstances, and hence may be seen to foster resilience for children in high risk situations, include:

- Intelligence and problem solving abilities that are comparably higher than their non-resilient peers (Herrenkohl et al., 1994; Masten, Garmezy, Tellegen & Pellegrini, 1988; Werner, 1995).

  The presence of at least average IQ is consistent within various other research projects, which support this contention (Fergusson & Lynskey, 1996; Hetherington, 1989; Seifer, Sameroff, Baldwin & Baldwin, 1992; Wyman, Cowen, Work, Raoof, Gribble, Parker and Wannon, 1992). Werner (1995) adds that young people who are better able to appraise stressful life events are also better able to work on strategies for coping with difficulties either through their own efforts or by seeking out others who can help.

- The suggestion that gender may influence response to adversity. Some studies suggest females may be less reactive to family stress than males (Hetherington, 1989; Wallerstein & Kelly, 1980).

  Fergusson and Lynskey (1996), in their study of adolescent resiliency to family adversity, found no indication that females were more resilient than males. Jamas and Kazak (1992) argue that, as sons and daughters of alcoholic fathers share a high degree of commonality of experience, they show minimal gender-related difference. Wyman et al. (1992) propose that further study of gender differences is warranted.

- The existence of external interests and affiliations with another supportive, caring adult.

  Studies suggest that children from high risk backgrounds who have been able to form strong, supportive relationships either within the extended family or outside the family, and have important interests or activities of their own, show more resilience to the effect of family adversity (Fergusson & Lynskey, 1996; Werner, 1989, 1995).

- Parental attachment and/or bonding with at least one parent or caregiver (Werner, 1989).

It has been found that aspects of early mother/child interaction including expressed emotion, also acts as a protective factor (Seifer et al., 1992). Werner (1995) suggests that resilient children are adept at recruiting substitute caregivers, often grandparents or older siblings.

- Temperamental characteristics and early childhood behaviour that is able to elicit positive response from caregivers.

  Infants with this ability, were described as being more affectionate, positive in mood and adaptable to change (Werner, 1989; Wyman et al., 1992). Egeland, Jacobvitz and Sroufe (1988) also noted similar dispositions among securely attached infants of abusing mothers in the Minnesota Mother-Child Interaction Project. By school age, these resilient children appear to have developed a pattern that includes autonomy and the ability to ask for help when needed (Werner, 1995).

- The ability to form worthwhile and supportive peer relationships.

  These relationships are seen to provide positive role models and sources of support that lessen the general and/or more intensive effects of adverse family conditions (Werner, 1989, 1995). In a longitudinal study of high risk children followed through to late adolescence, Quinton, Pickles, Maughan and Rutter (1993) report that favourable outcomes were more likely for those who had formed attachments to non-deviant peers and partners.

It appears that, in general, resilience is likely to be the outcome of a cluster of factors, both protective and compensatory. Survivors are challenged by the family's troubles to experiment and to respond actively and creatively. Their pre-emptive responses to adversity, repeated over time become incorporated into the self as lasting resiliencies (Wolin, 1991).

Nevertheless, clinical reports and some empirical findings suggest that unhappy thoughts, feelings and memories may remain despite successful coping with many challenges.

Resilient individuals are seen to do well in overt areas such as academic achievement and in social interactions. An assumption has then been made of global competence, that is competence in both overt and covert areas. An increasing number of studies are showing that there is a cost to resiliency that can often be seen in less overt areas, such as the areas of psychological well-being (including anxiety and depression) and intimate relationships. (Dunn, 1993; Luthar, Doernberger & Zigler, 1993; McDowell, 1995).

The concept of resilience in children and adolescents recognises the complexity of the developmental processes that impact on coping and resilience and the importance of socio-cultural factors. The relation between a stressor and an outcome depends on many factors including the individual's previous experience, perception of the event, coping skills, and social supports. Each of these factors can be seen to show meaningful variation according to developmental status, cultural context and social background (Garmezy, 1994).

In summary, it is suggested that resilient children have a number of common characteristics that both protect them and enable them to compensate for many of the more negative occurrences in their lives. Their responses to the adversities of their lives extends across the developmental stages of childhood and adolescence through to adulthood, where they present as capable, loyal, empathetic individuals with good social skills and a commitment to their careers. In addition, resilient survivors from alcoholic homes are seen to have extended their sensitivities, empathy and abilities to manage their lives and careers with positivity and understanding. There is an increasing awareness of the cost of resiliency, a warning that the assumption that success in overt areas carries through to more covert areas such as that of psychological well-being. However, there is no doubt that many individuals from alcoholic and other disadvantaged homes have the capacity and ability to become competent, confident and caring adults. Many of these become social workers.

2.7 Adult children of alcoholics as practitioners and implications for practice

Adult Children of Alcoholics (ACoAs) have been identified throughout society, cutting across all geographic, racial, gender, and socio-economic lines (Robinson, 1989). Although there appears to be a dearth of recent writing on ACoAs in the workforce, several studies suggest that they are represented in all work situations, with a higher concentration reported among helping professions than other occupational groups (Robinson, 1989: Woititz, 1987). A study by Pilat and Jones (1985) of practitioners (including social workers) in a family alcoholic treatment course, found twenty-six percent of family therapy students, twenty-eight percent of experienced therapists and forty-six percent of health professionals were ACoAs.

Wood (1987) suggests that most of these ACoA helpers are family "heroes" who have sacrificed "a substantial portion of their self-hood to minister to the physical and psychic needs of their parents" (Wood, 1987, p.144). Bepko and Krestan (1985) suggest that over-responsibility and co-dependence occur when family members focus on the addicted member and minimise their own bio-psychological needs. Motivated by a love and compassion for their parents, fear of losing them, and intense longing for a satisfying sustaining relationship, they extend their role of "strong helper" to the wider community by entering the helping profession (Wood, 1987).

Wegscheider-Cruse (1981) also identifies children of alcoholics who become over-responsible heroes or heroines in an attempt to keep the family stabilised. She suggests they are conditioned to serving and taking care of people, to trying to work out relationships, and continually attempting to understand themselves and others. She further states that it is "natural" that they move into the care-taking professions.

Wood (1987), in describing the dilemmas of the ACoA practitioner, points out that a "sizeable number of these instinctive helpers" often "bring to their work an extraordinary capacity for empathy, and their will to restore...can become the basis for the qualities of

hope, courage and dogged perseverance that are indispensable to success in this field" (p.145). She warns, however, that for the ACoA whose "heroic role armour has not been pierced", negative factors can become a "destructive force" and impede the effectiveness of practice (p.145).

Whitfield (1980) suggests that one of the reasons more ACoAs are not identified and helped, or that the help given is misdirected, is because practitioners themselves have the same condition of enabling and co-dependence as the people they are trying to help. The analogy of "the elephant in the living-room" describes the denial and avoidance of alcohol addiction, as everyone (including the worker) tiptoes around the elephant (alcoholism) ignoring its existence (Laurs, 1990). Googins (1984) in his teaching of therapists, notes that it is not uncommon to hear them acknowledge their own bias, personal or professional. He suggests that this restricts their ability to recognise the dynamics of alcoholism in their clients and affects the ensuing treatment. Benedek (1984) raises similar concerns.

The role of childhood experiences on career selection and practice patterns led Thistle (1981) to develop a programme, based on that of Bowen (1966), to train family therapists (made up of psychiatric registrars, social workers, doctoral psychology students). Thistle (1981) had them explore and understand the dynamics of their families of origin to help them identify the triggers to intense emotional reactions inside themselves that he suggested resulted in loss of objectivity and direction in their work. He concluded that individuals attracted to the helping professions would often rather look at other people's problems than their own.

Mackey, Mackey and O'Brien (1993) in noting that many clinical practitioners enter therapy at some point in their careers, explore the importance of personal "treatment" for the professional roles of graduates in clinical social work. Their study, argues for the educative value of personal treatment, which includes the therapist as model, integration

of theory and practice skills, enhancement of empathy, understanding of the helping process and personal treatment as a complement to supervision.

The high incidence of psychosocial trauma among social work students previously suggested (Black et al., 1993; Chudnof, 1988; Farber, 1985; Hafner & Fakouri, 1984; Lackie, 1982, 1983; Marsh, 1988; Racusin et al., 1981; Woititz, 1987), should alert the profession to the implications for social work education and the practice of social work. A background of personal distress may leave the practitioner more insightful, sensitive and empathetic to the distress of others (Goldberg, 1986; Guy, 1987). However, failure to resolve a problematic background may result in a "wounded healer", with counter-transference issues harmful to the therapeutic relationship (Maeder, 1989).

Vannicelli (1991) in exploring counter-transference feelings in ACoA group leaders, suggests that a number of special issues may arise for those who are working with ACoA clients. In recognising that family of origin issues are likely to present themes and issues for all group workers, she further suggests that the likelihood for ACoA workers to become caught in the process is higher. She warns of the following pitfalls:

- the assumption of sameness between therapist and client (the therapist assuming understanding because of her own family background)
- the "will to restore" which may be destructive when the therapist, whose self-esteem depends on progress in therapy, forces a "rush to recovery" (Wood, 1987)
- personal issues in the life of the therapist that may also "resonate" with client experiences (Kanfer & Schefft, 1988; Surkis, 1991)
- counter-transference "goodness and availability" as it affects the therapist's ability to set limits for clients and themselves (Searles, 1979)
- special issues around therapist transparency and self-disclosure (Cooper, 1988).

Hence, unresolved personal needs may be seen to prevent the social worker from appropriately attending to the needs of the client (Guy, 1987; Lackie, 1982). Lackie states

that when social workers use their work to resolve past conflicts, despite the potential for personal growth, there is a greater likelihood that "conflicted care will be part of the care-taker's response" (p.198). Woititz (1989) suggests that ACoA practitioners tend to over-identify with their clients, have problems in maintaining boundaries, and are subject to subsequent stress and burn-out. Thistle (1981), as previously noted, further attests to the need for the social worker/therapist to understand her or his own past family roles and experiences and how they may influence professional performance. Vannicelli (1991) adds that the effective therapist is one who can maintain a self-reflective stance in order to monitor the dynamics of the process, particularly in the area of families, more specifically, families of alcoholics.

However, as Woititz (1989) suggests, ACoAs can make excellent practitioners, bringing to their work an understanding of family dynamics and experiences that serves them in good stead in the workplace. ACoAs are seen to be productive and valuable employees. "They are dedicated, conscientious, capable, loyal and will do everything in their power to please" (Woititz, 1989, p. vii). Woititz (1989) further states that although the pitfalls they may experience are about their "self-feelings" and that these feelings may hinder the work they do, ACoAs respond well to intervention, and are eager to change or adapt, once they gain the insight to recognise that choices and opportunities exist.

These considerations highlight the fundamental issue of professional competence in practice. It is essential that the social work profession provide support for colleagues, and that the profession models an effective care-taking role. Competent supervision is imperative. Although it is possible for a worker to grow and learn alongside his or her clients it is more likely that the inability of the worker to move forward will cause anxiety for the client and hinder the progress of the intervention. It is important that the worker takes care of his or her own growth outside of the client relationship. Moreover, Lackie (1983) in noting that learning occurs in the context of personal experience, suggests that the role of professional education is all important in encouraging progressive rather than

regressive work on significant life issues. He adds that a balanced approach is required to enable social workers to work in a way that enhances their practice and supports them professionally to extend their knowledge and capabilities at a level that is appropriate to their skills and experience.

In summary, this chapter has brought together the writing and research deemed relevant to the study, beginning with that concerning the family of origin experience of social workers, the roles they have learned within their families and their choice of career. This is followed by information on the development of the study of alcoholism and the emergence of the ACoA movement, leading into the ensuing development of further studies and research on the alcoholic family, with some mention of New Zealand studies.

The literature review began with the study of the alcoholic family, the children in these families, (from childhood, to adolescence through to adulthood), and then more generally, to the family as a system. From a perception that many children from alcoholic families present as having the capacity for successful adaptation, positive functioning and competence, writing on the concept of resiliency was presented and related to those practitioners who are brought up in alcoholic families. The section concludes with reference to the impact of family of origin experience for practitioners and the implications for their professional practice.

3 Theoretical basis and methodology of study

This chapter describes the theoretical base that underpins the research project, the ethical considerations involved, and the methodology and process of the study. It begins with a short outline of qualitative methodologies, leads into a feminist research perspective and the choice of the life history approach as the appropriate method for the project. There follows an explanation of data collection methods such as in-depth interviewing. The use of a semi-structured interview guide is clarified as appropriate to the narrative style and allows the fullness of the evolving discourse to develop, enabling access to the private world of the narrators.

The use of a methodology based on feminist principles is described as appropriate to the current approach, the subjects and the topic. The lack of research in the area of alcohol issues is acknowledged. Further, it is explained that, for feminist writers, there is a need to situate oneself in the research project as a researcher. Therefore, the choice of the narrative, life-history approach was seen as the most suitable, taking into account the life-experience of the researcher herself.

This leads into the need to examine and define the ethical issues around such research and those measures set in place to address any issues that may arise in this area. Then follows a description of the methodology and process of the study, outlining the process by which participants were selected, together with a description of participants, and the settings in which they were interviewed. The procedure by which the interviews proceeded is outlined, including the manner through which the process was refined following assessment of the pilot study, and finally onto the study itself, including a description of the interview process, transcription and analysis. This leads into the next chapter and the analysis of the data.

3.1 The value of qualitative research

The value of research is often determined in relation to research alone without consideration being given to its social relevance (Kressel, 1990). Gradually, research in the social sciences has recognised the importance of the personal experiences of those studied and the promotion of self and social understanding.

Qualitative methodologies emphasise that trustworthy knowledge comes from personal experience rather than propositional logic. Qualitative research is a broad term applied to research in which the findings are not arrived at by statistical procedures or other means of quantification. Although data may be gathered by a variety of methods, non-mathematical procedures of data analysis are employed (Strauss & Corbin, 1990). Minichiello, Aroni, Timewell & Alexander (1991) argue that qualitative research designs allow the researcher to observe, discover and describe the themes and underlying dimensions of social life using non-statistical data; that qualitative researchers attempt to uncover the thoughts, perceptions and feelings experienced by those they study. They add that researchers seek to understand how people attach meaning to and organise their lives, and in what way this impacts on their actions (Minichiello et al., 1991).

The assumption that the practice of science is value-free, with its emphasis on causality and a failure to look at human problems holistically, has been cited by Allen (1978) in a now dated study, as contributing to the artificiality and triviality of much social science research. More recently, Oakley (1993) in her critique of classical sociological interview methods, rejected the hierarchical, objectifying stance of the impersonal interviewer as falsely objective, as neither possible nor desirable. She argued that meaningful, (feminist) research requires empathy and mutuality, within an interactive process that provides greater respect for and power to the participants, together with a reciprocal and collaborative search for understanding. Although there has been considerable growth and acceptance of qualitative approaches, the tension between objectivity and subjectivity remains within all areas including feminist research (Reinharz, 1992).

3.2 Feminist research - a perspective

Reinharz (1992) defines feminist methodology as the sum of feminist research methods. She states that, as there are multiple definitions of feminism so there are multiple feminist perspectives on social research methods. Feminist researchers can be seen to use many of the methods that traditional researchers use, but the way they carry these out is often different.

Earlier discussion of feminist methodology urged researchers to base their research on an egalitarian process of authenticity, reciprocity and inter-subjectivity between researcher and subject, in contrast to what was seen as the hierarchical, exploitive basis of traditional research (Duelli Klein, 1983). Rose (1982) suggested that feminist methodology aims to bring together subjective and objective ways of knowing the world. More recently, Reinharz (1992) states that the tension between objectivity and subjectivity remains a point of contention. She argues that no one method or set of methods is consistently "right" for feminist researchers and that it is necessary that each research question and the purpose of the research be matched with an appropriate research method.

Jayaratne and Stewart (1991) suggest that feminist researchers need to continue to challenge the fundamental epistemology, the theory of knowledge, of traditional and social science. They advocate that it is crucial for procedures to be bias-free and gender-fair in order that they may more accurately communicate the research goal, test theory, and can be seen by policy makers and public to carry more validity.

It is suggested by Stanley (1990) that our assumptions about social phenomena can empower those researched or act to disempower them. The process of the research can be used to reveal and expose some of the power relations that individuals experience on an everyday level. Feminist discourse emphasises commonality and empathy and rejects the traditional practices that assume the researcher's neutrality and separateness from their research subjects. In turn, these assumptions can conflict with the reality of the research

situation. Both Stacey (1991) and Hale (1991) warn that both narrators and researchers are at risk of developing expectations that can result in feelings of disappointment and betrayal. Stacey (1991) further suggests that despite all efforts to respect the principles of the interactive process between researcher and participant, the research is ultimately the work of the researcher, structured primarily for the researcher's purpose, interpreted and evaluated by the researcher, using the language of the researcher.

It is these principles that are seen as fundamental to the perspective and methodology of the present study and provide the underlying theoretical base on which the project is founded. This study, therefore, is based on feminist principles, using a methodology that is compatible with feminist research. In an attempt to integrate feminist theory and methodology the researcher is aware that, despite the increasing use of empowering and feminist methodologies in social research, there is a dearth of feminist literature in the field that forms the focus of this study, the alcoholic family. In an earlier study in this area, Bepko and Krestan (1985) developed a model emphasising different styles of responsibility and the inter-relationships that lead to responsibility traps through gender-role expectations. More recently, Appel (1992) notes further interest emerging among family therapists in applying feminist theory to describe the dynamics in family systems where alcohol plays a part.

Overall, there appear to be a multiplicity of research methods, including many conventional methods, used by feminist researchers. Qualitative methods seem best suited for exploratory research where the relevant variables have not been identified and where it is the intention to uncover patterns that give a better understanding of the complex interactions, processes, beliefs and values of those being interviewed (Marshall & Rossman, 1989). For the present study, an exploratory, qualitative approach, (the life history approach), was chosen as the appropriate method.

3.3 Life history approach

Life history is the oral story of a person's life given by the person living it and solicited by the researcher, a sociological autobiography drawn from in-depth interviewing and/or solicited narratives. It is the individual informant's subjective experience that is sought, as a result of interaction and collaboration with the researcher, with the interviewer attempting to elicit and understand the significant experiences in the informant's life. The life story approach is defined by Chanfrault-Duchet(1991) as both an object and a genre; the narrative and literary nature of the object produced by dialogue and the social nature of the self realised by narrative. The narrative of the life story aims to present the informant's life experience to the present time, and includes significant facts and events as well as the value judgements that inform the experience. The story represents a "meaning system" that governs and informs the process, and defines the relationship between the self and the social sphere, inclusive of the interaction between the respondent and the researcher.

Oral history interviews are a valuable way of generating new insights into people's experiences of themselves in their worlds. The spontaneous interaction that occurs within the interview process allows flexibility and freedom for both narrators and interviewers. The narrator has the opportunity to tell her own story. The interviewer, through the taped interview has a living record of the interchange, that enables ongoing study, checking, comparison, documenting and analysis of the feelings, attitudes and values that give meaning to the activities and events (Anderson & Jack, 1991).

The life story approach goes beyond the "preconstructed discourses" of more structured research methods. The complexity, ambiguities and seeming contradictions of the relationship between the subject and the world are highlighted, providing a body of information that is more detailed and possibly more complex to analyse than that gathered through other methodologies. Chanfrault-Duchet (1991) suggests that through the narrative, the interviewee forms and presents her own world-view, that the researcher then outlines, analyses, and finally places it back into the larger social context.

In qualitative data collection methods, such as in-depth interviewing, semi-structured interviews and oral accounts, data are studied for themes in the natural language of the participants. The use of verbal data has become widely accepted as an efficient way of gathering information of subjective variables, such as the beliefs, values and attitudes of individuals, about their past behaviour and experiences, their private actions and motives (Foddy, 1994). The interview focuses on understanding the significance of human experience as described from the perspective of the participant and interpreted by the researcher. The researcher interacts with participants within their own contexts in an attempt to understand the significance of the meanings they attach to their situations. The narratives obtained from the interviews are studied for themes. The themes are reported in the language of the researcher. This shift in discourse from the original text represents a shift from the language of the informant to the language of the researcher (Minichiello et al., 1991).

Focussed or semi-structured interviews use an interview guide or schedule to develop a list of topics without fixed wording or fixed ordering of questions, the topic area guiding the questions asked (Minichiello et al., 1991). Hence, the content of the interview focuses on the issues that are central to the research question, but the kind of questioning and discussion permits greater flexibility. This may reduce the comparability of interviews within the study but allows a clearer view of the informant's perception of self, life and experience. The relationship between researcher and informant implies an egalitarian concept of roles within the interview that values the informant's perspective as valid and valued, and presents it in language that is natural to the informant. Minichiello et al., (1991) further suggest that within the process of the interview, the researcher's aim is to highlight subjective human experience. This enables the understanding of social reality that the interviewees present to become available to those who wish to access it.

Hence, qualitative research focuses on the meaning rather than the frequency of a

particular event or phenomenon. Events are reported and interpreted in context not as isolated and abstract units of observation. Qualitative research includes experience as the primary though not the exclusive data. It aims to understand how experience relates to the construction of knowledge - knowing reality in order to transform it (Friere, 1973). Understanding comes from gaining access to the other's frame of reference. Systematic inquiry takes place in a natural setting. The meaning is negotiated and constructed jointly by participants in a collaborative research project rather than imposed by the researcher. The interactions of the subjects, the researcher and the reader, all contribute to the meaning in context (Stiles, 1990). Research objectives become evident during this process. Data gathering and analysis are intertwined in the context of the research setting (Minichiello et al., 1991).

As is suggested by feminist writers, it is important to situate oneself in the research project, and in the particular context one is writing about (Kondo, 1990; Lather, 1987). The context of the current research project is to be located in terms of the writer's own perspective and experiences. This paper then, is written by a pakeha, feminist woman, who is an ACoA social worker, employed in the mental health area of child, adolescent and family services. The study is an exploratory one, and given the experiences and subject position of the writer, will be grounded in a particular social, cultural and political context.

3.4 Ethical research

The dilemma of the split between subject and object that is the basis of all research, implies that "objectification", the utilisation of others for one's own purpose, and the possibility of exploitation, are intrinsic to almost all research projects that involve living human subjects. The connection between the research project and the experience of the researcher herself challenges the earlier conventional expectation, that the researcher be detached, objective and "value neutral" (Oakley, 1985). This connection, the tension between objectivity and subjectivity, remains a point of contention even among feminist

researchers (Reinharz, 1992).

In this research project, personal experience was the starting point of the study. In general discussion around issues of being brought up in a family where alcohol was a central issue, others were found who were prepared to identify themselves in the same way. In discussion, it became clear that although there were many shared experiences, every story was unique and differences were able to be identified in various areas of the individual stories. It appeared that when my own background was made explicit, a sense of trust developed that allowed easier access to potential participants and provided a reality base from which to proceed. These discussions helped to define the research questions, and led to sources of useful data.

The researcher remained aware of the potential conflict of interest possible, arising from her own background. This was closely monitored during academic supervision. It was recognised that, as a social worker from an alcoholic family, my own personal boundaries may have had the potential to become blurred. As a family therapist experienced in working with such families and individuals, this has seldom been an issue over the years as I have become aware of and continue to address, if necessary, any likely counter-transference situations that may arise, in supervision. As a researcher, who is a social worker and family therapist there was also the potential to get caught up in the therapeutic content of the research. This did initially require some conscious attention, but was worked through in the pilot study and in academic supervision.

For researchers whose work involves personal interviews that incorporate personal disclosures, there is a responsibility to ensure that the research causes no harm to the participants. The process must allow for the research procedure to be halted at any time, by either party, should any risk of harm to the participant be seen as a possibility. There is also a responsibility to follow up any occurrence that may be likely, directly or indirectly, to cause harm to participants or their clients, as a result of the research process.

Participants were assured that such safety procedures were in place should any person judge himself or herself to be at risk at any time. Any concerns of the researcher regarding any possible harm to a participant either directly or indirectly during, or as a result of, the research requires ethical consideration. In the first instance, any concerns would be discussed with the participant. If the participant was unwilling to address the concern, follow up by the researcher might have involved contact with the participant's supervisor and/or the agency for which she worked or the New Zealand Association of Social Work (NZASW), taking the line of least potential harm, as appropriate.

When personal narratives are collected an intimacy is generated that blurs the boundaries between research and personal relations. It is expected that the people interviewed will reveal aspects of their personal lives that usually are only told to persons of familiarity or of necessity within the private realm. The interview itself is often "emotionally charged", the inequalities inherent between the researcher and researched become both psychologically and materially more intense. In the narrative style these intimate details are made in the context of the public sphere with an immediate "audience" of tape recorder and paper. The "asymmetries of the interaction are marked" by the disclosures that our interviewees are expected to make and those that we are likely to make (Patai, 1991). Patai (1991) purports that exploitation is always a possibility in any asymmetrical exchange.

It is necessary to strike a balance that does not exploit the researched or impose on them our own emotional and academic requirements. The usual rationales, that informants are becoming 'part of history', that their stories are being told, that they are affirmed and validated in the process as they make discoveries and connections for and about themselves, that the outcome will be helpful to others, are accepted as important. Consideration of how the research project was initially formulated, and for what purpose as well as who sponsored it (a small grant was provided by the Alcoholic Liquor Advisory Council), requires clarification and explanation. Questions regarding the use to which the research may eventually be put, the forms in which the results may be presented and the

material benefits that might ensue, also require answering. In this situation, these issues were addressed in the initial information sheet.

There is a common assumption that telling one's story constitutes empowerment, and in many respects this is true. As speakers narrate their story, as they give an account of their life, they also interpret it and may endow certain episodes with symbolic meaning. There is a need to respect this process, and also to be aware of the subtle ways in which the researcher invariably shapes the content of the interview (Patai, 1991).

A further common observation, that participants get something out of participating - the opportunity to tell their stories, the recollection of their own memories - even though accurate, does not challenge the inequalities on which a research project rests. The role of researchers ensures that "other" people are always the subjects of our research. The researcher disappears with the data, the researched stay behind, often with no feed-back or follow-up. In this study, a summary of the study and findings will be provided at the conclusion of the study and opportunity for discussion or comment will be available and welcomed.

Ultimately, there is a need to determine how to proceed in a way that best serves our stated goals, and to ensure that these goals are clearly stated. It is necessary to use the resources available in the most beneficial and sensitive way possible, with a knowledge of the dangers, constraints and limitations in which they are located (Patai, 1991). The complexity of raising ethical questions about research with living persons is recognised in this instance and the input and approval of the Massey University Human Ethics Committee for the project, appreciated.

3.5 Methodology

The oral history interview requires a shift from information gathering to interaction with the focus on process, on the dynamic unfolding of the viewpoint of the participant. This

interactive process enables the researcher to ask for clarification, to note the questions the interviewee begins to ask about her own life, to go beyond the facts. Further it assists the researcher to "listen" to the participant's self-commentary, to the reflections on her own report, to those aspects of live interviews that are not presented in a written text – the pauses, laughter, and comments on her own thoughts and actions.

It is noted that the researcher is an active participant in the research process. The interactive relationship requires an attentiveness, on the part of the researcher, to the fine line between accomplishing the research goals and allowing the narrator to remain in control of the interview material as it is presented. This kind of interviewing requires interviewer skills of restraint and listening and an interviewee that is verbal and reflective.

Jack (1991) points to the need for the researcher to remain attentive to the "moral dimension" of the interview; to allow the narrator to "lead" her own story, to respect her integrity and to maintain her right to privacy. At the same time it offers her the freedom to express her own thoughts and experiences, and listen to how that experience goes beyond prevailing concepts.

My own clinical training in assessment and intervention procedures as well as my initial training as a social worker have provided a base to practice that has as an important component in the clinical interview process. In addition, my ongoing development and practice in family therapy has extended my therapy and counselling abilities effectively. This knowledge and experience has provided considerable skills in conducting interviews, in being able to listen to the story and to be attentive to the process of the interaction. Likewise, social work practice involves verbal skills and a reflective ability that is the common knowledge base of both the interviewer and interviewees within this study.

3.5.1 Participant selection

Eight social workers, who identified themselves as adult children of alcoholic parent(s) participated in the study. They are all working in the area of emotional and social

development of children, providing family-oriented interventions. Four were known to the writer and offered to participate. Four were selected after they replied to an advertisement placed in the Social Work Notice Board, (May, 1996), the newsletter of the New Zealand Association of Social Workers.

The selection of participants was purposive rather than random, with the aim of representative diversity (Miles & Huberman, 1984). The comparison for this study is intra-group rather than inter-group and aims to present on a small scale both the differences and similarities among a group of social workers who have been brought up in alcoholic families.

3.5.2 Participants

Seven (7) of the initial participants were women, one (1) was male.

Two (2) women participated in a pilot study, the other six (6) interviewees, one (1) of whom was a Maori woman, participated in the principal research project.

Participants varied in age from 35-57 years.

Seven (7) were in full-time employment, one (1) in private practice. One (1), although at the time of the interview was working full-time, regularly worked in a part-time position.

Seven (7) had university qualifications in social work. One (1) did not have a specific social work qualification. She had other tertiary social service education, however, and a competency qualification through the New Zealand Association of Social Workers' Association.

Employment in social work practice varied from eight (8) to twenty (20) years.

3.5.3 Setting

All fieldwork for the project was carried out in neutral settings, where the participants acknowledged feeling as much at ease as possible. On two occasions this was in the home of the interviewee, one in a workplace setting, and the remainder in the home of the interviewer.

3.5.4 Procedure

All potential participants were informed both orally and in writing of the nature and purpose of the research (Appendix 2). All who were willing and able to participate were met individually to establish contact, to talk through the process of the study, and to explain the procedure and terms of confidentiality. The right to withdraw from the project at any time was clarified. At that time, written informed consent was invited and obtained from all participants (Appendix 3).

Participating social workers were then asked to provide brief introductory information outlining relevant demographic details, their training background, the extent and range of their practice experience (Appendix 4).

As indicated earlier, the life-history method of in-depth interviewing was chosen as the method best suited to capture the appropriate information and to most parallel the practice approach of social workers.

Using a semi-structured interview guide (Appendix 5), questions and areas of exploration were drawn from the literature and the experience of the researcher. The questions were open-ended and separated into various, general topic areas. They were asked in the context of the evolving conversation within the established format to allow a range of themes and issues to emerge (Mishler, 1986). It was intended that the interviewees' responses would determine the order of the questions and the time spent on each topic, with time to include additional issues. To enable the interviewees to develop their ideas and construct the

meaning within their own words, careful and attentive listening was required, with as little interference in the process as practicable (Reinharz, 1992).

3.5.5 Pilot study

The piloting of questions on a small scale with respondents drawn from the target population has been gathering consensus among methodologists advocating interviewing techniques (e.g., Foddy, 1992; Fowler & Mangione, 1990). Foddy comments that although interviewers' impressions may be seen as more useful for uncovering aspects of questions with which the interviewer will have difficulty, they also provide a source of information about how the respondents "see" questions and enable researchers to identify problem questions. Foddy also draws attention to the work of Converse and Presser (1986). These writers recommend attention be given to questions that appear to cause discomfort to respondents, that need to be repeated or clarified, or that seem difficult or awkward for the interviewee. They add a need for consideration of areas that seem to drag or where the respondent would like to say more (Foddy, 1992).

Initially, the researcher wrote her own story focussing on those areas that appeared to have emerged from the process of the study to date and in line with the interview guide procedure. This process supported earlier thoughts that the narrative appeared to have a life of its own and was by its very content an emotional experience. For instance, the writing of the story did instigate family discussion. It was clear that this was truly a personal story that could not be validated by anyone else. Not only were my parents no longer alive, but in discussion my sisters appeared either not to have remembered many of the incidents I had experienced or not to have witnessed them. One was not able or ready to acknowledge the effect of alcohol in our family despite recognising repeating patterns. Overall, family discussion validated the participation and process as worthwhile.

Next, the interview guide was developed. Separated into two schedules, the first followed the developmental stages of childhood, adolescence and adulthood, the second was focussed on the implications for social work practice.

Two participants agreed to be part of a pilot scheme to review and refine the interview procedure and assess the process. With the first interviewee, the interview guide was followed with a more question-based focus. Through discussion and feedback it was noted that the questioning may have stilted the flow of the narrative and even the line of discussion, with the interviewer appearing to lead the development and process of the story.

Within the second interview the interviewer attempted to become less involved and the interviewee (who was known to the interviewer) noted a lack of warmth and interaction that was natural to the interviewer, with a resultant tenseness in the interaction. There was also some hitch in the management of the cassette recorder that minimally impeded process. In this second interview, however, the interviewee was more in control of the issues that presented for herself. The interview guide was followed in a manner that allowed more flexibility in the ordering of the questions but encouraged the process to remain focussed on the topic as appropriate, with little disruption to the flow of the narrative - a more interactive process.

It was then decided to rebalance the process by using the more comfortable (for both the interviewer and interviewee) process of a clinical interview style. The interviewer hence made more use of her experience of the clinical interview procedure, at the same time being aware of the temptation and need not to follow through on the therapeutic content of the interview! The use of a more interactive process, including open-ended and recursive questions, allowed for a wider possible range of responses. Within the research, however, it was necessary for the client to be recognised as the expert on herself, and hence the provider of the data. The aim of the researcher is to interpret the experiences of the informant in a social and theoretical context based on a shared understanding. This process also encourages the principle of having respondents "think aloud" as they follow the guidelines of the interviewing questionaire and narrate their stories (Fowler & Mangione,

1990).

The interviews were recorded on audio-tape over one to two sessions. The length of interviews varied from one to two hours depending on the time the respondents had available or required to respond to the questions.

3.5.6 The study

The material on which the central part of this project is based was collected from interviews with six participants who self-identified as coming from alcoholic families. The narrative stories were gathered retrospectively as the adult participants looked back on their lives and those of their families and discussed, reflected and commented on the happenings and changes in their lives at the major developmental stages of childhood, adolescence and adulthood.

3.5.7 The interview process

The interviewees in the study, told their stories on audio-tape within a semi-structured interview guide. In order to create an environment of ease during the interview, a review of the information already provided was followed through, and the standard form that asked for demographic information was verified as correctly recorded (Appendix 5). The form included fixed questions that required an indication from respondents that they identified as coming from an alcoholic family and which family members they identified as having alcohol/drug problems. Following this, the cassette-recorded conversation began with a clarification of the respondents' understanding of the previous two questions as well as their personal understanding of the terms "alcoholism" and "alcohol abuse".

The questions in the interview guide ensured coverage of various topics such as family composition, place in family, relationships within the family, the family patterns of alcohol and drug abuse, educational history and any incidence of physical and sexual abuse. Within this structure the interviewees were asked to tell their stories in their own way, as much as possible within a chronological and developmental framework. They

were encouraged to use their own words to tell of their family "as you saw it, first of all as a child, then during your adolescence, then as you see it now". The preamble included the invitation to present the involvement of the wider, extended family, relationships, children (if any) and their relationships. Supplementary questions were asked as the interview evolved, generally when their appeared to be a "stuckness", a request for clarification or a sense of a need for direction.

When the history was complete, (as perceived by the respondents) any remaining, pertinent questions were discussed and any points that seemed unclear or appeared to need further elaboration clarified. The respondents were also invited to add any further comment or addition to the narration that they felt needed to be included.

At this point, one respondent needed to be assured again of her anonymity. Another remarked on her first attempt to talk of her sexual abuse as evasive, but of feeling comfortable enough at a later point to follow through with what she knew to be an important part of her story. Both situations may well have presented an ethical dilemma but were resolved within the evolving discourse to the satisfaction of both parties.

This process continued within the context of schedule two of the interview guide, the questions in this sections being a little more structured, although still allowing enough scope and flexibility for individual narrative styles. It was in this section that one participant acknowledged his/her own need to access counselling in the future and discussion of this was followed through at the end of the session.

3.5.8 Transcription and analysis

Following the completion of the interviewing process, the audio-taped interviews were transcribed, each generating twenty to twenty-five pages of transcript for analysis. The transcripts were read by the researcher, who was also the interviewer, to re-familiarise herself with the material. The data appeared overwhelming. Initially, notes in the margins of the transcripts were valuable. Next, the transcripts were shortened by retyping,

remaining separated into the two schedules of the interview guide: the nature of the family and implications for practice. The data were then classified according to the categories that arose out of the conceptual framework to enable the analysis to proceed, as presented in the following chapter.

3.5.9 Conclusion

The interviewing process is seen to enable the interviewer to hear and envision the interviewees' experiences, perceptions and feelings within the multi-layered presentation of the narrative. Through the transcripts of the interviews the researcher attempts to familiarise the reader with those interviewed, to "hear" the stories and to understand the connections that emerge from the process (Reinharz, 1992). What is "seen" in a transcription, however, is inescapably selective. The challenge is how to transform the process into the final product while continuing to be aware of the purpose of the study and remaining open to new knowledge and discovery (Miles and Huberman, 1984).

4 Narrative analysis

This chapter focuses on the presentation of the narratives of participants in a form that allows the story-analysis to develop from the words of the respondents often using their phraseology in the process of explaining and interpreting the data. Extensive use of the narrative developed as it became obvious that the respondents often said explicitly what the researcher was looking for.

The interview process occurred within the framework of a semi-structured interview guide divided into two schedules. Schedule one, the focus of this chapter, was based on the developmental stages of childhood, adolescence and adulthood within the themes: the nature of the family and the impact of family of origin experience. (Schedule two, the basis of the analysis of the next chapter, focussed on the impact of family of origin experience on social work practice, covering the themes: nature of practice and change over time).

4.1 Data analysis

Data analysis aims to find meaning in the information collected, to develop a process that systematically arranges and presents information in a manner that clarifies and extends understanding of the data and communicates what has been learnt. Ely (1991) suggests a need to find a way to tease out the essential meaning of the raw data, and to reduce, reorganise and combine the findings in a way that "speaks". The objective is to present a text that is "tangible, compelling and credible" and truly represents the stories of the participants

The data in this study, were classified according to the categories that arose out of the conceptual framework. These categories included the stages of childhood, adolescence and adulthood, up to and including the current time. Sub-categories within the categories encompassed the following areas: place in family and relationship with

parents, special people, awareness of alcohol use, education, and family violence and sexual abuse. For analysis purposes each sub-category was listed on a separate page and the concepts or ideas that arose out of the narrative within the sub-category, noted.

Next, concepts were placed on a separate page for each person. The list of concepts was revised further and reorganised, this time grouping interviewees under each concept heading. Notes and quotes were added and highlighted as seen to pertain to the concept and category. A separate page listed what appeared to be commonalities, differences and underlying themes.

In the first section of the analysis, based on schedule one, the data are separated into discrete categories organised to relate to the explicit themes being addressed: the nature of the family and the impact of the family of origin experience on the participant. The information falls broadly into the categories of the developmental stages: childhood, adolescence, early adulthood, and later adulthood.

The analysis then goes on to look at sub-categories. The sub-categories vary according to the developmental tasks associated with each developmental stage. With these variations in mind the analysis explores the childhood sub-categories: place in family and relationship with parents, special people, education, awareness of alcohol use, family violence and sexual abuse.

This is followed in a similar way in the analysis of the adolescent stage. In this category, consistent with the variations of the different developmental stages, an extra sub-category is added: leaving school, leaving home.

Following the analysis of the adolescent stage and related sub-categories, the early adulthood stage is presented. Sub-categories within this stage are relationships, alcohol/ other addictive behaviour of participants, partners, children and parenting.

Finally, the later (current) adulthood stage is presented. Associated sub-categories are relationships with parents, children, own resolution and connections.

It was necessary to continually return to the topic of the thesis, to the key questions:

- The impact of family of origin experience on the child, adolescent and adult
- The implications for practice
- The connections between the two
- The commonalities and differences between the participants.

Gradually, themes became more clearly identifiable, and links between themes and shifts in themes that were associated with developmental changes were noted. Familiarity with current literature, and personal and professional experience enabled the researcher to draw out themes and concepts from the material rather than imposing a particular theory or classification system on the data, in line with the concept of "theoretical sensitivity" (Strauss & Corbin, 1990). This approach also allowed for further exploration of the meanings and representation of the reality of the participants from their subjective experience.

4.2 Presentation of analysis

Overall, the themes are presented in ways that are distinct and separate. However, the linear presentation may at times show some over-lap as movement from one theme to another or one category to another develops. Throughout, sections will be linked with explanation, clarification and connections as seen relevant to the meaning and process of the analysis.

To convey the powerfulness and strength of the participants' own stories to the utmost advantage, and because of the perceived power of the spoken word, it was decided to use rather more of the narratives than originally intended. It is recognised that when

transposed to paper the written word does not entirely encompass the depth of the emotions and feelings of these articulate participants. Nevertheless, the actual words of the participants are used to provide and illustrate meaning, cohesion and colour and to evoke the feeling and nature of the experiences (Ely, 1991).

4.2.1 Introducing participants

A brief introduction of participants together with an overview of demographic features begins this section. Names have been changed to preserve anonymity. Included is information about social work qualifications, years of practice in social work, and current practice area. Additional information identifies the alcoholic parent(s) and the number of children (if any) in the current family. This extends to more general description of alcohol use within participants' extended families.

Amy has a diploma in social work and has been in practice for fifteen years. She currently works as a private practitioner in the area child and family counselling. Amy's father died during the war and she was brought up by her alcoholic mother. She has been married for over thirty years and has four adult children.

Emily has a masters (applied) in social work and has been working as a social worker for twelve years. She currently works in the care and protection area. Emily has an alcoholic father, lives with her long-term partner and has two adult children.

George, the only male participant and youngest of the group, has a bachelor of social work, and has worked as a social worker for seven years. He currently works in the area of family support and foster care. George has an alcoholic father, and is married with no children at this time.

Kate is currently studying towards a masters (applied) in social work and has been in practice for twelve years. She currently works in the care and protection area. Kate had an alcoholic father. She is married and has four young children.

Mary has a polytechnic qualification with a NZASW competency certificate. She has been in practice for eight years, and currently works as a family support supervisor. Her father was an alcoholic. She has been married but is not currently in a relationship. She has two adult children and a younger daughter.

Paddy is a Maori woman. She has a masters (applied) in social work and has been in social work practice for over twenty years. She currently works as a care and protection supervisor. Paddy has been married and has two adult children. She is currently in a long- term lesbian relationship.

George, Paddy and Emily were from rural communities, and identified a culture of drinking, communities where "hard drinking" was seen as the norm. George, of Irish Catholic background, had a large extended family where the drinking of the old uncles was joked about "with bemuse". He and Paddy talked of large family gatherings at which alcohol was an important component. Paddy was from a large extended family where all the males were heavy drinkers and violent, the parents were older, and the father had fought in the war. Emily spoke of a rural farming community where the men returning from the war were accepted as heavy drinkers.

Emily and Amy had families who had notably split views of drinking - the "fun" side with alcohol the central unifying force and the religious church-going, or more structured, "straight" side who were openly critical of the drinking. In Amy's case the death of a young uncle in alcohol-related circumstances was regularly quoted as the consequence of drink.

> There was a strong division of belief really... There was a dichotomy between sets of people in the family... The ones who thought drinking and socialising and partying were okay and everyone did that...and the others who didn't drink and were church oriented and (seen as) boring really [Amy].

The backgrounds of participants were varied, although some similarities were evidenced. All participants, except Mary who reported no "close links" with her parents' families, spoke of trans-generational alcohol abuse, as they understand it now.

4.2.2 Alcoholism, according to participants.

To set the scene, the section begins with an initial paragraph on alcoholism as defined by the participants. In line with the general tenure of the study, this was seen as appropriate because of their self-identification as adult children of alcoholics, of coming from an alcoholic home, and clarifies how they identified themselves in this way. They present alcoholism as they perceive it, the basis of their own understanding and interpretation, from their own experience and knowledge.

Overall participants reported alcoholism or alcohol abuse as drinking to the point where it poses problems for the people around the drinker.

> When it goes on being the problem, when other people see it as a problem, when it starts interfering with the way they live [Emily].

> When the consumption of alcohol raises problems either for that person or for the people around that person [Kate].

> Where we as children weren't taken care of properly... It took a lot of our money [Paddy].

Participants commented on their understanding of a physiological base to alcoholism.

> A chemical or even a genetic transference applies [Kate].

> It's actually a disease. It could be a genetic factor. It's an addiction [Mary].

> A chemical addiction takes over control [George].

> It takes over a person's life and they're absolutely obsessed [Mary].

They also provided some description of the drinker.

> An alcoholic abuses alcoholic substances to a point where they cannot help themselves [George].

> (They) want to continually drink or binge drink [Paddy].
>
> When most other people have been happy with one or two drinks, they continue to drink. They ruin relationships and they can't stop [Amy].

In general, participants had a similar perception of alcoholism, of the genetic and addictive components of it, and identified alcohol abuse as a problem for families and the children who live within them.

4.3 Nature of the family

4.3.1 Childhood

This section will explore some of the concepts that emerged from the current study as they relate to the participants during their childhood. The subjective experiences and memories that participants hold about their families and allied others often brought back strong and painful feelings and an attempt has been made to incorporate within the report the reality of these as expressed by interviewees. The areas covered are categorised under sub-headings that include the participants' place in the family, relationships with parents and other family members, special relationships, education, awareness of alcohol use within the family, and experiences of violence and sexual abuse.

Place in family and relationship with parents.

Three of the participants, Emily, George, and Mary, were eldest children. The other three were the only children living in the home and brought up as only children, although Paddy identified as being eldest in her [1]whangaied family. Most identified as being "special" as a child.

> Daddy's little girl [Emily].
>
> Father's number one girl [Mary].

---

[1]Whangaied family - foster family

> Apple of Dad's eye [Paddy].

> It was hard for me to do wrong, whatever I did would be okay with (father) [Kate].

As children, Emily, Mary, Paddy and Kate all saw themselves as special to their alcoholic fathers. George was the eldest grandchild and "sort of held a special place" because he was the eldest. The remaining participant, Amy, did not talk specifically of being special. She and her alcoholic mother lived with her grandmother and aunt in her early years and she was co-parented by the three adults. Later, she talked of staying at weekends with her grandmother as a better option.

> I used to really like going there. It was lovely.

She was told that if her deceased father "had been around it would have been different".

> (He was seen as) a saint really, very idolised...a fine person [Amy].

Despite the "special place" held between some participants and their fathers, the nurturing, care-providing parent was identified as the mother. These mothers were generally seen as strong, hard workers, and good managers of the home regardless of the generally described poverty.

> A fantastic lady. I'm stuck on that [Emily].

> My world and still is my world...I was my Mum's girl [Paddy].

> The centre part of the family [George].

The one participant for whom the alcoholic father was the primary care-giver still talks with feeling of her memory of her contact with her mother.

> I loved my Dad very much...but I remember my (separated) Mum's affection more than anything else [Mary].

Special people

Allied to, but differing on many levels, is the concept of a person or people identified as special to the child. These people appeared to be those who provided a sense of stability, of structure, of normalcy to the child - and may well fall into the category of "significant

other". For three of the participants this person was a grandparent. For George, who was also special to the grandparents and acknowledged their support, the grandfather provided "escape", time out and an opportunity for physical activities, "a lot of shooting and fishing and things".

Amy's grandmother, "a dear sweet, old lady," provided a stable, organised home.

> Meals were on time...meals were never on time at my mother's house - and baking in the kitchen (sic).

Her aunt also lived in this home.

> She was very competent...the structure helped a lot.

Emily found that her Grandmother put things into perspective and provided a sense of balance.

> (She) didn't give us the mixed messages Mother did. She was pretty supportive, the one who said 'it's not your fault'. She was a good reader...a political animal...involved in Church and community.

Paddy talked of her whangaied Mother.

> She just did all the things that seemed so special. Like Mum and Dad would have a fight and she would just bowl over and take me. I used to love Friday nights... We'd sit around eating fish and chips and she'd be telling us stories...

For Kate, her cousin "who's just like a sister", her cousin's husband and their children, who were younger, were really important. She spent holidays with them throughout her childhood.

> They had lots of fun, they were a neat family and they didn't fight all the time...it was just terrible coming home.

Kate also spoke highly of her music teacher.

> A really fabulous woman...she probably knew what was happening at home...and she was really special to me.

Mary, the remaining participant, recalled the importance of her sister during her childhood years, firstly in an orphanage and then at boarding school through their primary school

years.

> My sister was the only one I had a special relationship with. That was a very protective one. I was care-taker of my younger sister and felt very responsible for her.

She talks of their first experience of being left at boarding school by their father.

> I distinctly remember seeing him walking down this hill, it was on top of a big hill, and my sister really crying, 'Daddy, Daddy, don't go, don't leave us' and I had my arms wrapped around her, comforting her and saying 'Don't cry, don't cry, I'll look after you'. I remember that [Mary].

Overall, it appears that all participants could identify a special relationship, although some appear stronger and more supportive than others, one even being a younger sibling, as also noted by McDowell (1995), in her work on emotional child abuse. All could identify as feeling cared about by another, even though this was not always specifically shown in a physical way.

> I knew he loved us, though I didn't have that same affection from him (as from the separated mother) who surrounded us with hugs and kisses and endearments [Mary].

Other qualities and attributes reported included support, safety and security, wisdom, understanding and the ability to have fun without alcohol.

Education

Primary school was generally a positive experience for participants, and although several participants mentioned the effect of the alcohol and conflict at home, generally they saw themselves as capable students.

> I think actually I'm quite a bright cookie. At school I was a miss goody-two-shoes. I was a fairly good sports-person. They never watched any of my sporting activities even when I made the reps and things...the school had to pay...because we had no money [Paddy].

> I actually got into my schoolwork and into my music and I did quite well… It was almost like an escape...[Kate].

> I became a very able student. I worked very hard because it was a good thing to do [Amy].

> Primary school was pretty good really. I was brighter than most of the other kids at school

> (but) Father wanted me to be a good rider. He'd take me out of school for a show or a hunt or pony club [Emily].
>
> The regime was rigid...(at boarding school). I loved English. I excelled at English [Mary].
>
> (However), the alcohol and violence had an effect and that is why I have to work extra hard now... The longest time I ever spent at a school was 11 months and it's had an effect [Paddy].

All had another active interest such as sport, music, horse riding, drama, fishing and hunting. All claimed a strong involvement in reading.

> I read. I just read heaps all the time... I probably used those three things...school, reading and music as a bit of an escape from what was going on around me...probably helped my academic work [Kate].
>
> I ended up thrown on my own devices a lot and I read a lot and I turned into a bit of a bookworm really [Amy].
>
> I used to like reading. If they weren't home, I'd go and find them in the hotel and Dad would give me a pound and I'd go and buy books [Paddy].
>
> I read. I read and read and I still to this day love reading, and I think probably that helped develop my literary skills [Mary].
>
> I read everything. I read the whole set of children's encyclopedias, learnt all the poems in them, all the school books. I could get away with it because you're pretty quiet with a book [Emily].

The predictability and structure of school seemed to be important, and a welcome alternative to the home environment in most circumstances. Reading was seen as an escape, as a time filler (several participants talked of waiting outside hotels reading), "a release", as well as helping "academic" and helping "literary skills". Participants report that these same interests, reading, music, drama and outside activities, are still enjoyed and are often seen as helpful strategies to maintain balance in their lives.

Awareness of alcohol use.

Participants had mixed perceptions of the home environment as young children although

are now able to reflect back and see "it was always there". Several participants from large extended families stated they thought the drinking was normal.

> I thought all families were like that. It was just the normal thing. I thought everybody went to the pub. Everybody had alcohol. Everybody had crates of beer and the violence that went with that [Paddy].

> Alcohol was a very big part of all that growing up...it was always there but (we) never saw the bad side of it because we were too young [George].

For Kate, the situation was somewhat different.

> I haven't got strong memories of my father's drinking...sometimes we'd go and pick Mum up from work and he'd stop off and get peppermints...to hide the smell of drink. At the time I wasn't aware of that [Kate].

Other memories appeared to have had more impact.

> I can remember from five onwards, coming home from school...and finding it lonely and nobody home and my parents being out drinking. (Then from) probably ten onwards, going to parties with my mother. I used to enjoy them...they had a lot of singing until they started fighting [Paddy].

> I remember sitting in the car outside the pub for hours on end...He'd say I'm going to pop in here, but popping in I remember just being long, long periods of time [George].

> We moved into our own house when I was five...I can remember my mother drinking...and various parties. My life was spent waiting for my mother to finish drinking at her various places that she drank in [Amy].

> I remember when the drinking became significant when (the town) stopped being a dry area and they built a pub...We'd sit outside, hour after hour in a summer mid-evening with nothing to do. We were such GOOD kids [Emily].

For Mary, who was eagerly looking forward to coming home from boarding school at twelve years old, to a new stepmother and her "beloved father", the reality soon became evident.

> He was in full bloom with his alcohol problem and very violent...I thought life at (school) was hell but this was even worse [Mary].

For those participants where there appeared to be two sets of belief systems around alcohol, where the mothers' families were teetotallers, there were "huge paradoxes".

> They saw the demon drink as the cause of all troubles. Whenever things went wrong my mother blamed my father's drinking...but if I complained about him she was likely to tell me to respect my parents [Emily].

> I got the message very strongly, to be acceptable you had to drink and have fun and be extroverted and sing and dance and be a performer...and if you weren't a drinker then you wouldn't be any of those things.

> I didn't understand explicitly what was going on but instinctively...I was very much aware of it in a subtle way...and it has certainly coloured my belief systems for a long time and I've had to try to resolve some of the splits [Amy].

In general the children gradually became aware of a difference in their home environment. There was seen to be less opportunity in childhood to compare one's own home life with that of others but participants remember feeling "embarrassed" about taking friends home and sometimes about their parents attendance at school functions. For some this created a sense of isolation and some learnt that it was not to be talked about. Feelings about the home situation became more intense as recognition of the "differentness" of the family emerged.

> As a child I just knew it was different, but I didn't know why. I felt ashamed about taking kids home. There were a whole lot of things that happened in my home that I didn't feel very pleased about [Amy].

> It used to be very embarrassing when she'd come to school functions and she'd be drunk. I'd be dying inside because she'd make a fool of herself [Amy].

> I don't actually remember Dad drinking but I do remember arguments about money being spent on booze and it wasn't just the booze, it was the gambling.

> I think I coped with the conflict at home, which I hated. I was really unhappy, my memories of my childhood and adolescence are really quite unhappy ones [Kate].

> I know that booze always had an effect on our family, ever since I was a child. I just didn't know it was wrong, it was bad for you [Paddy].

> I remember those days of never being able to bring friends home, too ashamed because I know my Dad was always drunk... It was a very isolated life, we were like a little family on an island and we didn't dare tell what was going on behind closed doors [Mary].

> I remember at primary school trying to talk about it with other kids and realising that I'd suddenly gone too far. I'd got into secret territory where you're not meant to talk about...things that go wrong at home...being embarrassed at having said too much [Emily].

In talking further on feelings, a range of acknowledgement and recognition was shown, some participants remembering clearly the way they felt, others not.

> I just remember the helplessness of it, feeling that there was nothing I could do, it was life [Emily].

> I remember feeling acutely embarrassed, it was terrible...embarrassment, shame, guilt, confusion and quite a lot of anxiety. I'm still a nail-biter [Kate].

> (I) shut a lot of that out [George].

> Feelings - I don't think that I realised about any feelings until I became involved in social work [Paddy].

Family violence

There was violence reported within all the families of participants, some more extreme that others. For some, it was the violence that was perceived as the major component of the disruption in the home environment. At the time, there was not always a direct connection made between the violent behaviour and the use of alcohol.

> I can't remember him as a drinker. What I have got memories of is heaps and heaps of fighting and yelling and things being thrown and me lying with my hands over my ears, listening to them yelling [Kate].

> There was a fair degree of sort of physical aggression or violence that I can't directly attribute to alcohol but it seemed part and parcel [George].

The physical seriousness of the abuse was seen as more extreme in some cases.

> Mostly he waded into us with his fists...he could pack quite a punch...I can remember him kicking at mother's stomach when she was very pregnant. He had to work himself up, he couldn't hit out cold. He had to get himself into a state where he thought he was

righteously angry [Emily].

I'd often go to school with black eyes and bruises...you find all sorts of excuses to defend and protect them. We were not beaten up to the extent (step-mother) was. She had seven miscarriages through beatings [Mary].

There was a lot of rowing, and the scenes, fights, physical fights sometimes and it was terrible...really, really scary [Amy].

I am the last child of a very large family and (all the males) were heavy drinkers and violent...that's all I can ever remember as a child.

My Dad...was my physical abuser and I had to have a hip replacement because of what happened but it was all caught up in the domestic violence within the house and that was alcohol again [Paddy].

Despite the often extreme violence, some participants described their abusive parents in a positive way, some seeing their relationship as close, even though they did not deny the general abusiveness within the family.

He was quite a gentle man in his own way, gentle to me. I think my parents (both alcoholic) did the best that they could and I have lots of things to be thankful for [Paddy].

Isn't it amazing, I'm still very loyal to my Dad. There was this amazing loyalty that I've since seen in a lot of (abused) children [Mary].

I actually got on very well with my Dad and really loved him. He was a very gentle, in one sense, accepting man who was easy to be around. I don't remember him as a tyrant. He certainly had mood changes [Kate].

He was a gentle and shy little man sober. As a little girl I adored him...and tried hard to please him, and always since...There (were) huge paradoxes. It never made sense [Emily].

My Father wasn't as close as I would've liked. The real worry was my father's sly drinking...and yet as a child I never saw that as being wrong [George].

I hated him (stepfather) and he didn't really get involved. After she died I got quite fond of him really [Amy].

Even in the interview situation the participants could acknowledge the anomalies within

their reporting. As they looked back on their childhood they generally appeared to be trying to make some sense of the inconsistencies.

Acknowledgement of the strong disciplinary practices of the other, non-alcoholic parent was seen as not unusual of the era and generally accepted in part as reaction to the stresses of the environment.

> Mum had this real role of a very active disciplinarian. I've got a lot of memories of heaps of slaps and being made to write out lines for hours on end and being yelled at a lot.. My Dad he wasn't into disciplining really [Kate].

> I remember the discipline being quite violent and using straps and jug cords and things like that to punish us ... my Father was absent [George].

> Mother would come storming in, roll up her sleeves and walk into the fray and belt each one of us [Emily].

In a different situation, for Mary who had earlier seen herself as the caretaker of her sister, the co-operation of the sisters appeared to lessen the consequences.

> She (stepmother) told tales on us...the wicked stepmother story...my sister and I collaborated so neither of us would get the blame. We'd be equally responsible [Mary].

Further descriptions of sibling interaction describe what appears to be an extension of the violence already noted within the home environment.

> (After school) I babysat the boys (3) while mother fed animals and cooked...I would try so hard to make them good...awful rows, physical fights with the boys, broken windows, black eyes...I tried so hard, it was so unjust. Mother would say 'I'm ashamed of you, you are the oldest, you're meant to be the responsible one' [Emily].

> Myself and my brother, we did fight an awful lot. It was more tiffs than anger. I broke his collar-bone once, he got wild and picked up a chisel and chucked it at me [George].

Sexual abuse

In this study, sexual abuse was acknowledged by only one participant, short term sexual harassment by one and familial abuse within the extended family by a third participant.

> I was sexually abused by three (family members) from the age of 10 to 13, and I thought that was normal. Two of the three abusers drink very heavily - like I'm not talking a bottle a night, I'm talking crates. (And) I got raped by two men because my family were drinking at about 12...they (the parents and others) were drinking and playing cards and yelling and fighting and I just got told to go to the bathroom and clean it up and I thought that's what you did [Paddy].
>
> I was sexually harassed as a child by some of the people who were drinking but I didn't know that was what it was at the time. I told my mother and it didn't happen again [Amy].
>
> Father's brother sexually abused his daughters at 13/14 - don't remember the details of it. He was found guilty and jailed (for two years). Everybody knew about it. I was assumed to be one of them. I felt so conspicuous. It's the humiliation I remember [Emily].

4.3.2 Adolescence

In this section, sub-categories are similar to those of the childhood stage. They include relationships with parents and family, special people, education, violence and other abuse. An extra category, leaving school, leaving home, was added as relevant to the developmental stage of adolescence.

Sub-categories presented within this section are seen as discrete but nevertheless inter-linked. Linear presentation such as this cannot adequately cover the overlap in categories. Some occurrences, feelings, attributes, and effects carried through all developmental stages; some were more evident at various stages.

In childhood the participants were more accepting of the home environment although wishing it to be different. As they moved into adolescence they began to recognise their home life as not "normal" or appropriate. They also described significant changes in the relationships within the family and an escalation in drinking and violent behaviour. Their perceptions of power imbalances began to develop; feelings and expression of anger in various ways followed.

Relationships with parents and family.

Gradually, participants' understanding of the situation within the home grew and they became more aware of the impact this had on their lives. The dysfunctional nature of the interactions between family members caused increasing difficulties for the young people as they began to face the challenges of adolescence and develop their own value systems.

Emily became more confronting towards her father and somewhat more supportive of her mother. Amy also began to challenge the status quo.

> Somewhere along the way I decided he wasn't going to shut me up...I stood up to him and yet I know my mother also used me to stand up to him. Awful years I know. The rows were so much worse.
>
> I got resentful. I got protective of Mother. I got so I hated the look of him when he was drunk. I hated his eyes and his behaviour and the way he smelt and everything about him [Emily].
>
> I began being very rebellious and difficult. I was never an obliging adolescent. I started having lots of arguments...the chaos in the house defeated me [Amy].

Paddy and Mary learnt the ineffectiveness of trying to change the drinking pattern. Any attempt to challenge or curb the behaviour appeared to infer a negative consequence.

> Mum was a bit more verbal and drinking a lot more. By this time (she) was becoming, when challenged about drinking or anything for that matter, very verbally aggressive and sometimes violent, particularly with me [Paddy].
>
> There was just so much and I remember those days of never being able to bring friends home, too ashamed because I knew my Dad was always drunk. I learnt that alcohol was something that was very special to my Dad and you never tried to hide it or get rid of it [Mary].

For Kate, even when the drinking stopped the conflict and the abuse did not. The addictive behaviour changed from drinking to gambling.

> Dad stopped drinking and got involved with A.A....Once he stopped drinking he used to really get into betting on the horses...which used to drive my mother nuts. And the conflict was just as much as ever from my memory. I think his physical abuse of my mother probably got worse [Kate].

The ability to be able to move out from the home environment on occasion provided an alternative view of life. Sports, outdoor activities and other outside interests provided further outlets.

> I hated the drinking that went on but it wasn't until I was 15 when I realised by going to a friend's place that it wasn't the same...I learnt you didn't have to do all those things...to go to the hotel and to have booze at home or go to my aunts' and uncles' and drink with them all the time and have violence... You know my brothers used to beat my Mum up [Paddy].

> It was getting worse and worse. There were times as a young adolescent when I was suicidal. I never got round to doing anything about it but I was very unhappy. I used to get out as much as I could...to spend as much time away from home as possible [Amy].

> I became aware of belonging to the 'have nots' group. Other kids had nice things, nice homes and nice parents.....I suppose that's when I started to feel angry too, made the others angry [Emily].

Some participants began to ask questions of themselves and come to a sense of the futility of it all.

> He worked at the hospital A & E department and if she needed medical treatment it would all sort of be done hush, hush and I just (thought), 'why don't they say something'? [Kate]

> My mother was getting more and more debilitated...and that worried me and I felt terribly anxious about it and really guilty because I thought it was my fault because I wasn't helping in the house. I sort of got the message that the family disapproved of her, but nobody was going to come and do any thing about it [Amy].

> It's probably only when I was 16 or 17 that I started feeling like being able to step back a little bit and realise...it wasn't anything to do with me. I really thought, God why are they still together? [Kate]

> It didn't make sense. My Mother was full of paradoxes. I tried so hard to get it right. How can you please somebody when they switch arguments midstream? [Emily]

Parental relationship

Participants were aware that the relationship between their parents, and also between their parents and themselves, changed as they were becoming older. They showed a deepening understanding of the effect of the interactions between their parents on their own relationships with their parents and those of other members of the family.

> Mother was just about running the farm herself. She was doing all the chores...He was there for the big events in the farming calendar. He didn't do much maintenance work. The fences fell down. The gorse grew. Mother made us suffer for it. She wanted the world to know what a good wife she was but what a lot she had to put up with [Emily].

> As I approached adolescence the drinking changed dramatically and that was the start of their (parent's) relationship deteriorating [George].

> My (separated) mother managed to track us down and my sister (15) chose to go with her and has never wanted to come back [Mary].

> I'd say in my adolescence I was actually quite a lot closer to my Dad and shared quite a lot...we were on the same wave length...it was probably more verbal sort of fun...that was really exclusive of my mother and she was not okay about that [Kate].

For some younger siblings the effect seemed to be more serious, particularly after the older sibling, the participant, left home.

> (My sister) said that the memories she has of us in our high school years living at home with our father and stepmother are horrific and she doesn't want to have anything more to do with that [Mary].

> My brother started having real problems at home, he was more of a handful than I was...he started to get into crime and things. My mother left my father finally. I was away. My sister...was very much caught in the middle. She had straight A's right up until the 6th form and then she just walked out and went to live with a guy...he was the spitting image of my father [George].

> I don't think the boys were a threat to him as Mother and I were... As I got older the rows were worse. It became more and more (my brother's) job to stop him. He and Father had some terrible rows, mostly after I left home [Emily].

Education

Experiences within the school system at this stage varied somewhat, ranging from extreme negativity within the school environment to escape from the oppression of the home situation, and appreciation of the structure provided as an alternative to the chaos and disorganisation at home. For some, school also provided the opportunity for success and a source of positive relationships.

> High school was shattering. School was on one side of the river and the pub was on the other. The kids never failed to tell me when he was there. I was so ashamed of him...teenagers are so judgmental. I remember...I hadn't said a single word in the classroom all year, the 4th form. Awful years I know...It was sort of impossible to be good at school [Emily].

> I used to try and get into all the drama productions, all the operatic productions because that was my release...the only thing my father would let me participate in because it had something to do with school. I enjoyed going to school because it was an out from the home from hell...but I wasn't allowed to cultivate friendships or bring friends back [Mary].

> I was a miss goody-two-shoes, because I never smoked at school, I never drank at school like all my other mates did but I didn't have to because I was allowed to at home [Paddy].

> I did 5th form and got School Cert. because I wanted to and then I didn't know what I wanted to do, so I went back to the 6th form. At that stage we were very poor and often going without things...school functions, things like that I couldn't go...it got to the point I didn't even ask [George].

> Structures...helped me quite a bit, like the school...I don't know what I would have done without them. I went to university fairly early really (from the 6th form) [Amy].

> Every year I'd go back to school and do well, it was like...a big surprise sort of thing but I think I was encouraged [Kate].

For some there were special teachers whom participants look back on as having provided understanding, support and encouragement with positive effect.

> I was fortunate enough to have an English teacher for about three years...she was just so wonderful, encouraged me [Mary].

> The French teacher was friends with our next door neighbours...he probably had a better understanding, he tried really hard...I behaved very badly for him. He never held it against me. He was really a very nice person [Emily].

> In my 7th form year my parents moved house to the other side of town...so I started living with this German teacher who was quite neat actually. It was like I was a flatmate. I sort of had a taste of being away from my family [Kate].

Special people

At this stage, further special relationships and the support of others were identified as important. These provided opportunities for time out; to "escape", to "redirect feelings" and generally to provide the structure and stability that was often not part of the home environment.

> My grandparents were there as an escape but you couldn't discuss anything like that (worries, feelings). I redirected it into other activities...hunting and shooting...I got into motorbikes and used to race and we'd go away for the weekend [George].

> I really loved that auntie, that sister of my Dad's who had been an alcoholic and had done all this work. She was like a social worker. She was a really lovely, warm person. I really like her a lot so she was probably quite important [Kate].

> A couple of nurses (who worked with the father) were always very good to Mum and me and very supportive...and another family up the road...I used to spend heaps of time there...it was like I knew that they knew so I felt that support from them [Kate].

> I had one close friend all through high school but she never came back to my home. I was allowed to stay with this girl when it suited their purpose [Mary].

> My whangai Mum...was just a really special person in my life, and still is. She didn't drink through that whole time. She was like this, Whew! this wonderful person [Paddy].

> I met this lovely, lovely man about the week I left school. It was the way first love is meant to be I think [Emily].

For one participant for whom the parental figures were not emotionally available or supportive, there were a variety of people who were significant

> My aunt was more formative in terms of my adolescence. She played a critical parent line. I used to go there a lot even as a teenager...I became a girl guide. I really enjoyed that. I went to Bible class quite a bit. I think all those structures really helped a lot...I had some very good friends and their families were good to me too. By the time I was a middle to late teenager, I was going to stay at my friends places [Amy].

Friends and outsiders became more important. This shift provided the opportunity for increasing independence, a chance to individuate, and an increase in interaction with others that was often supportive in a way that was not available within the family.

Family violence

With a heightened awareness of the increasing seriousness of the violent behaviour, there were some attempts to do something about it. There appeared to be a sense of growing hopelessness and recognition that personally they could not make it happen; outside intervention, if available, was not likely to change the situation either.

Emily and George both became increasingly angry with their fathers and described incidents of becoming involved in violence with them.

> We moved from country into town and the lifestyle changed somewhat and posed problems. My father and I had an awful lot of anger between us to the point where it became quite violent fights and blows and I ended up leaving home at 17 and it wasn't so much that I wanted to leave, it was really I had to go. Mum encouraged me to go [George].

> He got a crowbar and he stood over us threatening us with that thing...he dealt to Mother. I don't know if he was hitting her or just standing there with his hand raised but I blew it. I sort of jumped at him from the distance, jumped on his back and knocked him sideways against the truck...they found he had broken several ribs and I had done that to him [Emily].

On a further occasion Emily realised the situation was out of hand and that she was at serious risk. It was not long after this incident that she left home.

> He'd been drinking...He beat me around the face...and I tried to kick him...He just sort of came at me and I thought 'Hell, this time I've really done it'. (My brother) arrived out of

> nowhere and literally...plucked him off me. I went to work the next day, put on sunglasses and heavy make-up and pretended nobody would notice [Emily].

Others also acknowledged the seriousness of the situation. For Mary and Paddy in particular, there was a sense of the impossibility of achieving change or of obtaining help.

> There were serious ones, like (my mother} actually had a broken rib and toe [Kate].

> I remember one time she asked me to call the police. He was banging her head on the floor and he was on top of her. By the time they arrived...he transformed...and convinced the police that it wasn't him it was her, she was nuts. He would convince the police every time they came round [Mary].

> I remember an occasion when my mother and father went out drinking and we were walking home from the hotel and I can't remember exactly what happened but I remember seeing him, he had my mother on the ground and he had his fingers on her throat...and he was choking her and I remember how violent that was and that I didn't know where to get help [Paddy].

For Amy it was the continual criticism and negativity that had the most effect. She felt blamed for not being able to change her mother, for not being able to take on the impossible task of looking after her mother and the home.

> Everybody sort of got very angry with me because...I didn't clean the house and my mother didn't clean the house either...the chaos in the house defeated me. My aunt had certainly made me feel responsible and it all sort of got worse and worse and worse...I remember (my grandmother) writing me a letter telling me what a dreadful girl I was for not helping my mother more and stuff like that...that was really horrible [Amy].

Leaving school, leaving home.

Participants were not reluctant to leave school. Their academic achievement varied and the importance of schooling and continuing education appeared to be influenced by parental expectations and beliefs, together with opportunities to leave home.

> Leaving school was about failing School Cert. like I did. I wagged school for about a term before that...I told (Mother) I had a sore back which was a real fiction but it served its

purpose. I got a job like the rest of the world did in the local shop [Emily].

I don't have School Cert. and I don't have U.E. I consider that had I been given some chances earlier in life that I could have got through those things. I left home at 17 when I joined the forces. It was like being let free [Paddy].

I got School Cert. and went back to 6th form. I'd been working for the forestry part-time. I liked that. Mum shunted me off into it very, very quickly. We worked very hard, very physical and then in the weekend it was look out. I'd sort of get drunk on Friday, Saturday, Sunday and it was straight on Monday...that was the culture [George].

I sat School C the first year and I didn't get all the subjects so I went back...I left school and I lied, I said I was pregnant just to get away and I wasn't so I went nursing...It was an escape for me [Mary].

I left school after the 7th form and I left home at the same time...I was going to University. I spent the whole first year going, Whow! Just not quite able to believe I escaped, almost [Kate].

I went to University fairly early. I decided not to have that extra year in the 7th form. My mother was expecting me to go to University. I just went. There wasn't any question really. I flatted [Amy].

Most participants left home when they left school. Although this was generally because of further study or working requirements, the escalating difficulties of living within the home also had some impact on this decision. Those who did not achieve academic qualifications were clear that they could have in different circumstances. They continued their education at a later stage.

In general, it was with a sense of relief that participants moved out of home. Emily, the only participant who stayed at home, was the eldest and only daughter of four children, the one who had always had special responsibilities, the one who was standing up to her alcoholic father, who was protective of her mother.

4.3.3 Adulthood

In this section, categories develop further and change, as participants' progress through the

developmental stage of adulthood, with parenting and children becoming important. Categories are: the changing relationships with parents and moving on, the use of alcohol/other addictive behaviour of participants, partners, children and parenting, the next generation.

As participants moved from adolescence to adulthood they were pleased to leave behind the difficulties of their childhood and adolescence. It appeared that moving on to this next developmental stage brought with it a sense of new beginnings, of hope and delight in the freedom and challenge of it all.

Changing relationships - moving on.

For Emily, the new beginning that appeared to provide the opportunity for change within the family was short-lived. Alcohol and violence instigated the decision to move on. Both she and Mary married within a short time, Mary suggesting that this filled a need to be wanted and loved.

> We came to (North Island) I got another job, went to dances, found other boyfriends, and HE found the pub. We were all so optimistic but it was such a short time. I was outraged.
>
> He beat me up quite badly one night. That was the last time he attacked me while I lived at home....I decided I would leave home then, so I did. I got a flat. I got engaged within 2 or 3 months of leaving home and got married a few months later [Emily].
>
> I started as a trainee nurse and lived in the nurses' home. I just couldn't wait to get away. It was an escape for me. I suppose I kicked up my heels and just revelled in all this freedom. A guy I was seeing...asked me to marry him and I thought 'why not'? I guess it was a need to be loved and wanted and he seemed to be it...I was nearly 19 [Mary].

Paddy had some difficulty in getting permission to move on. Alcohol helped the process for her too.

> My father wouldn't sign the papers for me to go (to join the Services) so my mother got him drunk and got him to sign them so I was just absolutely delighted...I went into training and I did fairly well in the Services [Paddy].

Kate described this time with feeling, using metaphorical terms to clarify the reality of how it was for her.

> When I went to Varsity, it was partly being in the hostel with lots of others the same age...it was partly being at University which was pretty exciting...I think the best way to describe that feeling was like a huge weight lifting really.
>
> After I finished Varsity I went overseas...I was 24 when I came back but after we had been in the car for ten minutes Mum started hassling Dad...it was just awful, it was like this big black cloud coming over me again. I felt just like a little child again. I've got a really strong memory of that. It was just so horrible. I felt quite stifled and oppressed and really, like it was all the freedom and all the growing and all the adulthood I had achieved was like squashed within minutes. It's that real childhood stuff, isn't it? [Kate]

Of particular note in terms of the parenthetical comments of Kate, is her description of connecting with the feelings of the past and interpreting them as being based in her childhood experience.

George and Amy reported that they were still unaware that alcoholism was the issue although, by this stage, they recognised that the drinking was a problem.

> It was always there though never an identified problem. When I started going back home, well I knew Dad was polishing off a bottle of gin and he'd have them in the car and there'd be one in the garage... Mum had started expressing some of her concerns and actually mentioning the alcohol problem that she'd never done before [George].
>
> I'd gone flatting. She was just going down hill and that worried me, and I felt anxious about it and really guilty because I thought it was my fault. I was just 22 when she died of it... I didn't know she was an alcoholic, she had told me that she wasn't. The first time I found out...was after somebody had done a post-mortem and discovered she had died of malnutrition [Amy].

Alcohol/other addictive behaviour of participants

Although alcohol is currently not an issue for any of the participants, the potential is recognised by most of them and several have at some stage of life been caught up in the

process of addiction.

> The Services... taught me to drink heaps, it probably was going to happen anyway. So probably from 28-35 I went through a very heavy drinking period myself. I was drinking bottles of rum at a time, probably more binge drinking. We went out partying and when we had drinks at home I just didn't know when to stop.... I still drink now. I enjoy a nice wine with dinner. I don't go out partying [Paddy].

> Alcohol, I know I have the potential there, most definitely. We still drink socially and I can do so without having to worry. In my past I have abused drugs, marijuana, when I was younger. For quite a few months I got really heavily into it. I quickly realised this is wrong and retracted. I realised the potential there so it's something to keep away from. I know myself and my brother and sister are all very aware that we have the potential of being alcoholics [George].

> Apart from the time when I'd left school and I had that taste of freedom and it was very fashionable to drink too, drink has never been a problem [Mary].

> I do enjoy a glass of wine but it's not a huge part of my life. I was a cigarette smoker. I've got elements of eating obsessively at times [Kate].

> I have some wine with a special meal or something but I wouldn't want to drink everyday. I'm probably a bit more negative about drinking actually. I had terrible trouble giving up smoking. I think I've got a very addictive personality [Amy].

Partners

At this stage, participants were reflecting their adult status, and showing an ability to make some sense out the past, to present some explanations. Their stories became interspersed with adult interpretations and a widening of their awareness of the effect of their pasts. They were showing an extended knowledge of differences, in particular differences of class and culture.

> My mother didn't like him. She didn't want him to marry me. She didn't think it would last and 38 years later we are still together...It helped really, it gave me a spring board out into doing my own thing...He is very much a different educational class bracket from myself. My mother was a terrible snob really, in spite of all her drinking. There was a whole danger of me not doing my own thing, sacrificing myself really to be with her...choosing something really different was a bit of energy, and I was really in love with him too

[Amy].

He was almost a non-drinker (of southern European descent). Through the time we were married, 10 or 11 years, that helped curb my drinking. He comes from a good middle-class background of farming stock. We seemed to have a cultural clash. He now tells me, because he is my best friend, that he really wished he'd taken notice of the cultural aspects with my family. He and I and my partner now (female) often do things together and travel to family things together. We've been together 15/16 years now. She used to worry I used to drink too much...she doesn't drink. She has seen how I've reduced my drinking as I've sort of learnt more about stuff [Paddy].

They were a bit worried about all my boyfriends at (work). I was just going out with whoever asked me. (My husband) wasn't a drinker. My boyfriends hadn't been either. My first boyfriend was pretty together really, a nice enough fellow to put up with my tempers and lack of confidence...but I wanted an education, I wanted to know more, do more. The next one...was pretty good, fairly musical but he got fed up with my angst. The next one was from a dysfunctional family. The two of us were both messes I think...It was (my husband's) connection with education that I was looking for. It got me into that world...(He) came from a crazy family. I had the expectation that he would be violent but he never was. He was at his best when I was most depressed. I remember realising that was a good reason for getting out. I had to be sick or I had to be depressed [Emily].

We got married and I was nearly 19. He was Maori from the East Coast...very faithful, devoted husband but very possessive also...He was a very silent person, he didn't express a lot of feelings. He was very genuine and sincere, a very honest person...just loved and idolised his children...fantastic father. It was an up and down relationship. We were very young. He got ill when the children were (seven and ten)...he died 2 and a half years later. My second husband was totally different, from Northern Ireland. Not really a good mixture, the Catholic and Protestant religions. I'd been on my own for three years...I had let go of a lot of stuff that I had with that first marriage. He totally swept me off my feet. I've learned since that communication is so vital in any relationship...if differences don't get aired, they don't get resolved, anger simmers and gets to boiling point. His violence towards my son I couldn't tolerate [Mary].

A lot of males would choose a partner, that's quite often quite reflective of their mother anyway. I probably have. She's very organised. On the other hand, my brother is very much like that and his partner is very disorganised. My wife would look at her parents and say they have a drinking problem (George).

> My sister...started off a relationship with a guy. He was a spitting image of my father, had an alcohol problem. After my father had treatment his whole attitude was very open. He and my sister tried to change him (the partner) and he wouldn't so she actually walked out on him - it's had a lot more of a dramatic effect on her [George].

In further discussion about repeating patterns, Kate believes her experience in an abusive alcoholic relationship was more powerful for her in its effect in enabling her to identify and acknowledge the connections.

> Though I haven't strong memories of my father drinking, what growing up in my family did for me probably more than anything was that it set me up to repeat that. My big, serious relationship was with an alcoholic and that relates to the second part, because I think really that that experience was the one that influenced me. It's made me quite aware and quite empathetic to the problems and to the unpredictability and all the sorts of things that go with it...I think having had that I sort of made those connections quite strongly [Kate].

Children and parenting

Five of the participants have children at different life stages. For Kate, who has small children, who mentioned having "made those connections quite strongly" with a previous alcoholic partner, a supportive, non-abusive partner has been invaluable. She states that she can share her feelings with him and that he, because of his own background, can understand. He has the qualities of the significant other or special person described in earlier stages. The strength of the relationship also enables both parents and family to enjoy fun and laughter without alcohol, something that was missing in earlier life stages.

> It's quite hilarious living with four little children. (My husband) and I have lots of laughs particularly about what the kids say and do and get up to, like we find them quite delightful although definitely hard work at times [Kate].

Kate comments on the importance of parenting, and has an awareness of her own susceptibilities in this area. The importance of partnership and of positive communication is expressed.

> I'm really not into smacking on a philosophical level, but I have smacked my kids. I could count them on the fingers of one hand and I'm never proud of it. (My husband) has never smacked them. Sometimes I express my anger or resentment by getting a bit sarky or saying something that's a bit manipulative. We are quite good at giving each other positive stuff, often it's quite practical too...we physically demonstrate feelings; physical touching, talking, talking about things that go wrong, positive things again [Kate].

Other participants have older children and over time have experienced extreme difficulties in their relationships with both partners and children. Some participants began repeating the abusive patterns of their own parenting; some children began to show signs of repeating addictive behaviours.

> When (his father) died my son (13yrs) just went berserk. I was tied up in a lot of grief of my own. I didn't recognise he was going through this too. It manifested itself in petrol sniffing, glue sniffing, smoking marijuana. He was sent to a home for "problem boys" for a year...He looks back on it now and said 'If you didn't do that Mum I would have ended up in jail'...My daughter was happy as long as I was there [Mary].

Mary remarried while her son was away and had a daughter about a year after...Mary suggests that a lack of communication skills led to the deterioration of the marital relationship, with severe consequences for her son when he returned home.

> I retreat from conflict and confrontation, because I hate, I just hate any sort of violence and I withdrew and I bottled things up... He also withdrew and when you have two people that withdraw, there's no communication and that's so destructive and devastating to any relationship... Anger simmers and gets to boiling point... His violence towards my son is something I couldn't tolerate.

Her husband abused her son emotionally, verbally and physically.

> It made me quite sick and I couldn't stomach that, but I didn't even try to help, I just thought this is something they have to work out together. I didn't realise the effect it was having on my son...My son got into a relationship at school with a girl...and he got her pregnant. My husband was horrified and...not wanting to rock the boat...I didn't do anything to support or help my son. To this day I still regret that.

Later there was further trauma for her son and this time Mary knew she must support him.

> I knew my marriage was going to come to an end. Okay, I've got to choose, my children are more important to me than this man [Mary].

Emily had her own crisis, unable to get it right for her children, knowing something had to change.

> I only had two kids. They were such good kids, bright and good fun and I was so worried about getting it right and then shaming them by misbehaving or something and I don't know, I don't know. I gave them hidings they didn't deserve because my father gave me hidings I didn't deserve [Emily].

She left her husband and children for six weeks. She stayed with a woman who had been a neighbour in her home town.

> She was another important person. She took me in. I couldn't think, I couldn't do anything. I missed the kids desperately, my husband not at all. He came down and got me. I made a decision I was going to do something for myself. I started doing extra-mural papers [Emily].

Paddy also began to make some shifts, to make some connections.

> It was like I knew I needed help, I used to be a physical abuser too of my children, well no not just my children, anyone who got smart I would just hit them, so I was a physical abuser until my daughter was four. I just realised that I couldn't go on like this, hitting my daughter and I wasn't smacking I was hitting, belting her and my son then just crawling around... I have a feeling they saw too much when I was drinking and it's like you say, I'm never going to let that happen to my children! My daughter and I had to have counselling because of some of the drinking and the abuse ...The other thing that happened for her was our boarder's brother sexually abused my daughter and we thought we had a safe environment! [Paddy]

Amy talks about depression as she identifies it now. Emily and Mary also had shown signs of the hopelessness of it all, but eventually they moved forward as they recognised and challenged repeating patterns from their pasts.

> Looking back I think I was remarkably depressed but I threw myself into work and raising

> a family and I became a soldier...the kids probably had to soldier on a lot as well, in other words repress and not express emotion, emotional feelings. They had to keep things back, I suspect. When my youngest was about two, that's when I started to delve into some of the things that happened to me. Things started to look up after that [Amy].

Having children was an important stage in the lives of participants. It appeared to bring to mind how it had been for them as children and how they had coped and dealt with their own past abusive situations. It was at this stage that the effect of the way they had been parented became more evident to them. The recognition of how important the children were came gradually in some instances but motivated the parents to begin to deal with their own issues, to make some changes for themselves, to make decisions to parent their own children better and not to perpetuate the abusive family patterns.

Forming a stable, intimate relationship with a supportive, non-abusing partner appeared helpful in preventing repeating the childhood pattern of their own abuse for some participants. This factor has been cited in various studies as associated with good parenting in adults abused as children and not perpetrating that abuse (e.g., Mrazek & Mrazek, 1987; Werner & Smith, 1992).

4.4 The impact of family of origin experience

4.4.1 Later adulthood - current situation

This section moves on to consider the more mature adult. In this stage of adulthood, in their late 20's or early 30's, participants begin to look back at their pasts, to realise how it was for their own parents, particularly their mothers. Forming intimate relationships, becoming parents and having children of their own, being a partner and a parent helped enable them to make connections between their past and their current situations. They became more able to make sense of the effect and hence the impact of their pasts, not only on their own lives but also on the next generation, their children. This knowledge came gradually with their experience of forming intimate relationships, becoming

parents and having children of their own.

In this section, again the sub-categories are presented as discrete and linear. They continue to show inter-connectiveness and some overlap, not only within the sub-categories but also across the life stages. The areas explored are categorised under the sub-headings: Relationships with parents, resolution, children - the next generation, self-knowledge/awareness and partner relationships.

Relationship with parents.

The ability to understand a great deal more as an adult led to further connections about how it had been for their parents. The difficulties inherent in being a parent led to an awareness of the connection between the way they were parented and how that parenting affected the way they themselves parented. Some re-assessment of the parental relationship, together with the subsequent separation and/or death of a parent seemed to escalate the process of the understanding.

> My parents actually separated in their older age, when I was in my twenties...about 10 years before he died. My mother obviously had her own problems, Dad obviously had his own problems and the drink meant they could never be properly addressed. I think that the modelling of problem solving stuff was fairly horrendous really, like everything escalated to a head [Kate].

> When my father left my mother finally, I understand from my sister it was quite messy...my father's drinking increased dramatically, not coping. He actually had a stroke...He actually went from hospital to an alcohol rehab. centre. After my father had treatment and he managed to stay off the bottle, his whole attitude dramatically changed. He was very open about it, and the problems he'd caused [George].

George goes on to talk of his parents and their current lives and how his relationship with his parents has begun to change.

> My mother remarried, four years ago. They both still live in (town). Going back it is just accepted...we will stay at my mother's. The relationship with my mother is exactly the same as what it was when we were children, sort of frustrating at times because you'd go home and my mother's still my mother and still in that same role. She's getting more

> mellow now and it took her a long time. We still get on really well. My father, the relationship's improved in that he knows himself better, he's softened an awful lot and talks quite freely about things. It took him a long time...The fact that he recognised himself as an alcoholic and what he did and what happened and accepts a lot of the blame for that, has made that quite easy to accept alongside with him [George].

Emily was not about to allow her parents' behaviour to have an all-encompassing influence on her life. She shows some surprise at her own strength and some ambivalence about her feelings towards her mother and her relationship with her.

> Mother got sick...she had cancer and an operation. She was so dependent afterwards. It was a big operation but she was also using that to hook me back in to being the strong one, the one who looked after her. The last year (of my degree) took me three years to do and it was then that I had to get free of Mother. I don't think she ever forgave me for not knuckling under. I still wake in the night feeling shocked and guilty at my cheek in standing up to my mother. She is dead and gone and I don't know whether to say I forgive you or I hate you. Where were you when I needed you? Didn't even have time to make her see my point of view [Emily].

She looks back at the distorted reality and dishonesty, the mixed messages that seemed to her to have permeated the family system, and the subsequent lack of opportunity to resolve these with either her mother who died, or with her father who now has dementia.

> Both our parents, the boys too will say this, enlisted the whole community to make them take their sides against us. They tell lies. They put themselves in the right and you in the wrong all the time. As for (Father), I don't think he even knows I work. Women don't work in his world. Father desperately needed a strong woman, like mother was in a way, ran the farm, bail him out, save the money so he could drink it, all those sort of things. He desperately needed her not to appear strong. He was strong, she was weaker, hardly had to fight to maintain his superiority. That's what it was all about with me too...at the beginning. I didn't fit into the role - seemed too dishonest [Emily].

Mary recognises the difficulties inherent in being a parent and the tendency to repeat patterns because of her childhood experience though she hints at a possibility of change.

> I don't really regard us being a family. We were so fragmented. We never really had what

> we call a family unit and I think when I look back on my childhood, I don't really believe I had a childhood and I had to take responsibility for a lot of things that were well beyond a child of my years. I guess it's reflected in my own parenting, not so much with the second chance I have had, but with my older children [Mary].

Resolution

Gradually and over time, participants came to acknowledge ways in which parents were appropriate. There began to emerge an element of carefulness not to lay all the blame on the parents, although not absolving them of some blame/responsibility; to present an approach that showed more balance. Such a presentation seemed to minimise the effect of the abusiveness of the situation and lead to some aspects of growth and healing. On occasions participants presented an ambivalence that combined a love for the parents with a dislike/hate and unacceptance of the abusive behaviour. There remained some semblance of family loyalty for all participants.

> My father died about 10 years ago. I feel we've always had a close relationship and I actually quite miss him still. I really experienced him as very accepting, warm, loving. Like for all the problems I know that he'd had, I've actually still got very warm loving feelings towards my Dad and my Mum's sort of like the bane of our lives really, but she's there and she loves us desperately. I've acknowledged some of the stuff that happened was due to my father's alcoholism and the alcoholism was probably in response to all sorts of stuff that happened in his family as well as a genetic pre-determination, but for me the thing is the level of conflict and yuckiness that was around and wasn't totally to do with the alcoholism because that kept on going a long time after he stopped drinking [Kate].

> From all those things, the domestic violence, the sexual abuse, the drinking, the alcoholism, I think my parents did the best that they could and there are lots of things I've got to be thankful for, like for example, my parents taught me about equality of the sexes...[Paddy].

George has more recently begun to make sense of and gain more understanding of the situation for himself. He has come to recognise that the beliefs and culture of his extended family have also had considerable effect on himself and other family members.

> It wasn't until I've recently started thinking about it, that I've realised it's had more effect than I would have given it credit for. He (father) probably sees it as having minimal effect. He will acknowledge that {it had an effect} during later years and adolescent years but most of that is a focus on the relationship and family that it destroyed.
>
> I know that a lot of the attitude towards alcohol was within the whole family and there was a fair degree of physical aggression or violence that I can't directly attribute to alcohol... it was part of the family environment that had dominated for some time. It wasn't just our family it was the wider family too. Since I've given it more thought, I've realised some of the effects it has on me now but I still can't remember them as having an effect on me as a child...(I've) shut a lot of that out [George].

For Emily, Amy and Paddy it became clear that if there was going to be some change, it would have to be instigated through their own efforts.

> I used to think sometimes, somebody should do something...and coming to the realisation that you did it yourself, there wasn't anybody out there to do something, the somebody needed to be us [Emily].
>
> I remember I wasn't able to say she was an alcoholic until I was in my 30's and even that felt like breaking the biggest taboo in the world. It was not okay to discuss it or say anything, and even now the family aren't keen on discussing that, they often try to excuse it. The family haven't been able to come to terms with alcoholism at all [Amy].
>
> I went through two years of counselling for sexual abuse, grief for my mother, sexuality those sorts of things, and part of that was my parents not being there for me and I got angry through that time. When I started doing papers at Massey, one was education. It was a real learning experience because I was able to write things and learn things about my parents and I wasn't angry any more [Paddy].

Mary has achieved change over time, beginning the process with her mother and sister herself but giving some credit to her father whom she sees as beginning the healing.

> The last time I saw my mother would be four years ago when she came over. I remember taking her to the airport and I burst into tears and I hugged her and I said, I love you Mum, and it was a long, long time since I'd been able to say that, and she started to cry too.

> And my sister...when I went over, we picked up where we left off and we just talked and talked and talked and talked, every night it was a marathon session. It was like we were trying to make up for lost time.
>
> Oddly enough it's my father who's taught me that...trying to make up for all the hurts and the pains and the anguish and all the missed out things. He's trying to make that up to us and he's never ashamed or frightened to show that and to his grandchildren as well.
>
> He hasn't had a drink for over 30 years. He can still be verbally abusive - not to me. Between us there is a mutual respect. I know how to challenge him in a positive way. I've learnt to communicate a lot more effectively over the last few years [Mary].

Children - the next generation

As a part of the ongoing awareness of the impact of the past, and because of continued learning and personal growth, participants have come to acknowledge an ongoing effect on their children. For some there are regrets as some patterns have been repeated but over time the considerable effort these participants have put into changing, appears to have led to a belief in a more positive outcome for the next generation.

Paddy, Emily and Amy talk of some of the outcomes for their children as they see it. They talk about the impact of their own up-bringing on their children, but with their own growing awareness and changes made by themselves, they present an underlying belief that their children will fare better, despite some ongoing concerns.

> Both my children don't smoke. My daughter likes a glass of wine now and again, my son likes to have a drink. As he's got older he's knocked down (his drinking). I would say a heavy drinker as a young man. Both my children aren't violent. My daughter, I think there's still some stuff. She gets down but my son's just laid back. He's taught me some wonderful exercises about patience and doing things just in time, when it happens it happens. I don't know what effect my drinking had totally on them but it wasn't good, particularly on my daughter [Paddy].
>
> What it's done, what my daughter got mostly was the - got to get it right, and you mustn't hurt other people, must be aware of other people's feelings. I remember saying that to her...laying guilt trips on her. My father used to do that - you've hurt your poor old Dad, don't be too hard on your poor old Dad.

I don't think the son's got that. He is sensitive to people's feelings too, pretty careful. He's nice to people in the same sort of way - puts all his visitors before his own needs or hurt his family rather than offend his friends. He's classic alcoholic stuff. I worry for him. I think so easily he could be an old drunk who had a wonderful future and blew it. He drinks too much, he fools himself about it and on some levels he knows it. He thinks he needs it to make him relax, to make him socially competent...They rescue people [Emily].

My oldest son was adopted out and has recently been introduced back into the family. He's got massive addiction problems...he's trying to get on top of them now. My oldest daughter had a difficult time as an adolescent but she's probably all right. Next daughter down had some problems as an adolescent and my youngest son who is adopted in, has been overseas for a while so he might have improved or got worse. He's coming back (soon).

I think they do express their feelings quite a lot but I think one of the things that's helped with that...is some of my personal development later when I hit my thirties... certainly (with) the three youngsters that my husband and I raised. We do express our feelings quite a lot [Amy].

Mary and Kate are more positive. They have younger children and have been able to make changes in their own lives that have enabled them to parent differently from the beginning, with good effect. For Mary, this was specifically with her younger daughter, her "second chance". An improved relationship with her other children was also noted. Kate mentions the genetic aspect of alcoholism together with the belief that sound parenting will better allow this to be faced if necessary.

I regret lots of things I've done or said as a parent but I've been blessed with another chance, been able to do things a lot better second time round, especially in the last two or three years.

My son's so passive and placid in comparison to what he used to be. He tends to withhold but he's very straightforward and honest in what he says. More so his sister would come out and say something that had to be said. My younger daughter is one of those wonderful, fortunate children that nothing seems to affect, and yet I say that not knowing

what the future could hold because how do I know what she's bottled up and withholding. Since I was on my own, the relationship with both of my older children grew so rapidly. It was just amazing how we learned to share and develop this strong loyalty and closeness. My children will always be my first priority. Even though the older ones are adults, they're still very important to me [Mary].

I'm aware of the intergenerational transmission possibilities and all I can say about that is that by trying to give them as good a childhood and parenting stuff as possible I don't think they'll ever learn patterns of abuse and alcohol and drugs in this family. They're not going to learn it behaviourally. If it's genetic then it's there. We'll have to deal with that at that time, really [Kate].

Self knowledge/awareness

At this stage of their lives, participants could show quite clearly their understanding of the impact of their families on themselves and on their lives. Connections were made between childhood experience and present behaviour, sometimes reluctantly, sometimes instigated by the input of other people, including counsellors and therapists. Outcomes could be seen as both negative and positive, with mention of lack of resources available at the time for individuals and families caught up in the process.

I mean growing up in that sort of family, there is some knowledge you have whether you like it or not, you know they tell lies, they are good at telling lies. I think someone has to say to you - when else has this happened, when else have you felt this angry about something? They have to make you see the connections. I didn't want to see them because admitting they're there is admitting some sort of failure and that's back to the same thing - if I get it wrong all hell will break loose [Emily].

I think it is worth noting that it was really an extraordinary dysfunctional family and extraordinary dysfunctional childhood but I didn't know that till a lot later. If I'd had some of the resources that are available now it would have made a big difference to me. I think it affected my achievement really in terms of my fulfilling my potential. I don't think I did [Amy].

I'm really glad that the education area and alcohol and parenting and things like that, are much easier now to access...I remember I used to drink to forget and I used to think about my mother, maybe that's what she was doing [Paddy}.

Kate took her connections a further step. She acknowledged connections with how it may have been for her mother and extended it to other women in similar situations.

> I think it's made me quite aware and empathetic to the problems that are there for women that are living with a partner where there are alcohol problems and all the sorts of things that go with it. I think that having had that made me actually understand a lot of stuff, like I sort of made those connections quite strongly.
>
> I think what it helped me to do was to understand what my mother had been through as an adult. I think you start getting some understanding when you are in your 20's about that anyway but that really helped me understand stuff that I just could never be bothered with when I was a kid. I started to make those connections and really develop a good understanding about how it must have been for my mother in that situation [Kate].

Partner relationships

Participants begin to show a sense of optimism and hope for the future. They compare the relationships of their parents with their own relationships and acknowledge the differences. Mary and Kate see the use of communication and conflict resolution skills as important to effecting positive change.

> When I look back now, it was the role modelling that you have of a marital relationship which wasn't good for me had a lot to do with it and I guess in my first marriage too there was a lot of friction. When I try to put into a few words what caused the main problems, it was the lack of conflict resolution skills [Mary].
>
> I think we are reasonable at talking stuff out, being assertive. It's totally different. If any conflict arose at home there would be an immediate escalation in the level of noise for a start. It was likely to end in something being thrown or someone getting hurt [Kate].

The value of support and understanding by partners, together with the sharing of feelings and experiences, appears to be considerable.

> My husband) has really helped actually and it's just great having someone else to moan about her with. That's what I missed as a kid...It's like having it shared...so it's really helpful [Kate].

> I can be a very reserved person...I don't have the same problem at home or with close friends - somewhere across the boundary, that's safe. I've had some discussion with my wife. I do bottle (my feelings) up. We have talked about that, trying to talk things through [George].

Paddy also acknowledged the positive input of her partners, particularly in respect of her drinking, and the learning she achieved along the way.

> The children's father was almost a non-drinker and through the time we were married (10/11 years) that helped to curb my drinking. He's still close to (being) my best friend. My partner now, she would consider (because she doesn't drink, but she has seen how I've reduced my drinking as I've learnt more about stuff), that I know now how to socially drink. I guess that is where I am up to [Paddy].

George suggests that it is not unusual to select a partner who resembles a parent. He acknowledges that his wife also comes from a similar background and infers a connection between the two.

> A lot of males would choose a partner that's quite often quite reflective of their mother anyway. I probably have. (My wife)'s very organised as a direct result of the home she grew up in - my mother was always quite organised. She'd run things and keep things in order. My wife's probably pretty much like that...She would look at her parents and say they had a drinking problem [George].

Amy's mother saw her daughter's choice of husband as unsuitable as he was from a "different educational class bracket". Amy came to realise he was not so different. He did enable her to move away from her mother, to break away from an enmeshed relationship and an oppressive environment, to provide the opportunity for change.

> (My husband) isn't as different as my mother thought he was. He was different. He didn't have the academic interests that I had. We were laughing about it recently. He always looked as though he might have, but he didn't have that background and he was raised in a family where there was very little money... I think that choosing somebody like that was to get the leverage to move out because there was a real danger of me sort of sinking into being with her, looking after her [Amy].

Emily also tells of choosing a partner, whom she saw as like her father. Although not violent or alcoholic she compares her relationship with her husband to that of her parents. She became resistant to fulfilling the same role her mother did and noted the perceived dishonesty of it all.

> (Father) hardly had to fight to maintain his superiority; and that's what it was all about with me too. My husband was much the same. With men like that you're meant to do this clever trick of leaning on them and gazing adoringly at them, propping them up on the other side, all at the same time. I think that's a bit of what mother was trying to do - fill the gaps, be strong and yet maintain the fiction that he was okay. I tried to do those things at the beginning of our marriage, the sort of self-sacrificing even if he was wrong, if he insists that he is head of the household stuff. Seemed too dishonest. I didn't fit into his role. More lies, I suppose [Emily].

None of the participants currently lives with an alcoholic or violent partner. Several have had previous relationships that were not successful, and appear to have learnt something along the way.

> It just seemed like a natural progression and still feels right. I can look back in hindsight and say it's been heading in that direction all along and most of that comes out with knowledge [George].
>
> **I don't think it ever goes, does it?** [Kate]

Participants now aged between 34 and 57 years are at the developmental stage of generativity versus stagnation (Erikson, 1963), where a sense of accomplishment in adult life depends on giving loving care to others and regarding one's own contribution to society as valuable. They could well be seen to have a mature knowledge of self, and a resolution of past crises that is satisfactory enough to enable them to move on. They acknowledge their own strengths. They have a loyalty and connection with their family of origin. They generally appear to fit the hero label of both Black (1982) and

Wegscheider-Cruse (1981). They could in worldly terms be seen as successful. They have shown the resilience that matches the theoretical description of success.

At this stage the study shifts focus and moves from the personal life story of participants to their career choice and practice as social workers and they tell the story of the part of their lives that moves into the work arena.

5 Impact of family of origin experience on professional practice

This chapter of the narrative analysis focuses once again on the narrative of the participants allowing their own words to explain and illustrate the data. The themes of the analysis are presented as the nature of practice, and change over time. Throughout, the effect of family of origin experience on professional practice will be addressed under the general categories of social work practice, boundaries, management of stress and resiliency. Connections will emerge from the data and once again the linear presentation of the categories may show some overlap within the categories.

The semi-structured interview guide, schedule two, was followed more closely than in the previous section. This enabled the researcher to maintain the focus of the study more succinctly. There was however a range of flexibility that allowed for freedom of response within the questioning that did not appear to hinder the narrative.

5.1 The nature of practice

5.1.1 Social work practice

This section begins with the respondents' own interpretation of how they believe they chose social work as a career. It includes their area of practice and their preferred style of practice. This leads into subjects' interpretations of their ability to respond to challenging and uncomfortable situations which include responses to crises, need for approval and "stuckness" with clients.

Social work as a career choice

In attempting to explain how they had chosen social work as a career, participants provided a variety of answers that included wanting to be a social worker from an early age, appearing to "fall" into it, and attempting to resist the pull. In general, however, all present as knowing it was a positive choice that was well suited to their personal skills and abilities.

I wanted to go into social work when I was twenty-one. I knew that's what I wanted to do but I just didn't know how I was going to get there. So I'm not sure how you would isolate it if you could isolate it, but my past has affected where I'm going and where I'm still going [Paddy].

When I first started social work I don't think I had conscious awareness why I was so interested in doing it. The beginning of my social work career came from having done some university work and a certificate in social work. It just had to be done as far as I was concerned because it was an evening course and I could easily get the family attended to. It was by sheer chance that I got into that course and then at the end of the course I was offered a job and I did quite well with it... I had no idea how much I was going to find it satisfying. Around about the same time I stumbled on the encountering movement and that had been another stimulus for personal growth as well as beginning to have some awareness of my own situation [Amy].

I used to think I wanted to be a social worker and then I used to think what a presumptuous thing to want to do. Who do you think you are anyway, wanting to be something that important, ideas above my station? I thought don't do that, every damaged kid wants to be a social worker - every second damaged kid anyway. You go into it with a do-gooding, rescuing the world sort of. There is a danger - "I know what it's like, (so) I want to help other people". I've been there and that's burn-out territory [Emily].

I'm going to struggle with this one. It just feels right is what I always come back to. Even now I just feel happy within the field of social work... I also like social policy, sociology. I like looking at society, I like looking at the inter-relationships between people and that's the fabric that holds people together. If you've got a goal that you're wanting to improve things to make it easier for people, you're wanting to...be involved in a process of making things better - That's more external than what I am doing (but) it's a big part of it [George].

I feel a strong commitment towards those kids (from violent or distressed families). I did an arts degree...and ended up doing teaching...I enjoyed most working with some of the kids that had difficulties and on a more individual basis, some of whom I encountered when I was teaching... I did social work and community work for a voluntary agency for a year and I just loved it and knew that was what I wanted to do. I'm doing more study now so I'll have more choices. I still want to do social work [Kate].

Area of practice

Participants extended their discussion to explain the effect of family of origin

experience on their choice and area of practice. There is no doubt that all could connect their practice of social work to their family of origin, not only to the behaviour of the alcoholic but also of other family members and the family environment overall. Most also made a connection with their own early role within the family.

> I see a really clear link with my family of origin. I see that alcoholism is just one part of it. My auntie that I really liked was a social worker. I just think I've got a real commitment to children who are in situations where there is violence or family distress. It's interesting that my thesis is about {such} children...in a way that says it all [Kate].

> My beliefs and my whole value system, everything I think comes from that - the way I grew up, the culture within the family, the rural community, the extended family lifestyle - huge (effect) I think, on the way I practise. It's had a lot to do with the area of practice, a huge impact on that [George].

> I guess it's wanting to help, to be in that helping role because that's the role I've had all my life. I've had to take responsibility and look after my younger sister in particular. Initially it was rescuing although I wasn't aware of that. I learned, I think, that my role was to rescue. I guess because I had to be in that role even as a child. It's progressed into my adult life, into looking after as a mother - because when you don't get that and you have a little taste of it, it's important to be able to show that you can care for others [Mary].

> There's no doubt that I was drawn to the sort of subjects like psychology, sociology and anthropology. I was always interested in relationships anyway but because of the difficulties I had as a youngster with all those problems. I didn't know it at the beginning. I had no idea. I think these days people would be more aware than I was but I don't think I had any idea that connected [Amy].

> I do know that the sexual abuse and physical abuse and the use of alcohol and I suppose the neglect, (not necessarily the emotional or the day-to-day stuff, caring and clothing), but I just know that some of my family background has had a lot of effect - and that's the reason why I always wanted to go into social work [Paddy].

Emily made a strong connection with the influence of her mother on her working as a social worker. Her initial choice of work place was seen as attributable to the behaviour of her father, together with her emerging recognition of the injustice of it all.

> I don't know if it's being a child of an alcoholic that made me a social worker or whether it's being the child of a martyr. I know not long after my mother died I heard myself say, "I don't have to be a social worker, my mother is dead". It had an element of truth in it that always stayed with me. She brought me up to do "good works".
>
> (Starting work with) the Women's Refuge certainly had a lot to do with Father. And feminism had a lot to do with both of them...just all fitted so well. I remember coming to the realisation that you did it yourself, there wasn't anybody out there to do something, that's why the Refuge has started up. It makes sense of that injustice, the reason why women were expected to be strong and carry it all and fill all the gaps and shut up and be humble too [Emily].

Practice style

Participants are clear that they have followed a style of practice that matches their own experience, influenced by their background. All work with families. George, who comes from a rural background and was involved with outdoor activities throughout his childhood, has integrated this into his practice. Kate states her preference for facilitation work, Paddy for assessment and investigation. Some have acknowledged a tendency, at least in the early stages, of bringing their own experience into their work. Amy reports a more extensive knowledge of transference and counter-transference issues. Current practice is reported as reflecting the knowledge and experience gained over time as a social worker.

> It is integrated practice, it is a collective practice. I have a particular style that I know is mine. It falls within certain models...It depends on the things {I} learn and whether they fit with my style of work. With families it is getting alongside them to assist in effecting some change or improvement. My hobby-horse has been recreational social work or activity therapy. That is one of the areas I am trying to develop, the potential of that. I just feel very comfortable in that it suits my way of working. I don't like being confined to a particular model, or even physical environment. It breaks down barriers and that goes for them and me. Even if you are working with young people within the agency family situation, I will invariably go and see them at home. They're more comfortable at home. In the outdoors... it is neutral ground, and activity based poses certain challenges which break down constraints a lot more quickly [George].
>
> The style I feel really comfortable with is the facilitation role... working with family-

decision models, facilitating families to solve their own problems rather than taking that responsibility for them [Kate].

(I work with) very dysfunctional families and children. I don't have as much contact with the children as the parents. Initially I did. I really enjoyed working with the children but since working in the family support area most of the work is with the parents and the families... Sometimes I can see myself getting into the situation where I am drawing comparisons and looking for parallels. I've learned I need to stand back from that [Mary].

The areas I've worked in mainly have been investigation and assessment. I think that the effect that my past has had on me is that people can't pull too much wool over my eyes. Nothing surprises me. Generally, when I associate that there's alcohol - I try not to be too judgemental about it - but if there's alcohol there are usually other things that go with it - alcohol or drugs... I don't know how families can take care of their children if they are either out of it or on alcohol. It has a lot of effect on my practice because I've had to build on some of my past things to be able to understand the family I am working with and to get the picture and analyse situations [Paddy].

I've learnt from experience and I've had to dig some of that out but the fortunate thing now of having gone to university...and some of the training I've had so that I have been able to connect...that it doesn't necessarily happen to the other person just because it happened to me. I'm better at sympathy, understanding, sensitivity. Like I said before, the sexual abuse, the domestic violence and everything has had an impact on me with my practice, but connecting it now with my academic study has made more sense [Paddy].

I had the fortune to work with two or three people who were very, very well trained psycho-dynamically... I learnt an awful lot to do with transference and counter-transference and process and conscious things. I use all those things now to do my social work, my counselling and my therapy [Amy].

Emily summarises clearly what she believes is good social work; the bringing together of life experience, knowledge and professional practice.

It all comes together sometimes and I think, "I'm doing social work". The reason people come to us and not their next door neighbour is because of the professional detachment, the knowledge and calmness that we apply to their problems. There's a stage where you bring the experience, the personal knowledge and the professional distancing together. That's what good work is - using your own experience, but only in a way that doesn't

> become a burden to your client, doesn't add to all the emotion and stuff flying around for them [Emily].

Challenging and uncomfortable situations

The client areas participants found more challenging than others varied across the areas of powerful and/or violent men, mental health, working with anger, and those who lack control, and for Emily, agencies that focus on alcohol and drug rehabilitation. George, who is less clear in his explanation about difficulties in this area, appears to be less comfortable with those who tread a middle line, who are perhaps more closed in their presentation. Once again he reports his preference not to work in a closed environment.

Some participants report that with support and supervision and experience over time, it has become possible to work in these difficult areas with more confidence. Others still report some difficulty but are more aware of the reasons why.

> There may be a person that comes across as more powerful, and in the end I decide that I'm not that keen on working with him. I take it to supervision and work it out that there's some flick back to my family of origin. The sort of person who might be difficult for me might be the sort of person who is like my step-father. In fact I've enjoyed working with men like that since I have become a social work practitioner - though not really [Amy].

> Mental health, psychotic, not so much the day to day stuff but to work with people with psychotic behaviour or drug induced behaviours, I find that really difficult. I think it's because I don't know enough about it and I have a real thing about violence, like I'm still scared of being hit [Paddy].

> I don't think I would really choose to work with men who abuse either sexually or are violent towards their partners. I felt that really strongly a few years ago but I think that has probably changed a bit for me now. I don't have a strong aversion to doing it, if I was the only one available to do it. I tend to want to work more with women and children if given a choice [Kate].

> The more artificial the environment, the less I like it. If it's really confrontational, I can handle it. It's when it is less than that, somewhere between just being assertive and confronting the person, somewhere in the middle which is difficult - that's in an inside setting [George].

> Mental health is something that I don't think I would feel comfortable working in. I guess because I have seen my father go off his rocker so many times and he has actually been in psychiatric care. Besides his alcohol he's also had drug addiction problems. I don't feel as though I'm capable, confident or competent to work in that area. I have fear I guess of people with mental health problems, the unknown, very much the unknown [Mary].

> If somebody had said to me back then before I knew anything, "if I could make you a social worker where would you work," I'd have worked in Hanmer Springs or with drugs. I've been tempted sometimes. I think it would be the worst possible place for me to work... Anger, especially that unreasonable anger that you get with some people who can't control it at all, it's pretty hard for it not to touch something that is there inside us [Emily].

Crisis situations

Most participants report that they react to and handle crisis in a positive way. They appear to be able to control their own emotions and act in a practical manner, ordering priorities and working through the issues that need to be taken care of as they emerge. Several mention that it is afterwards that the feelings and emotions surface. At the time of the crisis they show considerable ability to cope with what presents.

> I can work through, I worked in several settings with clients where you go from one crises to another, sometimes quite severe crises, all sorts of crises. I can just waltz through them relatively easily. It's the afterwards that's a downer, but with good effect. I can handle it with them...and hold off until afterwards [George].

> It seems I can get into the spots. I just try to avoid them but if it comes up, I just go and do it. I've been called into cases that other people haven't been able to handle... I just get in and do... Then I (get) the shakes because I (think) what could have happened. I just seem to be able to cope with it, just do it - exactly [Paddy].

> I don't tend to panic, I tend to slow down probably in crisis and I'm really aware of the need to take things slowly and think through things. I'm inclined in situations that seem really serious to actually take a step back and take a deep breath, slow down and be very careful [Kate].

Mary and Emily, in describing how they cope with crises make connections back to their families of origin and what they believe they learnt from their earlier experiences.

Emily generalises this to children of alcoholics in general, as she sees it.

> Literally I break out in a sweat and I can feel my heart start to beat. I guess, it's that adrenalin buzz. I thrive on that sometimes. I think it adds a little bit of excitement. My mind races with thoughts. What I'm going to be able to do, how I'm going to achieve it. It's like I have raced two or three miles ahead before the crises has even come to a climax sometimes. I'm anticipating, anticipating all the things that I can see that may be need to be done or should be put in place... I don't panic, it's not as though I'm going to pieces... I think to extend it a bit further, it's like when something happens I don't show a great deal of emotion, like my own mother. It doesn't seem to phase me too much. I think when you see the darker side of things, too many things don't tend to shock or surprise you [Mary].

> Crises are dangerous stuff for people like me because one of the things I knew how to do well was fight, fight verbally too... It's easy to think I know how to handle this. I can get in there and fix this or straighten these people out or whatever. I think I do a lot of that crisis intervention work well. I think it is probably pretty draining. I'm just thinking how much energy you get for dealing with crises when they start hitting more and take more intervention when it comes at you thick and fast. I don't know if it has to do with upbringing or whether that's just what people do. No, it's not what people do. Children of alcoholics learn to be pretty stark about pain and disappointment. You take it and you shut up and you get on with it and you don't make a fuss because that makes it worse [Emily].

Amy, whose mother was the alcoholic and who grew up without a father, has less confidence in her ability to work with crisis. She does, she notes, work with crises as necessary but chooses to work in an area that is more prevention and therapy based.

> I don't like them. I'm not very good. I tend to go to pieces a bit. I have to work very hard in maintaining my inner calm. The truth is that I don't actually, I'm not good at crisis, I'm not good at crisis work. I do it if I have to but I find it difficult. I'd much, much rather do the preventative, slogging type of social work. That's much better for me. I do it better too. I don't think in a crisis, I'm the best person at all [Amy].

Need for approval

When asked to comment on how they reacted to being disliked by clients, participants responded variously about the difficulty of this. Generally they acknowledged that although they liked to be accepted by clients, it was more important to work in an

atmosphere of trust and honesty, that sometimes the area of work could make this difficult, but that working alongside the client towards effecting change was more important.

> I think there is always a little bit of wanting people to like you but I don't deliberately set out to be liked by people and certainly in the area (I) work it's valid that we've got power and control over their lives. I've certainly worked with clients who haven't liked me and have been really open about that fact. It's not a huge problem. I feel okay about that. I think I'm actually much more able to deal with that now [Kate].

> I like to be accepted. I do like to be liked by clients...that's part of my practice where I get alongside people so there has to be a certain amount of like and trust to work with them or effect change with them...[George].

> I tend to ask them straight out, "do you feel comfortable with me"? I appreciate the honesty if they say no. I know I would (not) feel okay continuing when they express that. It's important for me to establish early in a relationship with a client that it's going to be okay for both of us. You don't just continue hoping or assuming that things are okay and sort of bulldoze your way on and bluff your way through it [Mary].

Emily and Paddy express their feelings more strongly. Emily extends the concept to include criticism and relates it back to her upbringing. Paddy talks about a particularly powerful episode that affected her immensely. At this stage, she appears to accept the need to work the situation through.

> I don't cope with people being critical. I know that's about my parents too... It's dangerous ground between somebody saying "you should have done this differently" and saying "you're no good, you're a failure "[Emily].

> I hate it. I've only had one client in my lifetime, in my social work that hasn't liked me. Probably lots haven't liked me but they haven't been game enough to show it. I think she was a bit disturbed. She showed it very verbally. I found the physical approach easier to contend with than the approach she had on me... I had to ask for a change because I couldn't manage emotionally. I was scared of that woman... They don't have to like me but we have to work together and that's the reality [Paddy].

"Stuckness" with clients

Participants report being able, at this time, to identify, when they or their client appears to become "stuck" or they themselves get caught up in the process of what is going on for their client. This appears to be part of their general learning about themselves and being able to connect the learning with their practice.

> I know that's happened. When I've actually analysed it I've been really caught up in particularly the content of what's going on and had times when I've got paralysed... If I step back and think about it, it's usually because of something that's triggering stuff from my childhood that's paralysed me. I definitely had that very strongly on one occasion, other times in lesser degrees [Kate].

> I think that you work through your own stuff all the time no matter how old you get and so I would like to hope I don't have to bring them back into a case... I've been able to set what I would consider good boundaries for myself and not get them mixed up [Paddy].

> I think that because of the work I've done on it I'm mostly aware of it and I can tune out but then some so and so is telling lies and I think it presses all the buttons... So, with social work - I think probably every day of things that connect with being a child of an alcoholic. It's an effort, I think, to put aside the reaction and be professional and calm [Emily].

> I'm still working on that... It makes it hard when you've come across a client you particularly dislike or who particularly dislikes you. Usually that's okay and I work through it [George].

Amy, in particular, talks about her earlier practice and the difficulties that can occur. She suggests that more adequate training and supervision would have addressed these issues.

> The awareness was really slow in coming and I didn't put two and two together for quite a long time... I was working from a capacity where I didn't see my own parts of it enough and I got into some rather unfortunate things. I don't think there was enough training, enough supervision and I didn't know enough about what I was doing or have enough chance to get a forum for exploring. I mean the sort of supervision you had was in terms of case management and stuff so I didn't really go into it a lot. I was stuck too. I was not wanting to think too much about myself either. I did exceptional work. I over-involved myself to a massive extent. I did far more than I should have really [Amy].

Other participants also recognise the importance of supervision in handling such difficult situations. They extend this to talk about other ways that they have found helpful.

> Supervision - I find honesty is very important there. I have to have trust and respect for the supervisor to be able to come directly to them and say "I need help with this problem". I don't know if I'm stuck or the client's stuck and it's getting that professional input which is most important and supportive. I haven't always been fortunate to be able to have that within my work structure. I'm very fortunate in having contacts who do have those skills and I know I can access them [Mary].

> Supervision has helped a lot and my own personal analysis. I should have done that in my twenties. That made a big difference to me and I wish I had done it before... Occasionally there would be a case where I would worry about it and that's an indication to me, because it is unusual. I attend to it or take it to supervision or do something more useful if there's still something going on, going wrong [Amy].

> I really like discussing things with peers... Talking it through, thinking it through, writing it through are probably my main techniques [Kate].

> I had one case where I got quite embroiled... I like to think I look for direction and I was fortunate enough to have two supervisors, and I was able to roll off both of them and then we met with the practice consultant and I was brought back into focus... It was quite complicated [Paddy].

> Every now and again I come across clients for some particular reason I personally dislike... (I) find some way to like them, aspects of them... Just breaking it down, you can see or attribute those negative things that you disliked to reasons why [George].

> You've got to know what your own stuff is first. Certainly there are times in social work when I think, Uh-huh! that's not working. Then I stop and try a different approach... One of the times when I knew I was getting free of it was a time when there was a crisis going, happening all around me. I said, "Not my problem. I'm going on holiday" - and went. Took me years before I could do that [Emily].

5.1.2 Boundaries

Boundary issues have been recognised throughout this section as problematic, to some degree, in various situations. Initially, in this category, participants identify how they create and maintain adequate boundaries and in some instances connect this to their pasts. This is followed with a description of areas, such as caseload management, that may present difficulty from time to time and how they manage to deal with these on an ongoing basis.

Maintaining boundaries

Participants begin by describing how they have been able to learn to detach themselves from the problems of their clients when they are not working with them, to enable them to maintain the parameters between the workplace and their private lives. Amy connects her ability to switch off as having been learnt within her family, with both positive and negative consequences.

> When I first began I had a tendency to overdo things. I found it difficult to switch off for the first year or two. Then I discovered that you needed to. There's something that I think was positive about being in the sort of dysfunctional family that I came from because I did learn to dissociate, switch off. I did actually find some boundaries and limits and I still have those. I think it is a problem too because you may not be as emotionally available to people because you have switched off a bit and I think you have to watch that, I have to watch that. I had a very good supervisor actually and I learnt not to do that. You need to have a balance and you need to be able to take some sort of cognitive assessment of the situation as well as being able to help the client. I don't believe I have got caught in an unhelpful way for years. I think I am quite disciplined [Amy].

> I quite amaze myself at times with this ability I have been able to learn to mentally switch off when I walk out the door. I'm not saying I do it all the time. There is the odd time when I do think about a client problem. I've learned it's really important to guard with fierce intensity my private life... I've learned to keep that workload separate from my home life [Mary].

> I feel quite clear about my role. I'm quite verbal about it and I think that doing that helps me to keep it clear. There are times when I have brought worries about work home but generally speaking I am quite strict with myself about that. When it happens it's when I

> don't feel I'm working safely and that's to do with the environment I'm working in and safe practices and stress and pressure and things like that [Kate].

> Boundaries (make) a huge difference - that's a professional move, I think. I mean, good families have good boundaries anyway. Social work is about boundaries a whole lot, I think [Emily].

Caseload management

Some participants, however, mention problems in limiting caseloads. The complication of working within agencies who have few restraints on the number of cases presenting but definite limits in provision of resources, makes it more difficult and stressful to maintain a balanced approach to practice.

> I do have problems with myself that it's very hard to say no to someone who needs or wants. Currently I say "no more" and someone will come in or there will be a phone call and I think I'll do a quick assessment...very aware I think that it's the last stop on the road. I'm guilty of it and so are other individuals [George].

> I always have to work to keep it manageable. I mean I always have trouble with keeping within the boundaries. I do it much more effectively in the past few years. I do often get tired and I probably go further than I should, when I should be getting more rest than I do - I push myself too hard, over-involved in that way - but then I sleep well. I don't ever have trouble sleeping, I just don't have long enough sometimes [Amy].

> Being cornered like the stuff of having caseloads that are too big to manage - that's the same sort of situation as 'damned if you do, damned if you don't'. You can never get it right. I'm in the wrong whichever way I go and I think that's what it's about with heavy caseloads. You try harder and harder and you get more tired and it's never going to be good enough and it panics me on one level [Emily].

> Sometimes it's really hard to say no because I'm a bit of a veteran now and it's a heavy workload (on Maori social workers) [Paddy].

Kate and Mary appear to have had more success in achieving balance, Kate by working part-time and Mary by attending further training, following an experience of near burn-out. Both seem to recognise, however, that there is a fine line and that they have the

potential to become caught up in the process.

> I try to be quite organised and I actually think I manage my time and prioritise quite well. I can actually work quite steadily and consistently and go without lunch breaks to get something done and then I usually do have a few moments for myself when I say "well that's that, I'm not taking it home. I haven't ever had to take stress leave... and I think that's actually probably just as much a reflection of the fact that I've been able to work part-time and had a balance in my life than in any particular skills of mine [Kate].

> I've learned not to overload myself. Initially, I would take everything that was given to me without any objection because I felt that there were always people who needed helping and if I didn't do it who else was going to be able to take the excess. I was overloading myself and that was good because I could recognise the burnout signs after a while [Mary].

> It was actually going to workshops, stress and time management, just seeing what it did to other people sometimes too. It's a bit of an eye opener and recognising too that you don't get any extra accolades, you don't get any extra bonus or anything in your pay packet, that the world still kept turning even if you didn't have a part in the process, nobody's indispensable. There is always somebody who will pick up that caseload and do it just as well if not better [Mary].

5.1.3 Management of stress and resiliency

In discussing boundaries, participants talked about how they attempted to maintain balance in their practice and between their private and working lives. They recognised the stress that presents in their work and the potential for burnout. This section looks more specifically at the manner in which stress affects the individual and at what has been or maybe of benefit in managing difficult situations. There follow further sub-categories that include acknowledging firstly, the physical symptoms that are seen as influenced by stress, then addiction and other aligned behaviours of participants, and finally the use and benefits of therapy and counselling.

Stress and the individual.

Participants are able to identify their individual stressors and the need to attend to these in practice. Amy begins by acknowledging that using the coping skills learnt in her

childhood may not always have a positive effect.

> I don't normally (now) get hooked into things. I really do keep quite a clear boundary. I think the practice is cutting off - what I used to do in my alcoholic childhood. I think I have had to work at...a more open way of being more forthcoming and be more aware of my own feelings. Those are the things I have had to work hard at [Amy].

George and Emily acknowledge a tendency to allow stress to build up before they do anything about it, to tolerate a high level before taking action to reduce the pressure.

> I probably let stress build up. I start addressing it from the time it is built up, but not preventing it... I'll work at reducing the levels once they've already accumulated to a fairly high extent [George].

> I think there is a level that I can tolerate and once it gets below that... I don't know, it's cumulative in some way. Sometimes you wake in the night and think "I should have done or I need to do and that's sort of okay. I think that's a normal reaction, but there are other times that you go all night long and you seem to process all the faults of the whole day and they all look equally bad and serious...and that's (the agency) stuff whatever it is - the pressure and anxiety [Emily].

Participants have discovered various suitable approaches, including physical, intellectual and spiritual ways that help to maintain manageable stress levels.

> Well, I do come home and yell at the kids sometimes! What I know I should do and what I actually do are slightly different things, but I do swim and really enjoy that. I find that apart from the fact that it fulfils a really important need for me of having time on my own, it's physical exercise and I often do a lot of thinking when I am swimming. I just relax [Kate].

> I'm still working on that. An awful lot of that is physical - if I can get out and have room for myself. If I have had a stressful interview I will either go and visit someone who is not or I know is not going to be a challenge, but it's the physical part of getting out of the office and driving somewhere or going for a walk, things like that. With my wife, we will remove ourselves completely from the environment. We'll often go away camping for the weekend, maybe to a reserve or lake or something, just to get away [George].

> As a youngster I used to get quite a buzz out of ideas. That's why I got involved with books and learning and all that. That was the way I dealt with stress as a youngster and I still find ideas really helpful. Since I first started doing social work - I've always had a capacity to do something really different - like having weekends where I do completely different things, which would be family things, friendship things, going for a walk on a beach, music, going to plays. I've got quite a good capacity for staying in the present, so that makes a difference. It doesn't hang around and you go back and attend to it if you have to [Amy].

> The last few years I've come to develop a great spiritual inner peace. Ironically, that's been through the Catholic Church but not through the traditional ways... I still have very much my own values and beliefs and they don't necessarily go hand in hand with Catholic teaching but I guess the basis of the foundation has had an impact... It's finding that inner peace that has alleviated a lot of stress for me, knowing that there's that universal being or power...that's always there for me - emphasises, listens, never sets judgement on me, never accuses me, doesn't manipulate or control or dominate me, lets me be my own person. Freedom, it's called freedom! [Mary]

Paddy and Amy include planning and supervision as strategies that are effective within the work place.

> I've learnt to handle my own (stress levels). I suppose it speaks for itself when I was working six years for the department and never had any stress days off - but I planned my leave...so that I just worked to that time and then had leave. The same for (overtime). I would work a sixty-hour week and know that I needed to plan to have a day off. I know my body, my body alarms [Paddy].

> If I'm really worried about a work issue I would put it down for supervision. I use my supervision very much in an active fashion. I really like it and I use it and I expect others to use it - to sort things out, help me [Amy].

Physical symptoms of stress

Participants acknowledge and are able to identify physical symptoms that, in general, they connect with the stresses of the workplace. It appears that the ability to recognise these symptoms and to make the connection with their stress levels has developed over time.

I get symptoms. I get a numb jaw, my joints ache. Yes, certain things happen to me and I've learnt to recognise that [Paddy].

I'm sure there's a lot more to this physical symptoms business. I often don't know a good headache until it's gone. I remember in a group once a man told me about knowing he had broken his arm but not telling anyone it was sore because children of alcoholics learn to hide their pains. I identified with that. Now that I am more aware, I notice the headaches more when I am stressed or feeling under pressure, I notice the sinking feeling in the stomach, the punched in the guts feeling when someone is suddenly very angry [Emily].

Physical ailments - yes, a neck stress...to the extent where the headaches can get quite bad. That's where the stress seems to compound, in my neck and shoulders. I've had a few back problems too, but a lot of that's due to sitting for long periods [Mary].

Kate, Amy and George also identify somatic symptoms along with the remedies they have found helpful. George's resolution was more extreme - he changed his workplace with positive outcome!

Just sort of gripy tummy. I really have to be quite stressed to get them, I recognise that but I tend to get tightness in my neck and shoulders. What I'd really love is a spinal massage every second day! That would really help, it would be good. Actually I find physical exercise does a really good job for me. A swim is great. Often I can go into the pool feeling completely shitty but I invariably come out feeling great [Kate].

Yes. I had (physical symptoms) at one stage. That was before I got into social work actually. I had a bad problem with an uneven pace in my heart, palpitations, that sort of stuff. Once I sort of asked more about what was going on and what it was and learnt meditation, I don't have any trouble with it. I think meditation has really helped me. That's another way I de-stress myself...I do get very tired - and then I go to bed [Amy].

Lots. I injured my back when I was young and have always suffered headaches and migraines and if I'm stressed I'll get a headache or a migraine fairly quickly. I'm prone to them anyway but if things tighten up, I'll get one you can guarantee. When I was working (in my previous job) I had dermatitis and it refused to heal which was stress related. I left and three weeks later it cleared up! [George]

Addiction issues

In discussion around addiction issues, both Paddy and George recognise their potential for alcoholism, and George for abuse of marijuana. In extending the queries to wider areas of compulsive, obsessive or allied symptoms, most participants identified anxiety and/or depression as problematic from time to time. There appears to be an underlying thread of maintaining control, more clearly mentioned by Kate. She also identifies a tendency to seek relief from stress in food, especially chocolate!

> I would consider that I almost became an alcoholic when I was probably between twenty-eight and thirty-one. I would say a self-recognised one. No one told me that but I think it was part of depression... I identified myself as being a lesbian, just lots of things that came to a head. I think that I could have become an alcoholic, I was a heavy drinker. We drank a lot in the services. I drank until I was full. Friends will tell you that they have never seen anyone drink like me and still be walking... I would say that was probably the angry stage for me - like angry at my family, my parents, I don't know really but during that journey I also learnt that I was at risk.
>
> When I reflect now as a social worker, it was probably going to happen anyway. I'm really glad I gained some skills somewhere along the line to stop [Paddy].
>
> Alcohol, I have the potential. My first posting to the North Island, I knew nobody. We had a guy temporarily working for us who came with a whole lot of marijuana...I started to use it for the wrong reasons...it was loneliness and I had nothing to do... I had to keep that in balance...it's something to stay away from.
>
> I've never had any interest in gambling. I'm probably too much of a pessimist. I'm going to lose so what's the point. Whether that's a mechanism to stop me doing it, I don't know. Anxiety can often get a good grip... I can get depressed but it tends to be up and down quite quickly, doesn't sustain for any length of time [George].
>
> Drink has never been a problem, I can take it or leave it. Depression - yes I think there have been times in my life when I have been very depressed, especially during my second marriage. I guess I came to realise that my husband had some strong underlying motives for wanting to marry me. At the time I wasn't so aware but subconsciously perhaps I was and I would cry and cry and cry for hour after hour - I think I was very depressed a lot of that time. Anxiety, I think probably. My most anxious moments are when my children are threatened with something or are in danger... That for me is real anxiety. I'm not really

> obsessive about things. I like things to be neat and tidy. Clean I think is probably more important [Mary].

> I don't think I'm a real addiction candidate because I actually don't like being out of it that much. If someone said you're never allowed to drink wine again, I'd sort of think "well that's sad" but it's not huge. I think I've probably got elements of eating obsessively at times...a stress thing - chocolate [Kate].

Emily is more emotive in her description of the effect of the stresses in the workplace on her anxiety, together with the potential for burnout.

> The anxiety, the pressure, (the agency) stuff...sometimes too sensitive to move I think, afraid of doing the wrong thing... I notice the way things haunt me when I'm sleeping, they all walk past at night in the mirror saying you're a failure, you're a failure, look at yourself - dividing line there, that's burnout territory [Emily].

Therapy/counselling

The therapy or counselling that has been sought by participants varies in extensiveness and intensity. Considerable benefit has been recognised from participating in group-work, particularly women's groups and in areas of self-development. The value of like-minded friends, and the input of peers and supervision is recognised. Some believe they would still benefit from the appropriate counselling if it were available and accessible, when the time is right.

> I've had a couple of sessions of counselling to do with my relationship with my Mum and some of that childhood stuff... We actually couldn't afford it... I really wanted to do it then... In the last couple of years I've had a couple of sessions and I didn't particularly like the counsellor, didn't find her helpful. I've been quite involved in the local rape crisis group, and that group has done...a lot of personal growth stuff, peer support and sort of self-help... A few of the aspects were with a group of women, and I think a lot of stuff I've addressed as part of that or as part of other relationships… If I had the money I think I would probably have done (more) [Kate].

> I've done my own personal analysis. I should have done that in my twenties. I did four years (of individual psychotherapy) and that made a big difference to me and I wish I had done it before. I've done quite a lot of group experiences, but it's not the same as your own

> individual journey in a steady, consistent fashion. I really believe in that for people who want it and who have had some difficult sort of childhood like I had [Amy].

> It was only because the doctor referred me to someone... I give thanks to that doctor for doing that and on that journey I learnt about not drinking, like it just wasn't on. I had begun social work in a much more serious way then, real social work so to speak [Paddy].

> I've been very lucky that I've developed some quite close friendships, women friends, and I've had this fortunate experience of being able to share so much and get rid of a lot of stuff. The only counselling I've had was ordered by the Family Court for access and custody. I think it is being able to disclose and share with somebody and really be free to do that and it's a very spiritual thing... I've had pretty good supervisors I've been able to share personal things with, to help move me on if I got stuck in a personal situation too. I've been quite lucky there [Mary].

With considerable clarity and expression, Emily explains the needs and benefits of counselling and allied intervention for her.

> You've got to know what your own stuff is first. (That happened) very slowly - counselling, supervision and women's stuff a lot, consciousness raising groups in the early part of the women's movement. Once someone made you look at it once - I think someone has to say to you, "when else has this happened, when else have you felt this angry about something". They have to make you see the connections - I didn't want to see them. I didn't want to see them because admitting they are there is admitting some sort of failure and that's back to the same thing - if I get it wrong all hell will break loose [Emily}.

George states that he would "definitely" benefit from counselling. He begins with what he needs also in the work-place.

> Not stress-management, for work-related (issues) because those needs are not being met by work - by social work supervision not case management - it's a big difference! The catalyst (for counselling) is actually thinking, "probably should" and stepping over and actually doing it. I haven't quite got over (to) that yet [George].

The importance and value of adequate supervision continues to play an important part in

the area of self-awareness and self-knowledge and respondents are clear that they require more than case-management. Amy looks back at a time when good supervision was not available to her and the difficulties that caused. Mary recognises the value of outside input when supervision is less than adequate.

> Looking back, I don't think there was enough training, not enough supervision and I didn't actually know enough about what I was doing or have enough chance to actually get a forum for exploring. Supervision was largely case oriented, you just did it in terms of case management and stuff so I didn't really go into it a lot and I was stuck too, I was not wanting to think too much myself either... I over-involved myself to a massive extent. I did far more than I should have really [Amy].

> I find honesty is very important there and I have to have that trust and respect for that supervisor to be able to come to them and say I need help with this problem. I don't know if I'm stuck or the client is stuck. It's getting professional input which is very or most important I think, and supportive. I haven't always been fortunate to have that within my work structure, however I'm very fortunate in having contacts who do have those skills and I know I can access them [Mary].

5.2 Change in practice over time

The focus of this section is what participants see as change and growth in their practice since they began working in social work. Throughout this section change has been included as part of their process in a more general sense and participants have been more focussed in their description and explanation of that change.

Categories become more difficult to separate as participants continue to make connections and move between the categories as they explain and at times appear to analyse their process. In this section therefore, the words of participants will be largely left to speak for themselves, to present their own understandings and reflections. In general, participants report change in practice style over time and categories include the integration of theory and practice, the impact of increased knowledge and experience, connection with their family of origin experiences, awareness of self and self development, and ongoing learning and development.

Integration of theory and practice

Overall, participants report that developing a style that is their own and incorporating theory and practice, has been important in their change and growth as practitioners. Emily introduces this category with a statement about how she believes "people like (her)" come into social work.

> You go into (social work) with a do-gooding, rescuing the world, sort of "I know what it is like, I want to help other people". I think my practice back then, before I had any social work training, was pretty haphazard and amateurish. I think I got more realistic. I suppose I thought I could change the world [Emily].

Participants report that developing a style that is their own, and further, recognising the importance of a theoretical base, has been valuable in the extension of their practice skills.

> Probably the biggest change is going in a particular direction. I can look back and say it's been heading in that direction all along - That's developing a style of practice that suits me [George].

> I think if you've been working in a particular area for a while you're sort of working from almost like a general knowledge base but it's quite a specialist knowledge base. When you talk to other people who have got a different perspective you realise you have quite a unique perspective as a social worker. I've developed that a lot and that's really helpful to me in my work [Kate].

> The other aspect of practice that I think has developed a lot is my ability to understand or perceive and understand the process in all sorts of ways, group process, individual processes, inside people, all sorts of things [Amy].

> How the academic side has (changed my practice) - I think that when I first began, it was like - it's a rain cloud on top of that mountain, you just don't know how it's a rain cloud. Well now I know that it's a rain cloud and how it became a rain cloud. The academic stuff since I've been at university has validated the Maori work I do [Paddy].

Impact of increased knowledge and experience

Experience, including life experience has been seen to have had considerable effect on

practice over time. To be able to stand back from the situation and allow time for reflection is seen as part of the process of change.

> I think I've learnt patience over the years. It's sitting back, taking part of a tack, coming at it from another angle. I continue to just keep trying...just stay in there and take some time. Most of that comes with knowledge as you take on more knowledge, bump into new people, learn new skills. You think, "I like that, I'll adopt that". Other things you throw away [George].

> In ten years you move a whole lot, the combination of experience and reflection, talking it through and getting some right and some wrong, I suppose, and trying to analyse it as you go along, you've got to learn. Sometimes I think I know so much so quickly, comparing it with students or younger social workers.

> People learn by experience. Some of us are like sponges. We absorb experience plus knowledge as we go along. Some of the clients we don't do well (with), they never seem to learn. They go out and make the same mistakes again and again... It all comes together sometimes and I think "ah! I'm doing social work" [Emily].

> I think generally I've got a lot more confident and a lot more knowledge about the work I am doing...partly through experience in the work and experience in the world and also through my reading and learning and talking to people and just growing generally. I think I probably see things as less black and white. I don't like to get into that role of making judgements about people's lives, but I am happy to facilitate people to make those judgements for themselves... There's no way I'd ever get involved in any sort of social work that was very directive or persuasive of what people should do - so that's probably a change [Kate].

> The learning has come over time. The logic comes from my background I think, but I think the social work practice stuff has come with time and particularly working with good base social workers, some good grounding stuff [Paddy].

Connections, self-awareness, self-knowledge

Making the connections with their family of origin experience, and a growth in self-awareness and self-knowledge is reported as adding to changes in practice and as having a positive effect on the development of practice-style.

> It's probably true that I am drawn into working with kids that have experienced similar

things to what I did. I've got a commitment to them and I think probably having had the life experiences that I've had has made me a bit more understanding of the issues and complexities of it really.

I think personal changes, like having my own children over the last eight years, I think that's given me just heaps more practical knowledge and experience about what it's like for parents and children, and a maturity in a different role... I think I'm probably a lot more empathetic.

I have made the connection back to my childhood. I come from a feminist philosophy really and I've got a staunch feeling about what women should have to put up with and again I've got a really strong commitment to non-violence in relationships and I'm really interested in things like mediation and facilitation, and non-violent parenting techniques. I don't know whether I'd want to be so committed to some of those ideals had I not had the experience I had [Kate].

It's a self-awareness thing. I've just come to know myself recently, what I want of life, my goals, how I can reach them. It's having that freedom and not being accountable or answerable to somebody who demands that, it's forming my own accountability, my own process and being answerable in a responsible way - and it's education, educating myself to all these different ways of practising safely.

It's been a slow process of self-awareness and finding out about me and I'm learning to respond rather than react to things. It's learning to actually communicate properly, that's been a big plus I think, and to listen to others and really take it on board instead of processing your own stuff, actually listening to what others are saying. I don't know if that was taught or learned, it was just something that (seemed to come) automatically with me [Mary].

Growing up in the sort of family (I have), whether you like it or not, you know they tell lies. Other social workers say to me, "he seems so genuine". I think, "yeah, I know that line". They tell lies, they tell good lies, they are good at telling lies. It's so necessary, they practice it so much, they know what works and what doesn't [Emily].

I think that looking back, eighteen years anyway, my practice has deepened and my ability to help people faster has increased, and my ability to go deeper has increased and that's directly proportionate to my self-awareness.

The thing that I would say that has been the most significant influence in my practice was

> my analysis and that makes such a difference to have actually understood a whole lot more issues and themes and all the rest of it and that's one of the things that has been very important [Amy].

Ongoing learning and development

Throughout the interview process, in various ways, participants have reported what appears to be an ongoing need to know, an eagerness to read and learn. Mary restates this position here. Other participants refer to what they have learnt from other practitioners, as being invaluable for their developing practice.

> I suppose It's just skills you gain whether it be through hands on experience, through doing courses, workshops, reading material - as I say, I've read a lot, I've hungered for knowledge [Mary].

> (My practice) has developed through supervision and training and my own awareness of myself and working in places where I was in teams with people who were very well trained. I had the fortune to work with two or three people who were very well trained psycho-dynamically, and that made me realise and I learnt an awful lot about a sense of, to do with transference and counter-transference and process and conscious things.

> I use all those things now to do my social work and my counselling and my therapy. Working in clinics for twelve years within teams, it makes a big difference, and sort of give each other feedback and see how other people work and trying out different styles and different models, being exposed to lots of different things that make a massive difference to your practice too [Amy].

> At the moment, we work in conjunction with counsellors and often we share cases. They come from a variety of models or frameworks, some are quite compatible with my style of social work, others not. We have discussions and arguments over things... One counsellor has influenced me quite dramatically, like I'll go and talk to children with some issues I wouldn't (have before) [George].

It appears that overall change has been accepted as continual and ongoing. George has some final words on his own process.

> A constant state of change, but no dramatic jumps [George].

At the end of the interviews, participants were asked if there was anything else they might like to add. Responses were varied but valuable. They are left to speak for themselves.

> There's so much and if I ever had the time and energy! One day I'm going to write a book! [Mary]

> Oh! I could fill a thousand tapes, I think! [Paddy]

> I remember I used to drink to forget and I used to think about my mother - maybe that's what she was doing [Paddy].

> People like me are good at being aware of other people's reactions and feelings and body language and whatever. Children of alcoholics will tip toe around drunken parents, watching their every move. I think it's probably the most common characteristic, that awareness of what sort of state the adults are in [Emily].

> I know that even though my father was alcoholic and that he was violent towards my mother, if someone had come along and said "that's terrible, you shouldn't have been living with him, he should be moved out of the house", there is no way I would have wanted that to happen [Kate].

> The thing that I think is terribly important and often isn't acknowledged enough is the importance of training. I don't think looking back at my first social work job I should have been let loose with clients until I'd done more training. I think people shouldn't actually, not until they've had some proper training, the apprentice type of training. I think that's the best way to actually learn. You can have theory...it's actually putting it into practice, that sort of moving, that sort of moulding to the actual work that you do, the practice that you do with clients - I think that should be supervised. People should be trained much, much more than they ever are, even now [Amy].

5.3 Conclusion

For participants, the legacy of childhood in an alcoholic family appears to be carried through to the workplace. For those interviewed, this background has been seen as both working for them and, on occasions, against them. Practitioners have shown considerable insight and ability to learn and change, and present as a highly skilled

group of social workers. Recognition of issues as they have surfaced over time, often through personal growth and knowledge, has been advanced by valuable input from others, including peers and friends and, more formally in the workplace, by supervision. Personal analysis and counselling, both individual and group work, have been seen as important. Participants appear to be well suited to the areas of practice they have chosen, to be aware of when their boundaries are stretched, and to be able to recognise when their stress levels need attention - even if they sometimes push themselves to the limit!

It appears that, despite the variability within the group, the participants present as a competent, although not invulnerable, group. Using in the first instance, the coping and survival skills they have learnt as children, change has occurred through developmental ages and stages, particularly with growth in cognitive skills. It is suggested that the concept of resilience provides an understanding of how the detrimental effects of such family life can be overcome, how some people who have come from these families can go on to lead successful, and apparently well-functioning lives. It appears that social work is a profession where identification with childhood trauma may well add to one's expertise!

6 Discussion

This chapter pulls together the information gathered from the narrative stories of participants. It connects this information with that from previous studies and writings and provides an understanding and clarification of some of the themes that have emerged from the analysis of the data.

The aim of this research was to gather information from social workers who had been raised in alcoholic families, and self-identified as such, in an attempt to understand how they had coped and dealt with their family experience. The factors associated with the concept of resilience were basic to this understanding. The knowledge gained was intended to raise awareness, to add to the knowledge of professionals and social workers in the field and to provide a background for further research.

The discussion will be presented in two sections. The first of these will address the intra-personal factors that appear to protect against or mitigate the effects of growing up in adverse circumstances. These include individual attributes and coping strategies, factors within the family and factors within the environment. The second section will move into the area of clinical practice and discuss the implications that emerge for participants in their work environment. Within both sections, intra-group differences, that is the differences that are evidenced between participants, will be identified. As previously noted, although information and discussion will be separated into discrete categories, at times there will be considerable overlap, which may require comment.

6.1 Incorporating the concept of resilience

The current study, told through the stories of participants themselves, talks of their experiences and interpretations of living in an alcoholic family. The participants, five female and one male, all adult children of alcoholics and currently employed as social workers, have provided retrospective reports of their life experiences. Four participants

had alcoholic fathers, one an alcoholic mother and one reported both her mother and father as alcoholic.

It is of note that although belonging to an ACoA family is no longer central to the identity of participants. It is a significant part of their life history and has had a significant impact on the people they now are. They have described the effect that their families have had on the way they currently perceive themselves. As the information was collected retrospectively, it is likely that the participants' perceptions have changed over time.

All participants have reported living through neglect and abuse, becoming aware of this at different life stages, some not recognising that the drinking in their families was not "normal" until adolescence, others feeling embarrassed and increasingly isolated by it. Their stories appear to be those of people prevailing through difficulty. Relevant factors include specific characteristics of family environments and relationships with care-givers, extended family and other significant people, individual differences in cognitive processes, including individual attributes and the interpretations they bring to their experiences. They present as having made successful adaptations to life's circumstances, resulting in positive functioning and competence.

The belief that children can be subject to an abusive background throughout their childhood and adolescence and remain unaffected by it, is not supported by research in this area, particularly research in the area of child development and attachment (see e.g., Anthony, 1987; Crittenden, 1992a; Egeland, 1993; Farber & Egeland, 1987; Herrenkohl, Herrenkohl & Egolf, 1994; Masten, Best & Garmezy, 1991; Werner, 1995; Werner & Smith, 1992; Zimrin, 1986). Participants in this study generally acknowledge that, although they have learnt how to cope and deal with their past experiences, some effect of being brought up in an alcoholic family still remains.

The question to be answered is what made these children of alcoholics different from the

many that the literature reports as disturbed and dysfunctional, and what are the protective factors than enabled them to survive. Negative, long-term consequences characterise many adult children of alcoholics who seek treatment. This study presents another population of adult children of alcoholics who appear to present with a more positive psychological profile than is generally presented in the clinical and popular writings.

To survive an abusive childhood, a child needs to develop coping strategies that protect her or him as far as possible from the abuse and its effects as well as from the responsibility, self-blame or guilt they may feel. As the child develops coping strategies change. The ability to revise and integrate the range of these strategies is central to the construct referred to as resiliency (McDowell, 1995).

Research and writings on the concept of resiliency show that there is considerable variation in competence (across domains) in those labelled as resilient. This raises a number of questions especially in the covert areas of emotional well-being, not the least of these being the cost of resiliency. For some, the cost of resiliency is a significant negative impact on other areas of personal functioning. An individual can be termed resilient on the basis of competence in overt areas such as academic performance and social skills despite experiencing, for example, high levels of depression or anxiety. Fundamental to this are assumptions about normal functioning which imply that competence as presented, overtly carries over into all other domains or areas. The findings of McDowell (1995), and other writings suggest that the cost of resiliency is borne in the domain of emotional well-being.

6.2 Differences in psychological outcomes among ACoA

As reported in chapter two, not all adult children from alcoholic families report being similarly negatively affected by their family experience. Many present as having passed through the developmental stages with a high degree of positive resolution that enables them to achieve a satisfactory life-style (see e.g., Ackerman, 1987; Clair & Genest, 1987;

Wolin, 1991). Further research suggests various factors that operate singly or collectively to produce a variety of psychological outcomes. Beginning in the mid 80's, there emerged increasing interest in the study of young people who, despite high-risk status, chronic stress, or prolonged or severe trauma, were described as having a capacity for successful adaptation, positive functioning and competence; a concept identified as resiliency (see e.g., Garmezy, 1991; Herrenkohl et al., 1994; Masten, 1989; Rutter, 1987; Werner, 1986, 1995).

6.3 Protective factors

Protective factors associated with adaptation and competence that appear to have protected against or mitigated the effects of growing up in adverse circumstances and may be seen to foster resilience in high risk situations can be separated into three categories (Garmezy, 1991; Masten, 1989; McDowell, 1995). In this discussion, the categories are delineated as follows. The first category, intra-personal protective factors, includes a) the individual attributes of the child (birth order, gender, temperament and personality, and intelligence), b) social components such as self-esteem and mastery beliefs, and c) coping style and strategies (physical and cognitive escape, strength from overcoming adversity). The second category incorporates the more specific characteristics of the family system, including relationships with the primary caregiver(s), extended family and other significant family members. The final category explores the relevance of factors in the environment, environmental resources such as supportive social relationships, socio-cultural factors and interpersonal factors such as the ability of the individual to access the help and the input of others.

6.3.1 Intra-personal protective factors

Intra-personal protective factors are associated with adaptation and competence in situations where maladaptation and incompetence could be expected (Garmezy, 1994; Werner & Smith, 1992). They include: Individual, personal attributes and differences in cognitive processes, together with social components and the interpretations individuals make of their experiences, the ability to cope and to revise and adapt coping strategies

over time.

a) Personal attributes

The personal attributes that have been associated with adaptation and competence for children raised in high-risk situations that have been found relevant to this study, relate to birth order, gender, temperament and personality, and intelligence.

Birth order

Studies of the effect of birth order on adjustment to living in an alcoholic home have shown firstborn children to exhibit more resilience that middle and later born children, with a higher ability to cope and deal with stress (Keltner, McIntyre, & Gee, 1986; Werner, 1986, 1995). Werner (1986) further found that resilient first-born children had been able to access a high level of attention from the primary caregiver(s)in the first two years of life and hence had been able to develop an appropriate and secure parent-child relationship.

The current study concurs with the finding that the availability of parents during the first two years of life is important (Werner, 1986). Emily, George and Mary are the eldest in their families, whilst Amy, Paddy and Kate were brought up as only children and hence had no younger siblings competing for their parents' attention. Positive parent-child relationships in childhood were identified variously by all participants in this study. Emily, Mary, Paddy and Kate all report themselves as "special" to their alcoholic fathers. George also identifies himself as "special" because of his position as eldest grandchild. Amy did not talk of being special, but acknowledged the positive input for her first four years of three adults (her mother, grandmother and aunt), alongside her position as an only child.

Gender

Although various studies suggest that gender may influence response to adversity, and some differences related to gender and age have been shown, the issues are complex. Some studies suggest females may be less reactive to family stress than males (e.g.,

Hetherington, 1989), but that they are likely to show increased vulnerability in adolescence (e.g., Masten et al., 1991; Werner & Smith, 1992). In their study of adolescent resiliency to family adversity, Fergusson and Lynskey (1996) found no indication that females were more resilient than males. As argued by McDowell (1995), such findings highlight the difficulties presented in attempting to separate gender from the influences of developmental and socialisation processes and from the situational context. However, Jarmas and Kazak (1992) suggest that sons and daughters of alcoholic fathers have a high degree of commonality of experience, borne out in their study on the effect of alcoholic fathers on children, in the consistency of the effect on children irrespective of gender. In this study, with George the only male, no significant difference was evidenced to either support or negate gender influence on behaviour or outcome for participants.

Temperament and personality

A temperament characterised by early childhood behaviour that is able to elicit a positive response from caregivers has been found to be protective against the effects of growing up in adverse circumstances. Infants that show such characteristics are described as more affectionate, positive in mood and adaptable to change (Wyman, Cowen, Work, Raoof, Gribble, Parker & Wannon, 1992). McDowell (1995) suggests these children are considered to be easy to care for and easy to relate to. They respond positively to attention or stimulation and have a pleasant disposition. By school age they appear to have developed considerable autonomy and an ability to access help when necessary (Werner, 1995).

Temperament and personality of participants in this study appear to be similar to those of participants in previous studies in which it has been suggested that an easy temperament in early life results in positive coping skills in later life (e.g., Werner & Smith, 1992). At adolescence, a stronger and more positive temperament appeared to have developed in participants. Most took every opportunity available to spend more time outside the home, and all except Emily left home as they left school. Emily, although staying within the

home, decided to take a stand against her violent father and became more supportive of her mother. This led to considerable escalation in the family disruption, and eventually her father's violence made it necessary for her also to leave home. Amy and George also began to challenge the status quo at this time. Other participants report similar escalation in family violence around the time they left home, as they took a stronger stand. Emerging strength of temperament may be seen to have increased the conflict and abuse (Berger, 1985). More positively, the development of a difficult or strong temperament appears to have led to a developing self-reliance (McDowell, 1995).

Intelligence

Participants in this study have all been shown to have considerable academic success and good cognitive ability which fits with the research that suggests the stabilising and protective factor of at least an average IQ (e.g., Fergusson & Lynskey, 1996; Herrenkohl et al., 1994; Masten et al., 1988; Werner, 1995).

Temperament and intelligence have also been linked with educational and vocational abilities and successes which are associated with positive outcomes such as gaining approval, access to resources, and self-esteem (McDowell, 1995). All participants have followed through with tertiary education, albeit only Amy went straight to university when she left home. It appears that the other participants did not consider undertaking higher education until later in life. Academic success at school was varied. As children, participants enjoyed and succeeded at school but as the reality of their home situations become evident in adolescence, access to resources, challenges to self-esteem and the need to separate from the family took higher priority. Paddy talks of difficulties in achieving her learning goals because of instability in her schooling. Emily took a considerable time to accept she had the intelligence to achieve scholastically. In early adulthood, self-esteem was generally not high. However, over time participants became better able make sense of stressful life events and to work out strategies for coping with difficulties either through their own efforts or by seeking out others who could help (Werner, 1995).

b) Social components

The social components, the interactive representation of the individual's temperament and personality, are further explored in this sub-section. Those found relevant to this study include a development of self-esteem including mastery beliefs and an internal locus of control, a sense of responsibility, loyalty and empathy, and an ability to form and utilise relationships.

Self esteem

Rutter (1991) suggests that not only experiences but also the timing of experiences and how these are perceived and responded to, play a considerable part in reducing possible negative chain reactions, cultivating self-efficacy and self-esteem through accessible, supportive and secure personal relationships, and creating opportunities for success in achieving goals.

The ability to make sense of inconsistency, to be able to differentiate between what is negatively attributed to them and reality is seen to assist in the development of a positive self-concept (Zimrin, 1986). Further studies suggest that a belief in one's own effectiveness is necessary for the development of self-confidence and self-efficacy (Herrenkohl et al., 1994; Parker, Cowen, Work & Wyman, 1990; Werner & Smith, 1992).

In childhood, participants varied in their ability to make sense of their situations although in general they accepted the situation as it was. Emily's grandmother clearly indicated that Emily's father was alcoholic whereas Amy's grandmother denied the reality of her mother's alcoholic behaviour. George managed more successfully to physically escape from the situation to his grandparents. Situations and understanding changed somewhat at adolescence as participants' own cognitive abilities developed and more contact with other families occurred. An increase in conflict in most homes occurred at this time, as perceived by the adolescent, and gradually they either began to assert themselves in the home or to develop strategies to escape. Overall, however, participants believed that their parents, despite their often negative or abusive behaviour, loved them.

Masten et al. (1990) argue that more successful mastery of the challenges that life presents, is expected to increase self-efficacy, reinforce self-confidence and increase the possibility of being able to take effective action in subsequent difficult situations. This aligns with the belief that an internal locus of control (the feeling of being able to effect some control and influence over one's own destiny), contributes to adjustment, adds to success in changing perceived negative outcomes, and has an ongoing positive effect for the next generation (Herrenkohl et al., 1994; Parker et al., 1990; Werner, 1986).

Loyalty

All participants presented with some ambivalent feelings towards their abusive parents although also with some semblance of loyalty. As children, Emily and Amy, in particular, were aware of the inconsistencies and anomalies and had difficulty in making sense of the situation. Being able to make some sense of the inconsistency, an ability that grows and possibly changes with age is seen to aid in the development of a positive self-concept (Downey & Walker, 1989).

In adolescence, participants were considerably loyal in keeping the family secrets to protect the family reality, despite considerable ambivalence regarding their parents and in trying to make sense of their parents' behaviour - a combination of loving their parents, but hating the abusive behaviour. It appeared that it was not until adulthood, when participants recognised the possibility for change and were trying and ultimately succeeding in not repeating the ways in which they were parented that they began to understand but not excuse their parents behaviour. McDowell (1995) suggests that an important aspect of healing may be to acknowledge the positives of their parents' parenting, to present a balance that acknowledges the ambivalence, but recognises that the effects are not all encompassing, that change is possible. However, as participants moved through the adolescent stage of development, they gained a deepening understanding of the family dynamics. They were still generally unable to talk about family issues with others, but began to become aware that other people had some understanding of their

situation and were sometimes available to provide support and time out from the family. Mary, perhaps, was the most strongly loyal of all, loyal to her alcoholic and abusive father, to whom she was strongly attached as the only significant adult in her life over many years. Emily's loyalty played some part in preventing her from leaving home because of her protectiveness towards her mother and brothers. Amy was faced with conflicting loyalties. Her extended family attempted to get her to care for her mother, and it was not without some "guilt" that she left home to go to university.

Social skills and ability to form and utilise relationships.

Social skills and social interactions, the ability to make friends and develop other positive relationships, together with personal qualities such as empathy, loyalty and responsibility are some of the interpersonal skills that have been attributed to protecting against stress (Luthar, 1991; Parker et al., 1990).

Being able to choose friends and form relationships provided some independence and opportunities for respondents to behave in ways other than those necessitated by the home environment. Learning to express oneself in a different manner and to enjoy life more, led to a growing sense of autonomy and independence. Some had supportive relationships with teachers at school, some with neighbours or the parents of friends; for Kate it was the work-mates of her father. As more mature adults, participants spoke of the importance of a strong network of friends, for the female participants in particular, their women friends.

Throughout childhood the situation became more difficult. As children, participants believed their families were normal. Gradually, they report becoming aware that what they thought was "normal", was different from other families' perceptions of normality. Initially, relationships within the family and extended family were important. The importance of the concept of attachment will be explored later in the chapter. When, as school-aged children, participants widened their contact with others (such as teachers, friends and friends' families), they gradually found there were some people who could be trusted and with whom they could feel safe, whose company they enjoyed and who

provided opportunities to learn that other families lived differently. This learning process was not easy. Emily, for instance, had more difficulty in trusting others after an early attempt to talk about her home situation failed. However, all chose to be involved in activities that took them outside the home (for example fishing and hunting, horse-riding, sport, music, bible class, guiding and drama). These outside interests provided a welcome alternative to the often stressful home environment and together with reading which all participants enjoyed, extended their knowledge of the outside world.

Responsibility

Some children from alcoholic families, often the eldest child, take on responsibilities and behaviours beyond their years. Within their families these responsibilities often include parental and care-taking roles (Keltner et al., 1986; Brown, 1988). Responsibility beyond the capabilities of a child, such as the assumption of parental or care-giving role for sibling/s or parent can be overwhelming with subsequent detrimental effect on the child (Baily & Baily, 1986; Dunn, 1993). However, responsibility that is appropriate and manageable, such as the requirement to carry out some socially desirable task to prevent others in family or community from experiencing distress or discomfort, has been associated with resiliency and improved mental health status (Werner & Smith, 1992; Zimrin, 1986). Taking on the competencies of a parenting role has also been found to boost self-esteem and provide a sense of control (Mrazek and Mrazek, 1987).

For participants the effect was varied. Emily and Mary both had a strong sense of responsibility for their respective siblings. Emily, after she decided to stand up to her father, also took on some responsibility for protecting her mother from her father's abuse. Mary talked of being protective of her sister, of being the care-taker, throughout her early childhood. Later she and her sister collaborated to protect each other. Amy talked of some pressure she felt from her extended family to do more for her mother. She felt powerless to effect any change, with subsequent feelings of inadequacy and guilt. Emily and Mary, as eldest children, related to the responsibilities and expectations associated with being the oldest. In line with the findings of McDowell (1995), this study suggests that

responsibility for others may be linked with themes of feeling loved and gaining strength from overcoming adversity.

Empathy

Empathy, identifying with and being able to help others, is an interpersonal quality associated with stress-resilience (Parker et al., 1990). McDowell (1995) suggests it is a skill which elicits positive response from others and has been associated with helping the individual to overcome the effects of her or his own past. Wolin (1991) extends this to suggest empathy, together with introspection and clear thinking, is a strength of survivors of alcoholic (and similarly dysfunctional) families, that has developed from an early sensory awareness.

Participants became more aware of the concept of empathy in adulthood and talked about it in relation to the work they are involved in. Participants connected with coming into social work and working with children and families, because of the impact of their own family experiences. Kate talks specifically of strong empathy and commitment towards children with backgrounds of violence and family distress. Mary speaks of the helping role she has had all her life, and Amy of the difficulties and problems of her own childhood. Emily reports a need to make sense of the injustice of it all. Most acknowledge that, at least in early stages, they brought their own experience into their work. Paddy mentions clearly that she is aware that similar experiences do not necessarily have the same impact for others. Generally, participants accept that their empathy, sensitivity, and understanding has increased over time as they have become more aware of and begun to deal with their pasts.

At the time of interviewing, participants presented as capable, loyal, empathetic individuals with good social skills who can be seen to have extended their sensitivities, empathy and understanding to manage their lives and careers with positivity and understanding.

c) Coping strategies

The ability to revise and adapt one's coping strategies, or competencies, incorporates the concept of resiliency. Resiliency includes a cluster of factors both protective and compensatory that recognises the process of adaptation and the effect of changes in genetic and environmental factors over time. Mrazek & Mrazek (1987) suggest that developmental processes, changes in support systems and age-appropriateness of coping mechanisms need to be taken into account.

In line with this, participants showed a considerable change in coping skills from childhood and early adolescence, when they had little opportunity to leave the family environment, to later adolescence and adulthood when they were able to make changes for themselves. There were less opportunities in childhood to compare their own home life with others but participants report feeling ashamed or embarrassed about taking friends home. However, from their early years participants showed signs of an ability to access positive input and support. Escaping cognitively was common in childhood, and the ability to do so was reported to have continued and developed through the life stages. In adolescence through to adulthood, leaving the abusive home environment provided opportunities for time out, extending social skills and making changes. In later adolescence through to adulthood, counselling or therapy and often the group process and learning of consciousness-raising and/or therapeutic groups were found valuable. Strength gained from overcoming adversity, together with humour, optimism and hope, and the feeling of being loved were ways of coping that spanned all developmental stages (McDowell, 1995).

Cognitive escape from situation

Some children discover that cognitive strategies provide a means for them to separate themselves from the difficulties and pain of dealing with their abusive family environment (Mrazek & Mrazek, 1987). The findings of this study suggest that escaping cognitively or emotionally, helped prevent participants from becoming overwhelmed by their situations and enabled them to better cope with what often seemed to be never-ending isolation,

shame, embarrassment, guilt, confusion or helplessness. Strategies for participants included engaging in fantasy, being involved in music and drama, learning poetry, and reading. For instance, music was reported as an escape for Kate, drama as a release from the pressures of home for Mary. Of all of these strategies, reading was the most common. As well as an "escape" or "release" from the realities of life, and a time-filler when alone or lonely, reading was seen as a source of knowledge and information. Emily, for example, reports reading a whole set of children's encyclopedias, and learning all the poems in them. All participants still enjoy reading both as a leisure-time activity and for learning, and also as a time for themselves.

Physical escape from situation

Werner (1995), in her study on resiliency, found that high-risk individuals who had overcome the odds, had interests, talents and personalities that led them to seek or create environments that reinforced and sustained an alternative and active approach to life. She suggests that adolescents in particular became more active in seeking extra-familial environments that were compatible and stimulating. Among the protective factors that emerged from her studies was the presence of a special interest such as a talent or hobby that was valued by elders or peers.

As previously noted, all participants had another active interest such as sport, horse riding, hunting and fishing, guiding. Operatics/drama, and music provided both cognitive and physical "time out". Support and encouragement from family members varied. Sports and outdoor activities were an outlet that provided a temporary physical escape for George, Emily and Paddy. George enjoyed hunting and fishing, initially with his grandfather, Emily was encouraged in her horse-riding by her father and was taken out of school for shows and hunts, and Paddy was involved in competitive sports although supported by the school, not her family. Involvement within the school in the drama group, was also important for Mary, as she was not allowed to cultivate outside friendships or to bring friends home. Kate was encouraged in her music by her parents whereas Amy appeared to have outside interests such as guiding and bible class that involved peers not family.

Participants reported these activities as important, enjoyable and providing a sense of achievement. They find that many of these interests, both cognitive and physical, are still enjoyed and seen as helpful strategies to maintain balance in their lives.

Strength from overcoming adversity

Self-efficacy and self-confidence have been identified in a number of studies as protective factors (e.g., Garmezy, 1985; Parker et al., 1990; Werner, 1995; Werner & Smith, 1992). These factors are often described as being related to being old enough to make and follow through on one's own decisions and having the ability to appraise stressful life events.

In early adolescence, participants reported a sense of increasing hopelessness and difficulty in effecting change. Over time their self-confidence and self-efficacy increased as they gained more control over their lives. This appeared to relate to being at a developmental stage where they had enough autonomy to be able not only to make decisions for themselves but also to carry them out. Actively changing behaviours or attitudes also provided ways of coping. Strength was gained from not accepting the abuse. For some participants this involved the need to stand up to the abuse despite sometimes negative consequences. Emily decided that she was no longer going to accept her father's violence and that if she did not do something, nobody else would. This led to an increase in her father's violence towards her. George also began to stand up to his father, with subsequent encouragement from his mother to leave home. For Amy it was more difficult to take a stand against the expectations of her extended family that she care for her mother. Her efforts to individuate, involved taking more time out of home and, as she left school, a move to university.

In early adulthood, some participants again experienced considerable difficulties. Kate, Mary and Emily report abusive relationships and George and Paddy a potential for personal addictions. Amy reports some suicidality, Mary, Emily and Amy depression. As adults, participants became more aware of their own inner strengths and personal resources. The process of change was variable for participants. However, their stories

showed an increasing awareness of the effect of their pasts as they became more aware of their own inner strengths and personal resources.

Hope, together with a belief in a better future and an ability to influence one's own destiny, have been recognised as features commonly found in resilient children (Mrazek & Mrazek, 1987; Werner & Smith, 1992; Zimrin, 1986). Participants described various factors that were part of the process which enabled them to identify and acknowledge the impact of their pasts and helped to provide them with the incentive and hope for a better future. Identified factors, as mentioned elsewhere in this discussion, included positive relationships with significant people, responsibilities, supportive partners, having children and their own therapy.

Most participants now mention the positive personal outcomes they have achieved as due, at least in part, to the learning they acquired from (or despite) their family experience. They present with optimism and hope for the future, an optimism and hope that has developed over time as they have gained more control of their lives and learnt to deal with the effects of their pasts.

McDowell (1995) warns that competence in overt areas of functioning may hide the reality of the situation, particularly if the coping strategies used allow the individual to present as positive and capable. She suggests that it is more difficult to recognise high anxiety, depression or over-compliance in many situations. In this study these traits have been reported variably by participants. Compliance was evidenced during childhood, whereas depression and anxiety were reported more overtly from adolescence through to adulthood.

6.3.2 Protective factors within the family

Although individual attributes are seen to provide considerable influence on positive outcomes for individual children, the impact of other specific characteristics, both protective and compensatory, from within the family environment have been found to act

as buffers to reduce the impact of stressful life events (e.g., Garmezy, 1994; Fergusson & Lynskey, 1996). In this study, of particular note have been relationships between the child and the primary caregiver/s and those between the child and the extended family. Alongside these considerations, the concept of attachment from childhood through the developmental stages, including adult relationships with partners and children, has also been notable.

Special relationships

For the child who has lived in an abusive family situation, a caring, loving and supportive relationship with a primary caregiver is recognised as significant (Masten et al., 1990; Mrazek & Mrazek, 1987; Weissmann Wind & Silvern, 1994). In a number of studies, the infant's attachment to at least one parent or other primary caregiver is consistently highlighted as an important protective factor (e.g., Egeland, Carlson & Sroufe, 1993; Masten et al., 1990; Weiss, 1991). Radke-Yarrow and Sherman (1990) identified the key characteristic of children who demonstrated competence despite adverse relationships and environmental factors, as their history of having received whatever emotional nurturance was available within the family.

Werner (1995) argues that the resilient child has had the opportunity to establish a close bond with at least one competent and stable person who is attuned to her or his needs and had received enough positive nurturing to establish a basic sense of trust. Further, she suggests resilient children are adept at recruiting substitute caregivers, often grandparents or older siblings and that this ability to form strong, supportive relationship/s within the family or extended family enhances the development of affectional ties that encourage trust, autonomy and initiative. Such relationships allow individuals to experience and learn appropriate ways of relating to others and enable them to form stable, intimate relationships as adults (McDowell, 1995).

Participants describe supportive, caring relationships within the family, and/or the extended family, as important in their lives. As children, Emily, Mary, Paddy and Kate

report that they were "special" to their alcoholic fathers, George special to his grandparents. However, it was their mothers who were generally seen as the nurturing and care-providing parents by Emily, Paddy and George. Mary, whose parents separated before she went to school, and who lived with her father, talks of the special affection she received from her mother. Amy reported as important, the support of her grandmother and aunt, with whom she and her alcoholic mother lived until she was four.

During childhood, extended family members were available and appeared to provide stability and structure to participants' lives, together with a sense of normalcy, safety and security, understanding, and fun without alcohol. George reported his grandparents, particularly his grandfather as important for time out. Emily found her grandmother provided balance. Amy's grandmother and aunt continued to provide stability. Paddy found safety with her whangaied mother. Kate found support and enjoyment with her cousin and family. Mary, who was at boarding school with her sister at this time, was closest to her sister and recalled a protective and care-giving relationship.

During adolescence, relationships within the family changed and perceptions of the power imbalances within the family began to develop as the young people began to form their own value systems and challenge those of their parents. There was a shift in feelings at this time, from acceptance of the status quo towards anger at the realisation that the home environment was not "normal", and the unfairness of it all. Weiss (1991) suggests that attachment seems to persist even when the attachment figure is neglecting or abusive, that although feelings of anger and abuse may be associated with attachment feelings and give rise to conflict, under threat security remains linked to the attachment figure. In this context, despite considerable violence, most participants describe their abusive parents in a somewhat positive way. For example, Paddy reports her father as generally gentle towards her and that she had a lot for which to be thankful. Kate talks of her love for her father, that he was a gentle and accepting man "in one sense", and easy to be around. Emily also saw her father as a gentle man and shy "when sober". She adored him as a child and

continued to try to please him. Mary remarked on her "amazing" loyalty to her father and George regrets not having had a closer relationship with his father.

As participants became older they showed an increasing understanding of the effect of the interactions between their parents and between their parents and the other members of the family system. Overall, emotional support and responsiveness was elicited by participants from various family and extended family members. When this support was not available or adequate, particularly from adolescence onwards, further worthwhile and supportive relationships within the wider social system, became important. These extended supports will be discussed in later sub-sections.

Partners

Although participants generally had experienced considerable difficulties with partners in early adulthood, they later appear to have worked through these issues and/or to have changed to more supportive partners. Kate, in particular, reports that her experience in an abusive alcoholic relationship, had a powerful effect on her understanding of her own vulnerability and of the repeating family pattern. Mary also became aware of her own susceptibility to repeat the family pattern when her husband emotionally, verbally and physically abused her son. Supportive partners were described as understanding and accepting, with individuals feeling loved and wanted for themselves. Many of the attributes and qualities described as important in partners were also those found relevant in the earlier years and described as present in the special person/s or significant other/s of that time.

Parenting

A supportive and caring partner is cited in a number of studies associated with good parenting in adults from families where various kinds of abuse have occurred (Egeland, Jacobvitz & Sroufe, 1988; Mrazek & Mrazek, 1987; Werner & Smith, 1992; McDowell, 1995). Kate, in particular, describes the value of a supportive partnership, the importance of positive communication, of being able to demonstrate feelings and have fun.

For some participants there were regrets that some of the patterns of their own childhoods were repeated. Paddy's daughter was sexually abused in their home when Paddy was drinking. She also reported hitting and "belting" her children before she realised she needed help to change. Mary realised she had to choose between her abusive husband and children, Amy and Emily recognised the negative effect their depression and subsequent behaviour had on their children.

Despite some ongoing concerns about the impact of their earlier parenting, and some acknowledgement of the possibility of a genetic susceptibility to alcoholism, the progress and changes participants made in loving and parenting their children seemed to offer hope for the future. Several participants presented with an underlying belief that it was possible to stop the intergenerational transmission of abusive behaviour.

Attachment

Attachment theory was not originally seen as an important part of this study, as it was seen as only minimally relevant at that time. However as the analysis progressed it appeared that connections emerged that drew on my clinical knowledge in this area. Increasingly as I revisited the literature on abusive families and relationships, and on later studies of resiliency, the writings on relationships with parents and extended family and the reporting of positive relationships on emotionally responsive parenting and attachment across the life cycle, captured my interest. Questions arose about a range of phenomena in the area of alcoholic families that had not been previously linked, to my knowledge. It appeared possible (and an area for further study) that out of their generally abusive backgrounds, the individuals involved had formed positive attachments that have influenced subsequent relationships and have had an effect on the interpersonal relationships that followed. An increasing number of studies have begun to emerge that follow-up children studied earlier, to examine the effects of secure and insecure attachment. In addition, an increasing number of retrospective studies have highlighted the importance of attachment and its continuation across the later stages of the life cycle (e.g.,

Ainsworth & Eichberg, 1991; Grossmann & Grossmann, 1991; Main, 1991).

Weiss (1991) in his study on the development of attachment as lifelong, argues that an attachment relationship is critical to continuing security and the maintenance of emotional stability. He suggests that parents are generally relinquished as attachment figures by the time the individual enters adulthood when the individual develops new bonds with partners and then with children. Grossmann and Grossmann (1991) include fathers in their research on patterns of attachment and suggest that the quality of parental attachment is also connected to the quality of peer relationships.

As the study progressed and connections were made with the protective factors for resiliency and competency, it seemed more and more likely that participants had received "good enough" parenting in their childhood. Whether this had been provided by participants' mothers, fathers or extended families, studies on attachment argue that well-being depends on securing the protection of attachment figures and that unresolved insecurities linger into adult life (Marris, 1991).

As the analysis of this study progressed, issues of depression and more often anxiety, were presented by participants. Together with what appeared to be a covert cost of resiliency, these issues alerted me once again to the theory of attachment. Clinical depression and anxiety are frequently the cause of presentation to mental health services. Liotti (1991) in his paper on attachment, suggests that anxiety often presents as a fear of separation from sources of security. Earlier studies on adult children of alcoholics suggest that anxiety and depression were significantly higher in alcoholic families (e.g., Tweed & Ryff, 1991). A further study (Reich, Earls, Frankel & Shayka, 1993) found adult children of alcoholics at risk for anxiety but no significant differences for depression. Depression was reported by Emily and Amy when their children were small. Amy reported suicidality as an adolescent. Paddy spoke of depression before she accessed therapy for her sexual abuse. Mary also acknowledged some depression, particularly within her second marriage. Most

participants talked of some anxiety, particularly in relation to the stresses of the workplace, as well as some somatic symptoms of stress.

There are many questions left unanswered about the quantity and quality of attachment and attachment figures available for participants. As noted previously, this was not seen as part of this study but appears to be open to further research. Within the alcoholic family, an understanding of attachment and other kinds of affectional bonds across the life cycle may well add to the strength of the theory available in this area.

6.3.3 Protective factors in the environment

The importance of social support, including supportive social relationships, has been reported in a number of studies (e.g., Fergusson & Lynskey, 1996; Garmezy, 1994; Werner, 1995). Supportive and worthwhile peer relationships were also seen to lessen the more intense effects of adverse family conditions and to result in more favourable outcomes for high risk children and adolescents across the developmental stages (Fergusson & Lynskey, 1996; Quinton, Pickles, Maughan & Rutter, 1993; Werner, 1995). The buffer provided by participation in external activities and interests away from the family environment have been included earlier in this chapter (Werner, 1995). The value of other supportive systems and affiliations within the community that provide positive experiences, such as those found in schools, sports and other social groups, is further included in this sub-section. These potential protective factors, that include supportive social relationships, socio-cultural factors, and interpersonal factors such as the ability to access help from others, interact with other factors, both familial and personal, to achieve positive outcomes that lead to the possibility of competency and resiliency.

Special people and relationships

Support systems in the community that reinforce and reward the competencies of resilient children and provide them with positive role models, are seen as buffers to a difficult family life. Werner (1995) suggests that the dispositions of resilient individuals enable them to select or "construct" environments that reinforce and reward their

positive response to life. Further, Mrazek and Mrazek (1987) argue that the belief that one is worthy of being loved is associated with believing that someone cares and that such feelings are reciprocal. For most participants, feeling loved was part of a supportive relationship with a significant person in their life.

In this study, neighbours, teachers, mentors, and peers all provided positive and special relationships together with what was reported as support, care and stability. This was a significant theme throughout although the significant person was not always an adult. Siblings were important, particularly for Mary, who describes her sister as the only one she had a special relationship during her primary school years. For Amy there was no one person, but a series of people who were significant including, in the first instance, her aunt and grandmother. Later, bible class and girl guides provided structure and some valuable friends whose families were "good" to her and provided an alternative to her home situation.

Qualities and attributes of the special person were important. These special people were described as having a range of qualities that included the ability to enable participants to feel loved. They were people with whom participants could be comfortable and be themselves, and they often provided opportunities to have fun. Paddy talked of her whangaied mother and her home in this way as did Kate, who spent holidays away with her cousin and family and did not want to come home. These people were seen to believe in them, and to recognise their abilities and capabilities. They were reported as wise, competent, warm, supportive, available, understanding and accepting, genuine and sincere, positive, practical, and safe.

Education

Several studies recognise the significant role that school takes in the lives of children from abusive families and the potential for schools and school teachers to provide positive role models, social skills and opportunities for achievement (Cicchetti, Toth, & Henessy, 1993; McDowell, 1995). For most participants in this study, primary school was a positive

experience, providing a source of positive relationships, opportunities for success, the means of gaining approval, together with the availability of structure and some predictability. As a welcome alternative to the home environment, it provided an opportunity to learn and to achieve. Participants generally saw themselves as capable students although Paddy talked of the negative effect of continually moving from school to school. She also talked of her sporting achievements and of her regret that her parents did not attend her sports meetings. Amy and Emily both did well at primary school, although Amy remembers her embarrassment when her mother came to school "drunk" and Emily learnt not to talk about home after feeling some embarrassment when she "said too much".

In adolescence, experiences in the school system varied, although for most this was still positive. Emily, for whom this was a difficult time, recognises retrospectively the understanding and support provided by a special teacher. Mary and Kate also acknowledged the encouragement received from teachers as positive. School also provided contact with and support from peers. Participants generally talked of their friends. Amy regularly stayed at her friends' places. She was also involved in guiding and a bible class group. Mary's involvement in school drama and operatic productions provided valued opportunities to be with her peers as she was not allowed to cultivate other friendships or bring friends home. Paddy learnt from going to a friend's place that the drinking and violence were not usual.

Leaving school, leaving home

Entering the work force or making decisions about tertiary study occurred in adolescence, a time when participants described taking more control of their lives. They began to recognise that there were choices to be made. These were not always easy but escalating difficulty in living within the home had some impact. The chance to leave home, to choose people with whom to live, to gain freedom and opportunities for success, generally led to some gains in self esteem. For Emily, the only daughter and eldest of four children, the only family member to stand up to her abusive father, this was more difficult. However,

although Emily did not leave home at this stage, she did decide categorically that she would no longer accept her father's behaviour, hence she also moved into making choices, attempting to take some control of her life, to empower herself in this way. She received considerable support and caring from her employer and work-mates when she appeared at work with bruises and dark glasses. She also formed a positive relationship with a "lovely, lovely" man the week she left school and fell in love. Mary, who initially went nursing, married early as did Emily. Paddy joined the forces, George the forestry. Kate and Amy went to university. These occupations and relationships provided increased opportunities for mixing with a number of different people in varied social situations.

The ability to remove themselves from the home situation and to pursue other interests was seen to offer alternative options and outlets for growth and learning. It also provided further access to competent and caring adults who could provide positive role models for them. Participants worked and lived with their peers and formed new relationships. The decision to no longer accept their home circumstances (sometimes to actively seek knowledge about the situation by talking with others, reading, and observing other families' interactions), allowed them to obtain validation of their own competencies and enabled them to make some positive differences in their lives.

Therapy

The benefits of therapy or counselling have been noted in a number of studies associated with stress-resilience (e.g., Dunn, 1993; Egeland, Jacobvitz & Sroufe, 1988; Mrazek & Mrazek, 1987). McDowell (1995) suggests that the outcome of therapy can be related to attachment theory and the opportunities it offers for development of appropriate relationships.

Self-knowledge and awareness, connections between childhood experience and present behaviour, acknowledging and dealing with the impact of their pasts has been at times considerably difficult for participants. Although this has been an ongoing process through the life cycle, for some participants formal therapy or counselling was seen as

the ultimate basis of their growth and change. Personal analysis was seen as invaluable for Amy, and counselling was an important part of Paddy's healing. Kate, Mary and Emily all had a minimal amount of individual therapy but report more learning and change through allied self-development and growth groups (further noted in the following sub-section). Therapy is reported to have enabled participants to enhance their communication and problem solving skills, to add to the development of relationships and increase the ability to parent more appropriately, as well as dealing with past issues. Group work in particular, was noted as valuable for validation of participants' feelings and as providing the opportunity to be able to disclose and share similar experiences with others. It also offered opportunities to deal with the effects of past experiences, some insight into the healing process, and a source of hope for the future.

Personal philosophy and faith

Werner and Smith (1992) report that membership of a church community can provide a belief and faith that enables individuals to cope better with difficult situations and experiences and enables them to maintain hope of a worthwhile life. Church involvement can also offer relationships that are caring and supportive, with subsequent increase in self-image and belief in self (Masten et al., 1990; McDowell, 1995).

Although most participants reported a family background of church involvement, only Mary reports current active involvement in the church and the more recent development of "a great spiritual inner peace" gained from learning to pray to an understanding God. Other participants talk of a personal faith that does not involve formal religious attendance or affiliation. They present with personal philosophies that have developed over time often in conjunction with participation in personal development and growth groups, consciousness-raising groups, and women's support groups. George has a real connection with the natural world, fostered from childhood and incorporated into his "value system". All present with philosophies that are people focused, with a belief in equity and justice, in a caring society, with a commitment to furthering and improving the lot of families and particularly children.

6.4 Implications for practice

In the beginning, practice was reported as being a "hit and miss affair" with all the complications of inexperience obvious. Participants brought to their practice, skills and roles learnt throughout their childhood: the parentified child, the over-responsible child, the mediator or go-between, the good child, together with family experiences in taking care of others (Lackie, 1983). The suggestion that such past life experience led to the choice of an occupation based on relieving life stresses for others (Freud, 1953), was identified by Lackie (1983) as a need to help others, by Emily as "do-gooding" and by Mary and Paddy as "rescuing".

As previously mentioned, and further confirmed by participants, many children from alcoholic families have had considerable experience in attending to the physical and emotional needs of their parents and families. Subsequently, they often deny their own needs because of love and compassion for their parents and a fear of losing them (Wood, 1987). This poses a risk that over-responsibility and co-dependence may occur when the focus is on the needs of others. Wood (1987) further suggests that a longing for satisfying relationships may lead to the use of their considerable skills as helpers within the wider community. Wegsheider-Cruse (1981) argues that these individuals are conditioned to taking care of people in an attempt to gain an understanding of themselves and others. Nevertheless, these experienced "helpers" bring to their work experience and understanding of family dynamics, together with considerable empathy, and qualities of hope, courage and perseverance indispensable to work in the field of social work and other helping professions. They are dedicated, conscientious, capable, and strive to achieve (Woititz, 1989).

Pitfalls for the practice of social workers in this study arise particularly in the area of counter-transference. These issues are as suggested by Vannicelli (1991) but are illustrated through participants.

- The assumption of therapeutic sameness, the therapist assuming she understands the client because of her own family background and experiences. Emily talks of the "danger" of wanting to help other people because she understood what it was like, identifying it as "burnout territory". Amy reports that her awareness of the impact of her own past was slow in coming, that she earlier became over-involved and over-worked.
- The therapeutic emphasis on restorative counselling which when fast-tracked may be therapeutically destructive. George talks of having a goal to improve things for people, of wanting to be involved in the process. He says that he is able now to "sit back", and has acquired patience. Mary has learned to "stand back" from drawing comparisons with her own life. Kate reports learning to "step back" from the triggers of her own childhood.
- The counter-transference concept of goodness and availability that subsequently affects the practitioners' ability to maintain appropriate boundaries between their clients and themselves. Participants generally reported having a tendency to overdo things when they first went into social work but have become much clearer at being able to set boundaries over time. However, caseload management, the ability to say no to someone in need and to keep case loads reasonable, presents as more of a difficulty in keeping a balanced approach to practice.
- Self-disclosure and transparency issues for therapists where workers share too much of their own stories and issues to the detriment of the needs of clients. Participants currently appear to use self-disclosure appropriately but are very much aware that at times they have the potential to become caught up in the process of what is going on for their clients. They generally speak of being aware of triggers, of being able to "tune out "and "work it through", of the need to keep the balance. Emily states that it can be an effort at times to remain professional and calm and Amy reports a difficulty at times to maintain an inner calm.

Woititz (1989) adds that practitioners who are from alcoholic families are likely to dislike

conflict although they are often adept at resolving it. They may not be aware of the extent of their stress and in fact may prefer to work in difficult and stressful situations as they find it satisfying. They are also susceptible to anxiety when stressed and often present with somatic symptoms. They may on occasions become over-invested in the lives of their clients and need to be aware of boundary issues. They have a high potential for burnout, creating possible repercussions for their emotional, physical and social health.

Participants in this study, recognise that they bring to social work the survival and coping skills they learnt as children but are aware at this age and stage of their lives that these same skills may not always be in the best interests of themselves or their clients. Their current practice reflects the knowledge, skills and practice they have gained over their time as social workers, and they are generally aware when their pasts impinge on their practice. The qualities that these ACoA social workers exhibit put them at risk of burnout and stress, a tendency that is generally well recognised and under control. All participants are able to identify their individual stressors and use various and diverse ways (physical, intellectual, or spiritual) as they attempt to maintain manageable stress levels. At this time, participants show an extreme end-of-scale base line, that is they push themselves to the very limit. However, they all have, and eventually follow through on strategies that modify and balance their stress levels. Nevertheless, all participants identify various physical symptoms, from headaches, pain in the neck and shoulders, back and tummy aches, to dermatitis, that are connected to stresses in the work place. Anxiety around the pressure of the job, in particular structural pressures, was identified by Emily, and mentioned by others. Amy has difficulty with crises, whereas the other participants report that they react and handle crises positively relating their ability back to their families of origin. It is noted that Amy was the only participant who had an alcoholic mother and no father. She also identifed a series of significant people, rather than a particular person.

Though the pitfalls participants experience are about "self-feelings" that may hinder work they do, ACoAs respond well to intervention and are eager to change and adapt once they

recognise the choices and opportunities (Woititz, 1989). This is acknowledged and evidenced clearly in this study as participants talk about the impact of increased knowledge and experience. They generally report a searching for knowledge and learning, a willingness to learn from others. Emily suggests that people "like her" (from alcoholic families) absorb experience and knowledge along the way. Kate reports learning through life-experience, experience in the workplace, through reading and talking to people, and "just growing generally".

6.4.1 Process of change, therapeutic growth

Competent social work practice for these social workers has been developmental, in that earlier they tended to succumb to the pitfalls. Participants report doubts about the safety and efficacy of their early social work practice and now recognise the impact of their past on that early practice and the difficulties that were presented for themselves and on occasions for their clients. However, their ability learned in childhood in developing, analysing and problem solving, together with the skills acquired over a lifetime, has stood them in good stead and is evidenced in their self-reports of current practice.

Participants suggest their practice has developed through supervision and training together with an awareness of self (acquired through personal therapy, participation in groups, particularly women's groups and in the area of self-development), and the input of other team members who are well trained. Mary learnt to listen to others instead of processing her own "stuff". Amy states that it was her own therapy that made the most impact on her practice and enabled her to understand better the themes and issues for her clients and herself. Both George and Amy advocate the value of multi-disciplinary teams and of team process. For Emily and Paddy, who were working in social work before they gained qualifications, education was vital to be able to "make sense of it all", to be able to incorporate theory into their practice. Paddy stated that the academic side had also validated her Maori work. The value of adequate supervision was stressed by participants, "not just case work". Supervision was seen as valuable when they became "stuck" with a client or caught up in the process, and to enable them to connect their learning and their

practice.

In line with the findings of Mackey, Mackey and O'Brien (1993), the significance of personal treatment (or therapy) for the professional roles of graduates in clinical social work together with the educative value of treatment, are noted by participants. The study suggests that personal therapy enhances empathy, the integration of theory and practice skills, presents the therapist as a model, and is complementary to supervision. Participants recognise that the personal therapy and development work they have done, whether individual psychotherapy, work around family issues or in self-help programmes, has enriched their practice and their personal perspectives.

Hence, participants themselves strongly support the necessity for competent supervision, and the benefits of therapy/counselling for themselves. Moreover, in accord with the work of Thistle (1981) and the recommendation of Lackie (1983), they concur that the role of professional education is important in providing progressive work on significant life issues. In addition, they advocate the need for educators and trainers in the field to support them professionally, and to extend their knowledge and capabilities at a level appropriate to their skills and experience.

In summary, this chapter has explored how it is that these social workers who come from alcoholic backgrounds are different from other ACoAs. The aim has been to identify those factors that appear to have led to their apparent resiliency and competencies despite the history of dysfunction within their families. The discussion has covered the protective factors of the individuals, their families, and the environmental and community support systems as suggested in the writings of Masten, Best and Garmezy (1990). Of particular interest has been the material on the individual attributes of participants, their coping strategies, the input of the extended family and other people of significance within their lives, the ability of participants to access supportive people, and their attachment to their families. Overall, participants had a firm belief that they were loved. In addition, the

discussion explored the features that have appeared relevant within the practice of participants and the changes in their practice over time. Ongoing education and the continuing development of practice knowledge and skills, the input of other team members, therapy and other self-development courses and groups, and adequate supervision have been reported as vital to growth and change. In conclusion, it is notable that as these ACoA social workers have talked through the factors explored within this chapter, and have discussed the areas that have been presented as relevant to their coping and dealing with their pasts, they have reached a stage in their lives where they are able to look back and see both the strengths and the continuing sensitive areas that remain both for themselves and for their practice.

7 Summary and conclusion

This research encompassed a study of alcohol abuse, the impact of family of origin experience on the children from alcoholic families and the concept of resiliency. The focus of the study was a small group of such children who, as adults, had chosen social work as a profession, the exploration of their strengths and special issues together with the implications for their practice. The findings and ideas that have evolved, have generated many questions and directions for further research. The aim of this study was to stimulate interest in this subject, to encourage social workers and other practitioners to develop their knowledge and skills in these areas, and to extend recognition and awareness of the clinical implications for practitioners, educators and trainers. In addition, it was intended that the information provided would increase both professional and public awareness and hence promote a better knowledge and understanding of those who have lived through and dealt with such backgrounds.

This chapter will, therefore, summarise the research project and the outcomes that have emerged. It will note the strengths and limitations of the research, address the clinical implications of the findings including ethical considerations, and suggest future directions and areas for education, training, research and intervention.

7.1 Summary of study and findings

The present study focussed on the stories of six social workers, the impact of their family of origin experiences on their development through life, together with their choice of social work as an occupation and the resultant implications for their practice. It explored the perceived strengths, abilities and competencies of these social workers, a group of self-identified Adult Children of Alcoholics (ACoA), who appear to present a more positive psychological profile than is generally reported for such a group. The following discussion section considered the factors that were seen to have protected against or reduced the likelihood of dysfunction and disorder in the presence of stressful life experiences.

Overall, participants presented as having the capacity for positive functioning and competence. As resilient survivors from alcoholic homes they extended the sensitivities, empathy and abilities learnt in their families to manage their lives and careers with positivity and understanding.

7.1.1 Summary

Beginning with a review of the writings and research in this area, the study firstly considered the family of origin of social workers in general. The findings of these writings suggested that social workers are considerably more likely to have been brought up in families where disruption or dysfunction had been a contributing factor and where earlier experiences led to a strong desire to help others. It was also suggested that this propensity to help others is reflected in their choice of social work as a career.

There followed a review of the development of the study of alcoholism as a field of practice and the emergence of the ACoA movement, highlighting the impact of alcoholism on family members, particularly the children of alcoholics. The impact of living with an alcoholic parent was explored, with studies suggesting that parental alcohol dependency poses a risk to the physical, cognitive, emotional and social development of their children and effects the entire family system. The research and findings that followed suggested that not all children of alcoholic parents are affected similarly. In addition, it was shown that a number of these children appeared to show considerable resilience that enabled them to achieve a satisfactory life-style. As described in their life stories, participants in this study have come from alcoholic homes and have experienced the concomitant conflict, trauma, emotional abuse and neglect, commonly found in such families. Participants have shown themselves to have a capacity for successful adaptation, positive functioning and competence, a concept that has been identified in the literature as resilience.

Drawing on principles of feminist theory, the present study used a qualitative methodology, which incorporated a narrative, life-history approach. The participants as

narrators, told their own stories through their own world-view leaving the researcher (the interviewer), to analyse the data through the emerging themes. The interviews allowed flexibility for the narrators to present the reality and intensity of their lives from childhood through to the present life-stage. Events were reported and interpreted within the context of their stories, and followed the developmental ages and stages of their life histories.

The interactive process, afforded by a qualitative methodology, enabled the interviewer to ask for clarification, while noting the queries the interviewees asked of themselves about their lives. It also enabled the interviewer to go beyond the facts, and to discuss participants' reflections on their self-reports. The interview format allowed for aspects of interviews not presented in the written texts; the pauses for reflection, for the pain of the memories, for the laughter, as well as requests to stop the tape when participants emotions were high. The researcher was an active participant in the process, maintaining a tension or balance between the research goals. This process enabled the narrator to maintain direction of the interview material as presented. The narratives enabled the participants to tell their unique stories. The texts were analysed for what was said as well as the manner of the telling. By making the stories public, the common experiences of participants became evident, as did many of the individual differences. The knowledge and experience of the interviewer was valuable in allowing her to listen to the story as well as to be attentive to the interactive process. Similarly the social work practice skills of the social workers, their verbal skills and reflective ability was important to the validity of the process.

The study was not intended to be all-encompassing. It is not possible to draw firm conclusions from such a relatively small sample. Nevertheless, findings can be taken as indicators, congruent with previous studies about social workers. These findings are supportive of more general writings about ACoA and their families. The analysis was conducted by a person of similar background to the participants. The interpretation, therefore, is bounded by the researcher's subjectivity and personal world-view.

In chapter six, the discussion section acknowledged and developed the concept of resilience in relation to the participants from childhood through to their current life-stage. It explored the protective factors associated with adaptation and competence that are believed to have protected against or mitigated the effects of growing up in adverse circumstances. It paid some consideration to both the positive and negative effects for participants of experiencing and coping with life in an alcoholic family. It paid further attention to the perceived cost of resiliency in other areas of personal functioning. In addition, the impact of the protective factors of resiliency as they appeared relevant to the social work practice of participants was discussed, as well as both the strengths and continuing areas of sensitivity that remain and have potential implications for their practice

7.1.2 Findings

The backgrounds of participants were varied in many aspects, although many similarities were also evidenced. Overall, however, their history of being brought up in an alcoholic family was not significantly different from that presented in the literature. Participants generally appeared to fit the role of family hero or responsible child as identified by Wegscheider (1981) and Black (1982). They also showed the competencies of positive functioning that match the theoretical definition of resiliency.

Of particular importance to all participants has been the input of the people identified as special in their lives. These have included parents (sometimes the abusive parent), grandparents and extended family members, neighbours, friends of the family, teachers, peers and peers' families. These special people were identified as variously providing stability, safety and security, structure, support and time-out, and a sense of balance and normalcy. They were also seen to show wisdom, understanding and an ability to have fun without alcohol. They were generally identified as caring and concerned for the welfare of participants.

During childhood, primary school was generally seen as a positive experience. The predictability and the structure of school seemed important and a welcome alternative to the home environment. In line with the research on resiliency, participants all had another active interest such as sport, music, horse riding, drama, fishing and hunting. All enjoyed reading, in particular. These interests are still important and seen as helpful strategies to maintain balance in their lives.

As children, participants gradually became aware of differences in their home environments and identified similar issues to other children of alcoholics (CoAs), as identified in previous writings. They expressed embarrassment about taking friends home and sometimes about parents attending school functions. For some this created a sense of isolation and some learnt not to talk about it. Feelings became more intense as their "differentness" became more evident. Feelings of embarrassment, helplessness, shame, guilt, confusion, and anxiety were identified. Some attempted to shut out their feelings, another denied having any feelings until much later. Violence was identified within all families. Alcohol and violence were not always seen as connected. For one participant it was the violence not the alcohol that was perceived as the major component of family disruption. For some the seriousness of the physical violence was extreme. However, despite the violence, parents were generally described in a positive way with relationships described by some as close. Anomalies in earlier perceptions of family dynamics and understandings were recognised during the telling of their stories by various participants. Although sexual abuse has been reported to be extensive in alcoholic families, in this study it was significant for one participant only.

As further suggested in previous writings, adolescence was a time when participants became more aware that the situation within their homes was not normal. As adolescents, the problems within the home situation escalated and individuals began to challenge the status quo. It was noted on several occasions that even when the drinking stopped, the conflict and abuse did not. With deepening understanding of the situation, the ability to

move out became important, as did the support of friends and others outside the family, for timeout, escape and redirection of feelings and for structure and stability. With the increase in violence and in family dysfunction and unrest, it was with relief that gradually, all participants were able to leave home.

In adulthood, some participants identified repeating patterns that had been part of their own family experience. Most had difficulties within their early relationships with partners and children. Two identified addiction issues of their own. Forming a stable intimate relationship with a supportive non-abusing partner was found helpful in preventing the childhood pattern of abuse. This factor has been acknowledged in studies associated with good parenting in adults who have reported abuse as children and not repeating a similar pattern of behaviour.

As previously noted, when participants reached their late twenties or early thirties, they began to look back at their family experience and were able to make connections and some sense of their past. They became more able to acknowledge the impact of their past on themselves and their children as they experienced intimate relationships, becoming parents and having children of their own. They were able to recognise the inter-connectedness of their family of origin experience and their current behaviour and life-style. In particular, the often distorted reality and dishonesty found within alcoholic families was recognised. In accord with earlier writings, participants advocated the value of personal therapy and allied self-development interventions. With a growing awareness, understanding and resolution of past issues, more positive relationships with parents were sometimes possible at this stage. Participants became more able to acknowledge the difficulties of their parents although the impact of the alcohol abuse and lack of responsibilty for it was not excused. The reported family loyalty of previous studies was similarly shown by these participants, despite the ongoing tension that remains for some in their relationships with their parents.

In addition, the findings of this study concur with previous writings that suggest that various factors combine to reduce risks in those from high-risk backgrounds, that in combination, these factors are both protective and compensatory, and strong predictors of resiliency. More specifically, the findings indicated the importance of intelligence and problem solving abilities, a temperament and personality that was able to elicit positive response from others, and an ability to form worthwhile and supportive relationships (both peer and adult). At a later stage the importance of therapy or other self-development programmes and processes were found valuable, as was efficient supervision for competent professional practice.

Research outcomes suggest the need for an understanding of the processes by which some individuals remain confident and develop supportive relationships in the midst of adversity. This is seen as crucial to the development of effective prevention and intervention strategies. Areas of resiliency should be noted and nurtured. To help vulnerable young people become more resilient, there is a need to decrease exposure to risk factors and to increase their competencies and self-esteem, as well as the sources of support available to them. Social programmes that cover health, education and family support, that view the child in context of the family and the family in the context of society, are needed to provide children with ongoing access to competent and caring adults, to help them with problem-solving skills, to enhance communication skills and self-esteem and to provide positive role models for them. It is also important to view the child as an individual with potential, and to extend and support his or her competencies and resilience.

Findings highlight the importance of environmental factors in the ongoing transactional process. At an early age this resides in the quality of the parent-child relationship and the concept of attachment. As previously noted, the concept of attachment became an area of increasing interest for the researcher within the process of this study. Findings from various studies suggest a relevance to attachment theory across the life cycle that could

impact on existing intervention and prevention programmes as well as providing ideas for new programmes. Further study of attachment issues within alcoholic and similarly disadvantaged families, particularly in the areas of anxious and insecure attachment, are indicated.

Overall, findings from this study generally align with previous theory and research on resiliency, particularly in regard to the importance of the triad of protective factors (individual, family and environmental) (e.g., Garmezy, 1985; Radke-Yarrow et al., 1990). Further, they affirm the salience of temperament for positive outcomes in the areas of social competencies and behavioural adjustment. Positive temperament attributes were seen to have a significant role in individuals' capacities to present adaptive behaviours in domestic, social and learning settings, despite severe stress exposure. Personal attributes also appeared to play an important part in primary relationships and attachment, in being able to access whatever care and nurturing was available from within and outside the family, which in turn further facilitated stress adaptation and resilience.

7.2 Implications for clinical practice and social work education

For social workers and other practitioners, some benefits may come from growing up in a dysfunctional family, among them the ability to relate to clients who feel hopeless and overwhelmed, and an intimate knowledge of effective coping strategies. Empathy and sensitivity to feelings of others are also likely to be enhanced. Social work educators are encouraged to address the issue of the susceptibility of practitioners who have grown up in alcoholic, high stress or other dysfunctional families, to work out what are sometimes described as "co-dependency needs" on their clients. (Wegscheider (1984) defines co-dependency as an addiction to another person or persons and their problems.) Students who have difficulty in identifying their own needs may require cautioning about being too "other-centred". The current study extends an understanding of how personal treatment may enrich professional educational experiences from the personal perspectives of social work students. The findings may serve as a resource to universities for raising the

awareness of students. Educators should not assume that students are necessarily aware of the impact that their family experiences and interactions may have upon themselves and their social work practice. Students may need to be encouraged to look at the beliefs, "myths" and family rules of the family in which they were raised, and to look at a time in their lives when they needed to ask for help, in order to learn about the dynamics of helping relationships.

In addition, social work education requires curriculum approaches that sensitise students to the potential impact of their personal psychosocial background on the helping process (Black, Jeffreys & Hartley, 1993). This issue could well be presented at orientation so students could recognise the need and be encouraged to commit to developing self-awareness. In addition, the availability of a structured counselling programme for students is advocated together with the implementation of self-help and survival networks. In addition, the social work profession at a practice level in the community has an obligation to provide support for their colleagues, particularly in times of stress. Continuing education workshops designed for social work and other practitioners that incorporate surviving personal family trauma, would model care-taking and ultimately benefit the service provided to clients.

Additional research is needed not only to explore family of origin experience but also variables such as choice of career and participation in therapy. Why do social workers study social work and not medicine, psychology, nursing or enter allied helping professions? It should be noted that social work is not for everyone who begins a course. Some talented students may well be better suited to careers other than social work. Students need to be aware of their motivations for choosing a career in social work and recognise their susceptibility if they have entered the profession primarily for the purpose of vicariously helping themselves through helping others.

For participants in this study, therapy and allied personal development was sought and

experienced as enhancing personal development. Although participants entered therapy for treatment of personal and interpersonal conflicts they generally spoke of therapy as meaningful to the development of a professional self. Such treatment can be seen to enhance an understanding of the helping process, contribute to one's empathic skills and become a resource in the process of integrating theory with practice.

Within the practice area, assessment and intervention of high-risk children need to take family alcohol history into account. Professionals from the many disciplines who deal with these children are advised to communicate and co-ordinate to a greater extent, for both service and research purposes. The problems of children affected by parental alcohol use merit greater recognition in clinical training, practice and continuing health education.

7.3 Strengths and limitations

Several limitations in this study require acknowledgement, including a potential sampling bias. The sample of participants in this study was small and non-random. They were self-selected by virtue of identifying themselves as having grown up in an alcoholic family and offering themselves as subjects. The project was designed to generate ideas about the potential connections between family of origin experience, personal growth and professional development. Because of the method of selecting participants, the reported outcomes require caution in generalisation even to other similar groups of social workers despite general agreement with other research findings. It could be argued that these particular social workers, perhaps because of their choice of courses and areas of work, their reading, their personal growth and participation in therapy and self-development groups, are better able to recognise and talk about the psychosocial trauma and family dysfunction within their lives. A larger group may more precisely differentiate interactions among family history, family functioning, emotional health, alcohol use, gender variations and the potential for positive outcomes. Studies of further interest and value might include the stories of other children within the same families and include a wider range of family and environmental variables.

As previously noted, the background of the researcher herself as a social worker from an alcoholic family presented a possible conflict of interest. Overall, this was seen to be useful when made explicit to participants, and provided a reality base from which to proceed that was closely monitored in academic supervision.

Despite these limitations, results generally agree with previous family history research on alcoholic families, with recent resiliency studies that suggest positive developmental outcomes are possible despite high-risk status and with research on the family of origin of social workers and the impact of their past experiences on their practice. Nevertheless, the concept of resiliency also draws attention to possible additional considerations such as the cost of resiliency and the differences between adaptation, competence and emotional health (e.g., Crittenden, 1992a; McDowell, 1995). The search for protective factors and resilience across development stages is complicated further by the likelihood that single variables do not operate in isolation. Studies suggest that it is a combination of factors, some protective and some compensatory, which influence the resilience of those in high-risk environments. For example an easy temperament may operate as a protective factor only when children also have adequate support (e.g., Fergusson & Lynskey, 1996).

In line with other research (e.g., Mcdowell, 1995) and despite the many factors that are reported to have helped in coping, the most effective noted in this study have been the caring and support of the special people in participants lives, therapy and allied personal development, and later, the input of a supportive partner. These particular factors appear to have helped participants to deal with their past and to achieve some resolution, rather than just cope with them. Adolescence was a stage identified by participants where they came to an awareness of the situation and were able to take some control over it. This further developed in adulthood when some resolution of the past became possible.

To conclude, the findings of this study affirm the belief that a background of parental

alcoholism continues to have an ongoing and persistent effect on the overall competence and capabilities of family members. This occurs despite the personality, temperament and individual strengths of the individuals within it and the social and environmental supports from within the family and community in which they live. In addition, it is important to recognise that although parental alcoholism was significant in the homes of these adult participants, the ACoA issues that resulted from growing up in an alcoholic home are related to the social and psychological disruption and dysfunction within the home and not primarily to the alcoholism itself.

7.4 Future direction – further areas for education and research

Alcohol abuse is but one of a number of factors that impacts on families. Hence, further research is needed not only in the interests of replicability of this research but also in order to study similarities with other problematic families. Families of alcoholics can be seen as a heterogenous group. However, they exhibit a considerable number of characteristics in common (e.g., lower levels of family cohesion, expressiveness, and independence and higher levels of conflict in comparison to non-alcoholic families). Additional research suggests some characteristics are not related specifically to alcoholic families and are similar to characteristics observed in children from families who have other disorders and illnesses (e.g., Gordis, 1990; Sher, 1991). Results from studies of families in which either alcoholism or depression contribute suggest that although some aspects of family interaction are unique to alcoholism, maladaptive interaction patterns are found in other types of families, such as those with parents who are depressed or similarly disordered (Cronkite, Finney, Nekich & Moos, 1990). The question of specificity, therefore, is seen as an important area for ongoing research.

In addition, although basic research on etiology appears to be progressing at a reasonable rate, a number of issues warrant more attention. Family oriented interventions could play a role in prevention or early intervention. Creative and methodologically sound extensions of current programmes would do much to enhance knowledge about the effective

implementation of family-oriented treatment. Given the overall outcome and implications of this study, suggestions for on-going research could include further study of attachment across the life-stages, and of the personal and family treatment programmes best suited to families and individuals that form the focus of this study. For social service practitioners and others from alcoholic families, the implementation of comprehensive employee assistance programmes, the often under-rated area of professional supervision, and the input of team members from allied professions and disciplines would be of considerable assistance to employees and ultimately their clients.

In like manner, future research on risk and resiliency requires the development of a cross-cultural perspective, that was not a feature of this study because the small size of the sample did not allow for any significant or reliable comparisons. However, some variations and differences were observed (although not discussed), in relation to the narrative story and practice of the Maori participant. Despite the multi-cultural nature of society, there is little research available that addresses the effect of parental alcohol use of various ethnic backgrounds. Hence, a perspective that takes into account individual dispositions, family construction and sources of support that transcend cultural boundaries may well further the study of the relation between ethnicity and the effect of parental alcoholism. Currently, it is not known to what extent findings concerning biological or psycho-social functioning generalise across all populations. Studies based on the three-way interaction of family history, ethnicity and gender show that among white families, family history was a more significant risk factor for females than males. For blacks, family history was more significant for males than females (Russell, Cooper & Frone, 1990). The potential effect on other areas may also warrant further exploration (e.g., one or two parent households).

7.5 Implications for the ACoA movement

The huge success of AcoA and self-help books and the increase in treatment programmes (self-help and professionally led) attest to the acceptance and popularity of these concepts

in the general population. Often these are not based on an empirical foundation. The lives of many participants have changed for the better as a result of their involvement in the ACoA movement and the dedicated work of their professionals. However, if clients are to be better served, the tenets of the various approaches would benefit from empirical testing and evaluation in order to reach their potential effectiveness.

To summarise, the challenge for future research is not only to clarify the basic findings but also to integrate these findings into coherent models that incorporate biological, psychological and social factors. The results of this study suggest that those in the helping professions need to guard against the "uniformity myth" when considering the experiences, symptoms and skills of those who are brought up in alcoholic families. In essence, it can be shown that children of alcoholic parents present as a diverse group of people who may be characterised by a broad range of healthy and adaptive characteristics as well as characteristics that can be maladaptive and dysfunctional. The adverse effects that parental alcohol use may have on children are numerous, pervasive and may be enduring. For such children, individual differences in vulnerability to the stressors within their families is dependent on many factors including family experience, perception of this experience, developmental status, coping skills and social supports. The ACoA is an individual with potential. Despite an awareness of the potential cost of resiliency, encouragement of positive functioning and competency is paramount!

8 Afterword

All research participants have a passion for social work. They are committed to professional and ethical practice and all are clearly child-focussed in their work. All are different, individual and unique people as are their lives and practice. They share, however, a background of alcoholism within their families. In snapshot:

8.1 Amy

Amy is a private practitioner, a family counsellor and psychotherapist.
She attended university straight from school, qualified with a BA, and later a diploma in social work
She has an adult family and a long marriage, despite lack of approval by her alcoholic mother of her choice of partner.
Amy describes personal analysis as vital to her stability and competency. She is the only participant with an alcoholic mother and no father available.
Her mother died when she was 22.
She acknowledges a preference not to work with crises.
She comments: "I soldiered on. The kids had to soldier on as well, learn to repress and not express emotion."
"I probably go further than I should. I push myself too hard, but then I sleep well!"

8.2 Emily

Emily is a senior social worker working in care and protection.
She reports continual tension to maintain balance in her current work situation and is ethically challenged on occasion.
She attended university as a mature student. She qualified with a BA, later a Master of social work degree.
Emily identifies consciousness-raising groups and feminism as influential.

Some personal counselling was found helpful.

Her father now has dementia. He is still drinking. Her mother died of cancer.

She comments: "They tell lies. They put themselves in the right and you in the wrong all the time."

8.3 George

George is committed to advancing practice in the area of activity therapy and recreational social work.

Social work is his second career. He graduated BSW.

He left his previous workplace because of the perceived "dangerous" system; persistent dermatitis cleared in three weeks.

George considers input from other team members as important and competent supervision as imperative for effective practice.

He was unaware of alcohol as the basis of the disruption in his family until after he left home.

He is aware of his own potential for alcohol abuse.

His parents separated and his father is no longer drinking following a health scare. He has achieved some resolution of past issues with his parents.

He comments: "I probably let stress build up. I start addressing it from the time it's built up. Anxiety, it can often get a good grip."

8.4 Kate

Kate works in the area of facilitation. She follows a family-decision model.

She finds her current work environment a challenge to safe practice.

She recognises the importance of balance in both practice and family life.

Kate is working towards a Master of social work degree. Her thesis is in an allied family area.

She has had brief counselling around childhood issues. Personal development and peer group support has been valuable. She has a feminist philosophy.

Kate's father was alcoholic but stopped drinking when Kate was nine or ten.

The gambling then increased and the violence continued.

She reports a loving relationship with her father.

She had an earlier serious relationship with an alcoholic.

She comments: "It was the violence I remember, not the alcohol... There was no way I would have wanted to separate from him."

8.5 Mary

Mary was brought up by her alcoholic father, who separated from her mother when Mary was a pre-schooler.

As a mature student, Mary has just completed the first year of a diploma in social work.

She has expressed surprise at her own loyalty to her abusive father. She has achieved considerable resolution of past issues with her father. She now has more regular contact with her mother.

Mary has more recently renewed her involvement with Catholicism and acquired a "great spiritual inner peace."

She has had brief counselling through the family court, but supportive friendships with women and numerous workshops have helped in working through past family issues.

She comments: "My sister was the only one that I had a special relationship with. That was a very protective one. I don't believe I ever had a childhood".

8.6 Paddy

Paddy is a supervising social worker, well respected by Maori and pakeha.

She has no formal high school qualifications. She began university studies after practising social work for many years. She now has a Masters in social work.

She talks of the challenge of providing positive input for Maori workers as well as supporting pakeha in their work with Maori.

Paddy has had extensive counselling for sexual abuse, grief and depression.

Both her parents were alcoholic. Her own drinking was an issue when her children were young.

She comments: "I think that you work through your own stuff all the time, no matter how old you get... I like to think I look for direction."

9 Appendices

9.1 Appendix 1: Application to MasseyUuniversity Human Ethics Committee

APPLICATION TO MASSEY UNIVERSITY HUMAN ETHICS COMMITTEE

Name of Applicant:	Karenza Anne (Kara) Coombes
Department:	Social Policy and Social Work
Project Status:	MSW Thesis
Name of Supervisors:	Dr Ruth H. Anderson (Chief Supervisor) Mary Ann Baskerville Senior Lecturers, Department of Social Policy and Social Work, Massey University
Title of Project:	A study on the impact of the family of origin on social workers who are Adult Children of Alcoholics (ACoAs) and the implications for practice.

DESCRIPTION OF PROJECT:

Details of Project are included in Appendix A

a) OBJECTIVES OF PROJECT

i. to discover the significance of family of origin experience upon the ACoA social worker's current practice

ii. to identify the processes that are apparent in the professional practice of social workers who are adult children of alcoholics

iii. to uncover emergent themes that offer direction for further research

b) OBTAINING PARTICIPANTS

The sample will comprise six to eight social workers who have identified themselves as adult children of alcoholics.

iv. An introductory letter outlining the project, the objectives, and the planned process, will be sent to potential participants. The right to withdraw from the project at any time will be indicated.

v. Those who are willing and able to participate, will be met individually to establish contact, to provide further detail and to discuss the procedure and process of the study. Written information (Appendix A) will be provided by the researcher and written, informed consent obtained from all participants.

c) PROCEDURES FOR PARTICIPANTS

vi. Participating social workers will be asked to provide brief introductory information outlining relevant demographic details, their training background, the extent and range of their practice experience.

vii. Participants will be interviewed for one or more, one-hour sessions on audio-tape using the life history method of in-depth interviewing. The number of sessions will depend on the amount of time respondents have available or require to respond to questions. A semi-structured interview guide will be used to allow a range of themes and issues to emerge.

viii. Participants will be given opportunity to ask questions and discuss possible areas of concern at all stages of the research. The right to withdraw from the project at any stage is also to be made clear.

d) USE OF INFORMATION

Information and materials collected during the study will be used as relevant and appropriate for the purpose of completion of a masters thesis. They may further be used or referred to in papers arising out of the research.

Written permission will be obtained for the use of any information and material that refers either directly or indirectly to individual participants.

ETHICAL CONCERNS

a) ACCESS TO PARTICIPANTS

Potential participants will come from those social workers who have participated in discussions in relation to Adult Children of Alcoholics (ACoAs) and have offered to participate in the programme.

b) POTENTIAL HARM TO PARTICIPANTS

The researcher has an ethical responsibility to ensure that no participant in the project is likely to be harmed during the course of the research.

Therefore, no person, who in the judgement of the researcher, is at risk of being harmed during the course of the research, will be invited to participate.

Furthermore, the research procedure may be halted at any time, by any party, should any person judge themself to be at risk of harm due to their participation in the project.

c) INFORMED CONSENT

Becoming part of the research project will be conditional on the participant providing written informed consent.

i. Participants will be fully informed regarding

- the purpose of the project
- the methodology to be employed, together with full information as to their role in the research
- the researcher's role in conducting the research
- the potential contribution of the research
- the ways in which such information and materials may be used; including use in discussions with supervisors as part of the development of the thesis, in possible academic presentations and/or publications and as a basis for further research
- the ownership and responsibility of the information and materials produced during the course of the fieldwork
- the report of the research that they will receive on completion of the project

i. Researcher's role

As the researcher is a social worker of similar background working in the same practice area and also local coordinator of the social work Competency Panel, it is

important that her role in the research be clarified.

The role of the researcher is primarily that of researcher. However, as a member of the New Zealand Association of Social Workers the researcher is bound by the professional code of ethics of the Association, not only as a practitioner but also as an academic engaged in human subject research.

The researcher, therefore, has a responsibility to ensure that research causes no harm to any participant. Moreover, she has an ethical responsibility to follow up any action that she believes is likely, either directly or indirectly to cause harm to the participant or their clients, either during the course of, or as a result of the research process. In the first instance, any concerns will be discussed with the participant. If the participant is unwilling to address the concern, follow up by the researcher may involve contact with the participant's supervisor and/or the agency for which she works, or the Social Work Association taking the line of least potential harm, as appropriate.

The researcher is aware of a potential conflict of interest which arises from her own background as an ACoA. This will be closely monitored during academic supervision.

ii. Ownership of information or material produced during the course of the fieldwork.

Prior to conducting the interviews, written informed consent will be obtained, so that information acquired during the course of the interviews remains the property of the interviewees but can be used within the thesis.

Direct audio-taped conversation remains the property of the persons engaged in the conversation. Therefore, the audio-tapes of researcher-participant interactions remain the joint property of the researcher and the participant, but responsibility for these materials rests with the researcher.

The researcher cannot use any part of the recordings or transcriptions of those recordings without the prior written, informed consent of the participant for purposes other than the research project.

Participants have the right of access to the tapes of the interviews in which they participated.

d) CONFIDENTIALITY AND ANONYMITY

No information which identifies or has the potential to identify any participant or member

of the family of the participant will be shared either verbally with others, or published in any document or material arising from the research, without the written permission of the participant.

Confidentiality in respect of any information or materials identified by participants as confidential and provided during the course of the fieldwork will be maintained, unless prior informed consent for their use of publication has been obtained.

9.1.1 Appendix A

PROJECT SUMMARY

A study of the impact of family of origin on adult children of alcoholic social workers and the implications for practice.

A brief summary of the project referred to in the current application to the Massey University Human Ethics Committee.

Introduction

The proposed project is an exploratory study of the implications for practice of family of origin experience on social workers, in this case Adult Children of Alcoholics (ACoAs). Based on the perception of the social workers involved, an understanding of the relationship between their life history and how they practice, the project will explore concepts and themes, the connections between them, including the similarities and differences of the participants.

The study has implications for social work practice, social work education and supervision, professional responsibility and further research. Social work education and social work practitioners involved in intervention in the lives of families, have long recognised that prior life experience impacts on their work, though little research appears to have been carried out and made available. This study is an attempt to redress this situation on a small scale by exploring with a group of ACoA social workers their understanding of their past on their current practice, and to provide a basis which will raise questions and lead to further research for social workers from various backgrounds.

Aims of the Study

1. To discover the significance of family of origin experience upon the ACoA social worker's current practice

2. To identify the processes that are apparent in the professional practice of social workers who are adult children of alcoholics to uncover emergent themes that offer direction for further research

Research Questions

1. What effect does family of origin experience have on professional practice?

2. What is the significance of being an ACoA social worker to the social worker? How, in their own view, does their past impact on their practice?

3. What effect do feelings and issues associated with experiences have on interactions with clients?

4. What are the relevant concepts, connections, themes and commonalities within the study?

5. What are the implications for social work education and supervision, social work practice and the profession of social work?

Methodology

A. Subject group

This will comprise six to eight social workers who are adult children of alcoholics.

The social workers asked to participate will be working in the area of emotional and social development of children, providing family-oriented intervention.

B. Setting

All fieldwork for the project will be carried out in neutral settings with the written informed consent of the participants.

C. Procedure

1. Potential participants will be interviewed initially by the researcher and informed (orally and in writing) of the nature and purpose of the research. Interested social workers will then be requested to give their written informed consent to participate in the research.

2. Participating social workers will be asked to

   - provide relevant demographic information
   - outline their training background
   - indicate the extent of their social work experience

3. The interview(s) that follows will be based on the life history method of in-depth interviewing. A semi-structured interview guide is to be used. The questions are to be asked in the context of the evolving conversation with an established format, though

the questions may be asked at varying places in the interview, the interviewer reformulating the questions and respondents framing their answers in terms of reciprocal understanding as they clarify the meaning of what they are saying to each other. (Mishler, 1986).

4. The taped interviews will be transcribed and analysed. The analysis will involve a search for general statements about relationships among categories of data, noting differences and irregularities in the data in order to identify recurring concepts, ideas, attitudes and patterns of beliefs. These phenomena then are to be grouped into significant categories. Following this process, categories will be linked via questions about the nature of the relationships between them. For example: Was personal experience related to the conceptualisation of the social work task; does the social worker's understanding of the dynamics of the past have a bearing on the intervention strategies they use? This process aims to identify the salient, grounded categories of meaning held by the participants (Marshall & Rossman, 1989).

5. Data are to be presented as a narrative account, with illustrative interview excerpts to describe the various themes.

6. At the conclusion of the fieldwork, each participant will have the opportunity to ask further questions and offer comments on any aspect of the research in which he/she has been involved.

References

Marshall, C., & Rossman, G. B. (1989). *Designing qualitative research.* California: Sage.

Mishler, E. G. (1986). *Research interviewing: Context and narrative.* Cambridge: Harvard University Press.

9.2 Appendix 2: Initial letter of information

INITIAL LETTER OF INFORMATION

To potential participants in the research project :

A study on the impact of the family of origin on social workers who are Adult Children of Alcoholics (ACoAs) and the implications for practice.

Researcher: **Kara Coombes,**
Child, Adolescent and Family Mental Health Service,
Palmerston North Hospital
Telephone [redacted]

Supervisors: **Dr. Ruth Anderson and Mary Ann Baskerville,**
Senior Lecturers, Department of Social Policy and Social Work,
Massey University. Telephone 06.356.9099.

Dear Colleague

I am currently undertaking a research project for a Masters thesis that involves the study of the impact of family of origin experience upon a group of adult children of alcoholic social workers, their choice of career and the way they practice. I would like to invite you, as a self-identified adult child of an alcoholic (ACoA), to participate in the study.

The study is an exploratory one involving six to eight social workers who are ACoAs, exploring with them their family of origin experiences and their perception of the connection between these and how they practice. The project aims to promote not only an understanding of the often tacit processes that affect practice by uncovering patterns and themes within this group but also some direction for further research. If you are willing and able to be involved in the study, a meeting will be arranged to discuss further details concerning the procedure and process of the project and your participation in it. You will also be able to ask any questions and discuss any concerns you may have at any time during your involvement in the project.

This project has been presented to and discussed with the Human Ethics Committee, Massey University, and has received the approval of that committee.

If you are willing to participate in this research project you will be asked to:

1. Provide brief introductory information that includes demographic details, training

background and extent and range of practice experience.

2. Participate in one or more sessions, of one hour's duration, recorded on audio-tape using the life history method of in-depth interviewing. The number of sessions will depend on the amount of time you have available or to respond to the questions.

A summary of the research study and findings will be provided at the conclusion of the study and opportunity for discussion or comment will be available, and welcomed.

If you agree to participate you have the right to:

- withdraw from the study at any time
- refuse to answer any particular question
- ask questions about the study at any time during participation
- provide information on the understanding that your name will not be used unless you give permission to the researcher.

I hope you will be able and willing to participate in this study and look forward to working with you. Please do not hesitate to contact me in the meantime if you believe it would be helpful to clarify any issues around any aspect of the project.

Kind regards

Kara Coombes.

9.3 Appendix 3: Informed consent form

CONSENT FORM

For participants in the research project entitled:

A study on the impact of family of origin on social workers who are Adult Children of Alcoholics (ACoAs) and the implications for practice.

Researcher: Kara Coombes. Telephone (06) 350-8373 (work)
[redacted]

Supervisors: Dr Ruth Anderson and Mary Ann Baskerville, Senior Lecturers Department of Social Policy and Social Work, Massey University. Telephone (06) 356-9099.

I have been fully informed of the nature and purpose of the research project.

I understand I have the right to:

- refuse to answer any particular questions and to withdraw from the study at any time
- ask any questions about the study at any time during participation
- provide information on the understanding that my name will not be used unless I give permission to the researcher
- be given access to a summary of the findings of the study when it is concluded.

I therefore:

i agree to participate in the research project under the conditions set out in the information sheet.

ii agree/do not agree to the interview(s) being audio-taped. I understand that I have the right to have the audio-tape turned off at any time during the interview.

iii give my consent to information and materials produced in the course of the study being used by the researcher for the purpose of completing the associated masters thesis and any associated academic papers, subject to:

- the anonymity of myself and my family being protected by the researcher at all times.

- confidentiality with respect to all information which may be potentially harmful to myself or my family if it should become public knowledge, being maintained by the researcher.

- confidentiality with respect to all information which I have requested be confidential, or understood to have been given by me in confidence, being maintained; with the possible exception being if in the professional judgement of the researcher, I am in clear, imminent danger, or others are in such danger

- access to the audio-tapes and transcripts of counselling interviews being available only to the researcher, her supervisors and thesis examiners unless further approval is sought and granted by the Human Ethics Committee, Massey University.

- the audio-tapes of interviews and transcripts of interviews being retained by the researcher but with access by myself if requested.

.....Social Worker

.....Date

Appendix 4: Demographic information

DEMOGRAPHIC INFORMATION

Name

Address

Contact phone no. (work) (home)

Gender

Age

Ethnicity

Religion

Currently in relationship Yes No

No. of children if any

Social Work Qualifications

Years in Practice

Current Position

Would you describe one or both of your parents as alcoholic?

Any other family members with alcohol/drug abuse problems?

9.4 Appendix 5: Semi-structured interview guide

SCHEDULE 1

Setting the scene

You have identified yourself as coming from an alcoholic family. What leads you to identify your family in this way?

You have identified ? as the alcoholic parent. What leads you to believe that?

You have also identified ? as abusing alcohol or other drugs? How would you describe their use/abuse?

What is your understanding of the term, alcoholism? Alcohol abuse?

Family of Origin Information

In discussing your family as an alcoholic family we need to look at the background of your family as you saw it, first of all as a child, then during your adolescence and finally as you see it now. This will include some discussion of your parents, your grandparents, your aunts and uncles, your siblings and later your own relationships, your children, (if any), and their relationships.

It is then likely that we will take a short break, and return to schedule 2, the section that focuses on your practice.

Childhood

General description of family as a child

Place in family
Number of siblings
Describe self as child
Describe siblings as children
How do you remember your Mother during this time?
How do you remember your Father during this time?
Describe the relationship between your parents as you recall
it during this time.

Describe the relationships your family had with other family members. Your grandparents? Your aunts and uncles?

Drinking history
How did you become aware that your parent's drinking was an issue?
Did your family recognise your parent's drinking as a problem?
How was this talked about within the family?
Describe your understanding of your parent's drinking, during your childhood as you recall it. Other family members?

Effect of drinking
How do you believe having an alcoholic parent affected you as a child?
How do you believe having an alcoholic parent affected your siblings?
How do you think your home situation affected your schooling?
How did you understand the economic/financial situation in your family? (socio-economic group)?

Importance of others/feelings
Were there other important adults in your childhood?
Whom did you talk to, if anyone, when you were upset?
Which member of your family were you closest to?
When were you likely to feel lonely? anxious? guilty? ashamed?
How was anger expressed in the family? Sadness?
What were your responsibilities/duties at home?
How did you and your family have fun?

Adolescence

Relationships
Could you describe yourself as an adolescent? Your siblings?
How did you see the alcoholic behaviour at this stage?
How would you describe the relationship between your parents at this stage?
Describe your own relationship with your parents at this time?
How would you describe the changing situation within the household, if any?
How do you believe having an alcoholic parent affected you at this stage? Your siblings?
Were there other important family members in your life at this stage? Others?

Education and leaving home
How was education encouraged/valued in your family?
When did you leave school? How did this come about?
When did you leave home? How did this come about?

Parents and ongoing relationships
Did your parents remain living together? If they separated, when? How did this come about?
How would you describe your relationship with your parents now?
How would you describe the relationship between your parents now?

Abuse
Was there violence and/or physical abuse in your home? How was this dealt with/talked about in the family?
Was there sexual abuse in your family? How did you come to know about this? Could you talk about this further?

Other family members and relationships
Can you identify other family members who you see as abusing alcohol or other drugs? Grandparents? Aunts or uncles? How did you become aware of this?

Has the pattern of alcoholism (or other drug abuse) been repeated in your family, in your own generation?
Do you now, or have you, at any stage, thought that you also may have a problem with alcohol or other drugs?
In what way, if any, do you believe your family's history of alcoholism affected your own choice of partner(s)?
Do you believe that he/she has a problem with alcohol or other drugs? Does he/she resemble your mother or father in personality or temperament?

Children
Have you any children?
If so, what effect do you believe coming from an alcoholic family has on them?
Do you believe any of them have a problem with alcohol or other drugs?
Could you describe any patterns of behaviour you have noticed being repeated in this generation of your own family?
How do members of you family have fun?
How do they express their feelings?

SCHEDULE 2

Effect of family of origin experience on professional practice

What effect do you believe coming from an alcoholic family had on your choice of career and area of practice?
On your practice style?
On your model/mode of practice?

Practice
Are there situations you find challenging or uncomfortable in which to work?
What client problem areas might you attempt to avoid?
How do you react to "stuck" clients?
How do you work with clients who appear to dislike you?
How do you react in crisis situations?
How do you limit your caseload levels?
How do you know when it is time to finish with your clients?

Boundaries
How much time do you spend thinking about your clients and their problems?
How much time to you spend planning sessions?
How do you maintain the boundaries between yourself and clients?
How do you recognise that you have become caught up in your client's process?
How do you handle transference and counter-transference issues?

Stress
How do you handle your own stress levels?
Has this changed over the years you have been in practice?
What physical symptoms have you experienced that may be related to your work? Headaches? Nausea? "Knot" in the stomach? Exhaustion? Agitation? Backaches? Pain in the neck?
Would you describe yourself, either in the past or now, as having problems with any of the following:
Alcohol or other drugs, gambling, anxiety, depression, an eating disorder, obsessive behaviour, low self-image, any other compulsive behaviour?
Have you had counselling or therapy yourself for these or allied issues? Other issues?
Describe what kind of counselling and how helpful it was.
Do you believe you may have benefitted from counselling at any time? What type of counselling or therapy?

Change
Overall how has your practice changed over time? How do you account for this change?

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